

PROFARMA-1

ZPPF Subscriber Details for Online Entry

Financial Year* 2011-2012

(Please Affix Recent
Pass Port size colour
Photo graph)

ZPPF Account No* _____

Employee Code* _____ Designation* _____

Place of Working* _____

First Name* _____ Middle Name _____ Last Name _____

Gender* _____ Date of Birth(dd/mm/yyyy) _____

Place of Birth _____ Date of Appointment(dd/mm/yyyy) _____

Date of Retirement(dd/mm/yyyy) _____

Nationality _____ Religion _____ Caste _____

Sub-Caste _____ Location(Dist/mandal/panchayat/Municipality)* _____

District* _____ Mandal _____

Panchyat _____ State _____

Mother Tongue _____ Blood Group _____

Income Tax Permanent Account No _____

Height(in Cm) _____ Height (in Inches) _____

Identification Marks 1.

2.

Mobile Numbers.1. _____ 2. _____ .Landline No _____

Nominee Details* (as per records)

First Name* _____ Middle Name _____ Last Name _____

Relationship(Nominee)* _____ Marital Status _____ (Married/Unmarried/Widow/Divorced)

Email Id

Residential Address:

(*marked fields are mandatory)

Signature of the Candidate

Signature of the DDO

PROFORMA-II

2)DDO Details Required

| |
|-----------------|
| STO Code |
| Dept Code |
| DDO Code |
| DDO Designation |
| DDO Mobile |
| DDO Address-1 |
| DDO Address-2 |
| DDO Email ID |

Note:

Dept Code for: 1)SCHOOL EDUCATION :38

2)PANCHYATRAJ AND RURAL DEVELOPMENT :33

3)SOCIAL WELFARE :39

Signature of the DDO

UTF,VSP

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