FORM: GPF01

Date [1] _____

Page No. [2] _____

GP FUND SYSTEM
(GPF ONLY EMPLOYEES)

OFFICE OF THE [3] _____

FOR THE MONTH OF [4] _____ / 200

DDO Code [5]
(Cost Center)

Description [6] _____

Employee Name [7]	Employee Number [8]	Old GPF Number [9]	Amount of Monthly Contribution (Rs.) [10]	Refund of Loan [11] Contribution (If any)
		TOTAL [12]		

Prepared by [13] _____

Audited/Checked by [14] _____

Entered/Verified by [15] _____