ANNEXURE II

Format in which monthly information if required to be sent by Head of Office to the Unite Office of Director, PGIPF Department for newly appointed employees.

Name of Office & Address

Month/Year

SI. no	Name of Government Servant	Designati on	Basic Pay	Date of Birth	Unique Pension A/C No. in 11 digits(to be allotted by the unit Office of Director PGIPF	Date of Joining Service	Details of Nominee(s)for accumulation under Pension Accounts			
							Name of Nominee(s)	Age	Relations hip with Governm ent Servant	Perc entag e of share

Signature & Name of Head of Office with Seal