

Part II

(To be filled by the Establishment Branch)

(1) Name of the Institution:

(2) Full Name of the Employee:

(3) Pension Membership No.:

(4) Date of Birth :

(5) Date of 1st appointment to the Permanent Post in the University system:

(6) Date of death :

(Please attach a certified copy of the death notice issued by the Institution)

(7) Employee category : Academic Non Academic

(8) Post last held :

(9) Department/Section :

(10) (a) Last drawn salary point:

(b) Last drawn allowances (Only if they are applicable for Provident Fund and Pension Fund Contribution calculations in terms of UGC Circulars):

<u>Allowance</u>	<u>Amount</u>
I.
II.

(11) Name changes during the University service period (if any):
.....

(12) Service Record (**Permanent Service only**)

(a)

<u>Higher Educational Institution</u>	<u>Service period (From – To)</u>	<u>Universities Pension Fund No.(if available)</u>
I.
II.
III.
IV.

(Please attach a separate sheet if space is not sufficient)

(b) If there were break of service, give details of such periods and reasons :

.....

(c) No Pay/ interdiction particulars with dates (if any) :

<u>Period</u>	<u>Reasons</u>
1.
2.
3.

(d) Period of Permanent Service in the Higher Educational Institutions; -

1 <i>Period</i>		2 <i>Gross Service</i>		3 <i>* Total period of No Pay</i>		4 <i>Net Service (i.e. 2-3)</i>	
<i>From</i>	<i>To</i>	<i>Months</i>	<i>Days</i>	<i>Months</i>	<i>Days</i>	<i>Months</i>	<i>Days</i>

** In column 3, give summary of no pay and half-pay leaves for entire permanent service. If an employee was on half-pay leave, the period of half-pay leave should be divided by two to get the full number of days/months.*

I certify that the above particulars are true and correct according to his personal file maintained in this office.

Prepared by : - Name

Signature

Checked by : - Name

Signature

Date:

.....
Signature of the Deputy Registrar
/Senior Assistant Registrar/ Senior Assistant Secretary

Name:
(Official Seal to be affixed)

Part III

(To be filled by the Finance Branch)

1. i. Current Pension Fund No. :
- ii. Details of any change in the Pension Fund No.(if available) :
2. i. Last drawn salary :
- ii. Allowance (only if applicable for contribution calculations in terms of UGC Circulars):
- iii. Arrears of salary paid along with last drawn salary (if any):
(A working sheet to be attached)
- iv. Arrears of salary paid after payment of last month salary :
(A working sheet to be attached)
3. Details of excess contributions sent to Universities Pension Fund after the date of retirement and the action taken to recover excess contributions.
 - i. Period :
 - ii. Amount :
 - iii. Action taken / to be taken :
4. i. Whether, contributions towards Universities Pension Fund were made continually on account of this employee, except for the break of service or no-pay periods declared in the Part II item 11(c) of the application? Answer Yes or No. :
- ii. If no, give details :
5. i. Whether, any part of the salary revision is not yet implemented to this employee? Answer Yes or No.
- ii. If yes, give the working sheet of arrears contribution calculated in this regard.
- iii. Details of Remittance of arrears of contribution : Amount :
Date :

Prepared by : - Name Signature

Checked by : - Name Signature

I certify that particulars stated in Part III above are true and correct.

Date:

.....
Signature of the Bursar/Deputy Bursar/Senior Assistant
Bursar/Accountant

Name:
(Official Seal to be affixed)

Part IV

(To be completed by the Internal Audit Division)

- i. I have audited the application form in respect of deceased employee
 and I certify that, according to his/her Personal File and Individual Pay Records the entire particulars given in the Part II and Part III of the application are true and correct. I have personally checked his/her Personal File and made an endorsement therein to the effect that the documents for Pension claims are released.

- ii. I confirm all the required certified copies of certificates, and documents are in order and annexed.

.....
Name of the Internal Auditor

.....
Signature
(Official Seal to be affixed)

Date :

Part V

Secretary

University Grants Commission

I recommend and forward the application submitted by
 to release the pension claims.

.....
Secretary/Registrar
(Official Seal to be affixed)

Date :

(You may forward the recommended application to the Assistant Accountant/Universities Pension Fund)

