

FORM A

[See rule 4 of the GPF(Kerala) Rules,2011]]

**APPLICATION FOR ADMISSION TO
KERALA UNIVERSITY OF HEALTH SCIENCES EMPLOYEES'
PROVIDENT FUND (KUHS EPF)**

(All entries in BOLD, CAPITALS in blue or black ink)

(leave one space between words, put ☒ in the relevant column)

1) Name of applicant

2) Sex

Male	Female
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3) Name of Father/Husband

4) Permanent Address

District

PIN

5) Date of Birth (DD-MM-YYYY)

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6) Date of Joining in KUHS Service (DD-MM-YYYY)

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7) Date of Retirement (DD-MM-YYYY)

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8) Branch & Section

9) Designation

10) KUHS Employee Number

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11) Official Address

District

PIN

12) Service in

(i)	Central	State ✓
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(ii)	Full-time	Part-time
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(iii)	Pensionable	Non- Pensionable
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(iv)	Officiating	Permanent
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(v)	Re-employed	Not Re-employed
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13) If the applicant is a subscriber to any other Provident Fund

Name of Fund

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Account Number

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14) Basic Pay

₹														
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15) Monthly subscription

₹														
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16) Salary month from which the subscription starts (MM-YYYY)

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17) Salary Head of Account

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18)	Whether the applicant has a family	Yes	No
19)	Whether nomination enclosed	Yes	No

Place:

Date:

Signature of Applicant

For Office use only
(to be entered by the section concerned)

Branch			
Section		Prefix	KUHS

Account Number	
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Place:

Date:

(Office Seal)

Counter signature of the Head of Office with designation

INSTRUCTIONS	
☐	The dully filled application shall be submitted before completing one year from the joining date
☐	The amount of monthly subscription shall not be less than 6% of the basic pay and shall not exceed the maximum basic pay