APPLICATION FORM FOR ALLOTMENT OF NEW G.P. FUND ACCOUNT NUMBER IN RESPECT OF OFFICIALS TRANSFERRED FROM ONE CENTRAL COVERNMENT OFFICE TO ANOTHER.

1.	Name : Shri/Smt./Ku.	
2.	Designation	
3.	Date of joining the Deptt. of Animal	
	Husbandry & Dairying	
4.	Old G.P. Fund Account No. mentioned	
	in the LPC received from previous D.D.D.	
5.	Month upto which salary paid by the	
	previous D.D.D.	
6.	(a) Address of previous D.D.D.	
	(b) G.P. Fund deductions made upto the	
	month by the previous D.D.D.	
7.	Full particulars of the Pay & Accounts office	
	by whom G.P. Fund Account was being	
	maintained	
8.	Whether on deputation from State Govt. or	
	U.T.	
	Signature_	
	Designation	on
	Section	