

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) *National Identity Card No.* :
- (6) *Date of 1st appointment to the Permanent Post in the University system:*
- (7) *Date of Death* :
- (8) *Employee category* : *Academic* *Non Academic/ Academic Support*
- (9) *Post last held* :
- (10) *Department/Section* :
- (11) (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.

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

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

(12) Details of dues to the Higher Educational Institution according to the Act. (If any)

- i. Description :
- ii. Amount :
- iii. Action taken/to be taken :

** 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. Name :
 - iii. Date of Initial contribution made for pension scheme :
 - iv. Details of any change in the Pension Fund No.(if available) :

2.
 - i. Last drawn salary :
(Please attached a certified copy of the last salary slip)
 - ii. Allowances paid for Last working month (only if applicable for contribution calculations in terms of UGC Circulars):

COLA - Other -
 - iii. Last Working Date :
 - vi. Arrears of salary paid along with last drawn salary (if any):
(A working sheet to be attached)
 - v. Arrears of salary paid after payment of last month salary:
(A working sheet to be attached)
 - vi. Last Working month Pension Contribution :
 - vii. Last Contribution amount sent as per monthly contribution list :
 - viii. Is there any differences between above (vi) & (vii), Please provide followings:

(a) Amount :

(b) What actions taken / to be taken :
 - ix. Details of Dues to the Higher Educational Institution (Which couldn't recovered from the UPF Balance)
.....
.....
.....

3.
 - i. Whether, contributions towards Universities Pension Fund were made continuously on account of this employee, except for the break of service or no-pay periods declared in the Part II item 13(c) of the application? Answer Yes **or** No. :
 - ii. If the answer is **no**, give details :

4. i. Whether, any part of the salary revision is not yet implemented to this employee?

Answer Yes **or** No :

ii. If the answer is **yes**, give the working sheet of arrears contribution calculated in this regard.

iii. Details of Remittance of arrears of contribution : Amount :

Date :

5. Details of dues to the Higher Educational Institution according to the Act. (If any)

i. Description :

ii. Amount :

iii. Action taken/to be taken :

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
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 Payments are released.

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

Birth Certificates
 NIC Copies

Death Certificate
 Last Salary Slip

Marriage Certificate
 Bank Pass Books

.....
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 commence the
(payment of monthly pensions. /pension contribution claim) of deceased employee.

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

Date :

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

