

APPLICATION FOR CONTRIBUTION TOWARDS VCPF (FOR COMPUTER CENTRE)  
FOR THE MONTH OF \_\_\_\_\_

1. Name of the Employee :
2. Emp.No. :
3. Actual Amount to be recovered : Rs.

Date : Signature of the Employee

Office Supdt./CBS

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(for CBS use)

4. Basic Pay :
5. Actual Amount to be recovered :  
(Repeat the item No.3)

I declare that I have not increased the VCPF more than  
TWO times and not decreased more than ONE time during the  
Financial year.

Date : Signature of the Employee

Name :  
Emp.No :  
Shop/Tkt.No :  
Forwarded to OS/CBS

OS/SSE

Note : Application should be submitted before 10th of the  
calender month. In case of stop recovery indicate  
0000 at the column No.3 & 5.