**SRI KRISHNADEVARAYA UNIVERSITY ANANTHAPURAMU**

Application for admission to the “Sri Krishnadevaraya University

General Provident Fund Scheme of 1983”

|  |  |
| --- | --- |
| GPF A/c No. to be assigned by the University |  |

1. Name of Applicant :

2. Designation :

3. Section / Department and the institution

Where the applicant is working :

4. Whether belongs to Superior/Last Grade :

Service

5. a) Date of Joining to the University Service :

b) Nature of appointment (Temporary / Probationer /

Permanent

6. Basic pay and Scale of Pay :

7. Percentage / Amount of subscription per month :

8. Date of Commencement of subscription

(from 1.08.1983 in case of existing employees :

and the date of appointment in the case of new

entrants)

9. Whether or not the applicant is a compulsory or :

Optional subscriber

10. Whether the applicant has a family or not :

11. Whether the applicant is a fit subject for Insurance :

or not

12. Date of surrender of Insurance Policy :

13. If applicant is subscribing to any other fund

Previously, the name of the fund and the account :

number thereof

14. Details of the Insurance Policy surrendered :

(please give the number sum insured and the

15. Whether the prescribed nominations form is :

enclosed

Station :

Date :

Enclosures : **Signature of Applicant**

Station :

Date : **Signature and Office Seal of the**

**Forwarding Authority**

**SRI KRISHNADEVARAYA UNIVERSITY, ANANTHAPURAMU**

**FORM – A**

**NOMINATION FOR RETIREMENT GRATUITY**

When the S.K.University Employee has a family and wishes to nominate one member thereof.

I hereby nominate the person mentioned below, who is a member of my family and confer on him the right to receive any gratuity that may be sanctioned by S.K.University in the event of my death while in service and right to receive on my death any gratuity which having become admissible to me on retirement may remain unpaid at my death.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and address of nominee | Relationship with S.K.U employee | Age | Contingencies on the happening of the nomination shall become invalid | Name address and relationship of the person of persons if any to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the S.K.U employee of the nominee dying death of the S.K.U employee but before receiving payment of the gratuity | Amount or shared gratuity payable to each |
| (1) | (2) | (3) | (4) | (5) | (6) |

This nomination supersedes the nomination made be me earlier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

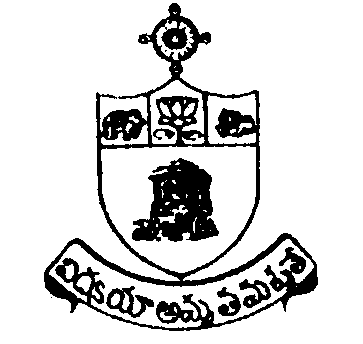
at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witnesses :**

1. **Signature of the University**

**Employee**

2.

**SRI KRISHNADEVARAYA UNIVERSITY GENERAL PROVIDENT FUND SCHEME 1983**

|  |
| --- |
| GPF / CPS Account No. |

**NOMATION FORM**

(For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ subscriber )

I hereby declare that in the event of my death the amount at my credit in the General provident Fund, 1983 shall be distributed among the pension / persons mentioned below in the manner shown against their names.+

The amount due to the nominee who is a Minor at the time of my death should be paid to the person whose name appears in column No. 7

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name and address of the nominee or nominees  **1** | Relationship with the subscriber  **2** | Age  **3** | Amount or share to be paid to the nominee / nominees  **4** | Contingencies on the happing of which the nomination shall become invalid  **5** | Name address and relationship of the person if any to whom the right of the nominee shall pass in the event of his predeceasing the subscriber  **6** | Name, sex, percentage and address of the person to whom payment is to be made on behalf of the minor nominee  **7** |
|  |  |  |  |  |  |  |

**LIST OF FAMILY MEMBERS**

Details of Family members of …………………………………………………………………………………………………………………………..

With reference to G.O.Ms.No. 288 Finance (Pension – I ), dated 31st August, 1964

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | Name of the Family members | Date of Birth | Aadhaar Numbers | Relationship with S.K.U Employee | Whether the members given Col.2 are additions to the particulars already furnished | Alterations if any to the particulars already furnished | Married or unmarried (information to be furnished in the case of daughters) |
|  |  |  |  |  |  |  |  |

Witness:

1.

2. Counter Signature of the HOD Signature of the employee

Dated this………………………………………………………………………. day of ………………………………. ……………. 20 ………………………………

Signature of the Subscriber

Designation :

Department / Section:

Institution :

Two Witnesses of Signatures:

1.

2.

Note: This column shall be filled in so as to cover the whole amount that may stand to the credit of the subscriber in the fund at any time.

Where a subscriber has no family makes a nomination he shall specify in this column that the nomination shall become invalid in the of his subsequently acquiring a family