

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 retirement/resignation :

(Please attach a certified copy of the retirement/resignation letter 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.

I certify that the above particulars are true and correct according to his personal file maintained in this office and that there is no disciplinary inquiry pending or contemplated against the applicant.

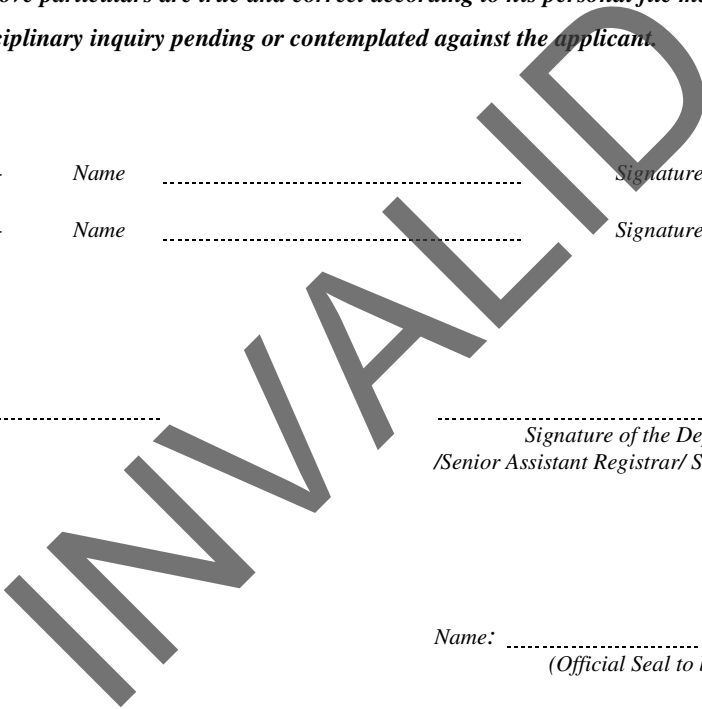
Prepared by : - Name Signature

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)
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 :

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 refund of Pension Contributions 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 contributions.*

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

Date :

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

