## ANDRA PRADESH STATE ROAD TRANSPORT CORPORATION

Office of The Financial ADVISER & Chief Accounts Office MSRD: Hyderabad DT. 7th APril '86

No. FPS.1/459(1)/86-AD

## **CIRCULAR**

Sub: FPS - Total Membership of FPS in APSRTC as on 31-8-'02 Communication by the Unit Officers - Requirement of Regional Provident Fund Commissioner's Office- Statutory Return to be Submitted Further Details from 1-9-82 to 31-3-86 - Reg.

Ref: This Office Circular No. FPS/AS/Misc/82-83-AD dated 4-10-82.

As Advised in the letter under reference, information was furnished by the units regarding the FPS membership upto 31-8-82. This Office has Consolidated the Same in Staff Number wise Serial and Submitted to the Regional Provident Fund Commissioner.

Though monthly of new members (Form-4(FPF) still there being received from the units every month, are regularly omissions and some units are not sending the information. As we have to up-date the Form. 3 (FPF) on the basis of Form. 4(FPF) all the Unit Officers are hereby advised to submit the information in the revised proforma enclosed (Form.4 FPF) for the Period from 1-9-'82 to 31-3-'86.

Also please note that the information required shall include the staff under casual/Contract basis, from whom PF recoveries are effected as per the EPF Act, 1952.

The above information shall reach the Accounts Officer (FPS) by 30-4-'86.

Further it is advised that the information that is being sent every month in Form.4(FPF) shall be sent in the revised proforma only from 1-4-'86.

Encl: One Proforma (Form.4(FPF)) (on reversed side)

FINANCIAL ADVISER & CHIEF ACCOUNTS OFFICER

TO:

All Unit Officers.

Copy to Rms for information and to Advise the Unit Officers Under their control to Expedite the information. Copy to Special Officer (Manuals) for inclusion in the

Monthly Index of Circulars.

FORM.4 FPF (Revised)

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S1. No.	Badge No.	Identifi- cation No.		Name of the employee	Father's Name	Designa- tion	Wages Pay + DA	Age at entry	Sex.
1.	2	3	4	5	6	7	8	9	10

Date of entitlement for membership in P.F.	Date of birth	Date of appointment	Depot - Or Unit	Remarks	
11.	12.	13.	14.	15.	

SIGNATURE OF THE UNIT OFFICER.