<u>Part II</u>

(To be filled by the Establishment Branch)

(1)	Name of the Institution :			
(2)	Full Name of the Employee	e :		
(3)	Pension Membership No. :			
(4)	Date of Birth	:		
(5)	National Identity Card No.	:		
(6)	Date of 1 st 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 poin	<i>t</i> :		
	calculations in terms o	of UGC Circulars):		
	<i>I</i>	<u>Allowance</u>	<u>Amount</u>	
(12)				
(12)	<i>II.</i>	University service perio		
	II	University service perio		
	II Name changes during the i Service Record (Permaner (a)	University service perio		
	II Name changes during the b Service Record (Permaner (a) <u>Higher Educati</u>	University service perio	 od (if any): 	 Universities Pension
	II Name changes during the i Service Record (Permaner (a) <u>Higher Educati</u>	University service period	od (if any): Service period <u>(From – To)</u>	 Universities Pension <u>Fund No.(if available)</u>
	II Name changes during the i Service Record (Permaner (a) <u>Higher Educati</u> i.	University service perio at Service only) onal Institution	od (if any): Service period <u>(From – To)</u>	 Universities Pension <u>Fund No.(if available)</u>

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

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

1		2		3		4	
Period		Gross	Service	* Total per Po	riod of No ay		
From	То	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

<u>Part III</u>

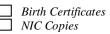
(To be	e filled	l by the Finance Branch)
1.	i.	Current Pension Fund No. :
	ii.	Name :
	iii.	Date of Initial contribution made for pension scheme :
	iv.	Details of any change in the Pension Fund No.(if available) :
2.	i.	Last drawn salary :
		(Please attached a certified copy of the last salary slip)
	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 :

						-7-			
4.	i.		er, an <u></u> er Yes o		-	sion is not yet im	-	to this employe	e?
	ii.	If the	answei	r is yes , giv	e the workin	g sheet of arrear	rs contribut	ion calculated	in this regard.
	iii.	Detai	ls of Re	emittance o	f arrears of o	contribution :	Amount Date		
5.	Deta	uils of du	es to tl	he Higher I	Educational I	Institution accord	ding to the	Act. (If any)	
		i.	Desc	ription		:			
		ii.	Amoi	unt		:			
	i	iii.	Actio	on taken/to	be taken	:			
	-	ared by ked by	2- 2-	Name Name				Signature Signature	
I cert	tify that	particu	lars sta	uted in Par	t III above a	re true and corr	ect.		
Date.	·							ture of the Bur ant Bursar/Acc	sar/Deputy Bursar/Senior
							Name		al to be affixed)

Part IV

(To be completed by the Internal Audit Division)

- 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.*



Death Certificate Last Salary Slip Marriage Certificate Bank Pass Books

Name of the Internal Auditor

Signature (Official Seal to be affixed)

.....

Date :

<u>Part V</u>

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)

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