

FORM: 3.1 & 3.2

Maharashtra State Electricity Board C.P. Fund Trust

Statement Showing Employees Who Have Been Newly Appointed AND Who Have Not Been Allotted A Number In The C.P.F. Recovery Schedule

Card Type : 2 Division Code : _____ (2-5) DIVISION NAME : _____ Card Code : 11

Sr. No.	C.P.F. Number (Will be Allotted by CPF Section)	Full Name Of Employee (IN BLOCK LETTERS)			Gender	Relation of middle name with Employee	Date of Joining DD-Mon-YYYY	Date of Birth DD-Mon-YYYY	Sub-Code/ Paybi ll No.	Designation Title	Special Remarks
		First Name	Second Name	Surname							
	8	25	25	25	6			11	2	3	

Total No. Of New Employees : _____ NOTE: 'New Form No. 11 – Declaration Form' must be submitted for each employee.

Prepared By : _____
CPF No. : _____

Checked By : _____
CPF No. : _____

Head Clerk : _____
CPF No. : _____

Divisional Accountant : _____
CPF No. : _____

Disbursing Officer