**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.