

FORM - UR

Universities Provident Fund

APPLICATION FOR THE RELEASE OF UNCLAIMED REFUNDS

Secretary
University Grants Commission

Ref. No.
**

PART (I) - MEMBER DETAILS (To be filled by the Member)

Name in Full :

:

Address

UPF No :

Name of the University
(Last Served) :

Designation :

Contact No :

Name of the Bank & Branch :

Account No :

NIC/Passport No :

I do hereby declare that the above said facts are true and correct. Please remit the UPF benefits due to me to the credit of my above account.

.....
Signature of the Member

.....
Date

PART (II) – ATTESTATION(To be filled by the University/Institute)

I hereby certify that Rev./Mr./Miss./Mrs.
..... (Full Name)served in my
University/Institute up to (Date). She/he placed her/his signature before me
on this day of (Date)

.....
**Signature of the officer of Establishment
with the Official Seal**
Date.....

.....
**Signature of the Registrar
with the Official Seal**
Date.....

PART (III) - APPROVAL FOR PAYMENTS (To be filled by the UGC – UPF)

Recommended for Payment.

.....
OIC of UPF
University Grants Commission
Date.....

.....
Secretary
University Grants Commission
Date.....

Please submit certified copies of following documents together with the application.
(These should be certified by an officer of the Establishment department and applications will be rejected without the said documents)

- 1) Copy of National Identity Card or Passport
- 2) Copy of the Bank Account to which the payment to be credited

**** Please mention the reference number given in the name list in “Form UR - Ref. No. box”.**
Applications submitted without reference numbers will be rejected.