



OSMANIA UNIVERSITY
HYDERABAD – 500 007.

No. 471 /Pre-Audit/Gaz/OU/2022.

Date : -06-2022
01/7/

C I R C U L A R

To
All the Principals of Campus & Constituent Colleges,
All the Heads of Departments / Directors / Administrative Officers, O.U.
Osmania University, Hyderabad.

Sub:- University Office – Pre-Audit – Request to submit / Update the Nomination Forms with details of the Teaching & Gazetted Staff on record and append in the Service Registers – Reg.

Ref : - 1) PAG (Audit) /SS-IIGSS-01/CA/2018-2019/A E No. 105,
Dated : 19-12-2018.

* * *

Sir / Madam,

With reference to the 1st cited above, wherein objection raised stating that the details of Family Members with their relationship with the employees like Date of birth, Age, Qualification, Marital Status, Aadhar Card, PAN Card, Photo, Permanent or Temporary address are to be recorded in the Service Registers of the concerned Teaching & Gazetted Staff as and when where there is a change in the family members either due to additions or deletions of the Teaching & Gazetted Staff working in the University.

Accordingly to the general conditions of service under FR-10 and subsidiary rules, the nominations for claiming of Provident Fund, GSLIS, FBF, FWF, Gratuity etc, are required from individual employee to be recorded and appended in the Service Registers of the concerned Teaching & Gazetted Staff working in the University.

Therefore, it is requested to all the Principals, Directors and Other Controlling Officers of O.U. to forward the Nomination Sets (2) copies and the details of the Family Members of the Teaching & Gazetted Staff working in the University in the (Enclosed Proforma) and to submit the same to the Audit Officer, Pre-Audit, O.U. on or before **30-07-2022**.

Early response in this matter is highly appreciated.

REGISTRAR

Note :- Proforma can be downloaded from Univeristy Web Site (www.osmania.ac.in)

Enclosures :

1. Nomination Set
2. Profoma of family details.

Copy to :- The Director, Infrastructure, O.U. with a request to upload the above enclosures in the University website.

PERSONAL & FAMILY MEMBERS PARTICULARS OF THE EMPLOYEE

EMPLOYEE I.D. No. :
NAME :
FATHER / HUSBAND NAME :
DATE OF BIRTH :
DESIGNATION :
PLACE OF WORK :
RELIGION / NATIONALITY :
SOCIAL STATUS :
PHONE No. :
AADHAR No. :
PAN NUMBER :
BANK A/c. No. :
BANK NAME :
BRANCH :
PERMANENT ADDRESS :

DETAILS OF FAMILY MEMBERS

S No.	NAMES OF FAMILY MEMBERS	DATE OF BIRTH	RELATIONSHIP	QUALFICATION	MARITAL STATUS	EMPLOYED OR UN EMPLOYED
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Enclosures :

- 1) Employee Passport Size Photo.
- 2) Xerox Copies of Aadhar Card, Caste Certificate and Pan Card Employee
- 3) Proof of Age (Certificate)

SIGNATURE OF THE EMPLOYEE

"COUNTERSIGNED"

(DRAWING OFFICER)

SCHEDULE - III (SEE RULES 6)

OSMANIA UNIVERSITY FAMILY BENEFIT FUND

1. Name of the Employee :
2. Designation :
3. Date and Date of commencement of Contribution :
4. Department / Office :
5. Period of extra ordinary leave During which the contribution To the fund was not made :
6. Date of Retirement :

FORM - A (SEE RULE - 9)

Nomination for Osmania University Family Benefit Fund

Name & Address of Nominee Relationship with Employee Age

Signature of the Employee

Name : _____

Designation : _____

Place of Work : _____

I.D.No. _____

Date :

Witness by

<u>SIGNATURE</u>	<u>NAME</u>	<u>DESIGNATION</u>	<u>PLACE OF WORKING</u>
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1. _____

2. _____

Note :- Nominee shall be his/her wife/husband/sons/unmarried and widowed daughters (including step children and adopted children) brothers below the age of 18 years and unmarried and widowed sisters (including step brothers and sisters) / Father/mother (including adopted parents/married daughters and children of a pre-deceased son.

"COUNTERSIGNED"

(DRAWING OFFICER)

SCHEDULE – II

NOMINATION FORM

OSMANIA UNIVERSITY FAMILY WELFARE FUND

1. Name of the Employee :
2. Designation :
3. Department / Office
Contribution :
4. Date of Commencement
of Subscription :
5. Date of Birth :

N O M I N A T I O N

I hereby nominate the person/persons mentioned below to receive the amount payable under the Osmania University Family Welfare Fund in the event of my death before the amount has become payable or having become payable, has not been paid.

Name and Address of the Nominee **Relationship with Employee** **AGE** **Share of each**

Date :

Signature of the Employee

Name :

Designation :

Place of Working :

Witness by :-

I.D. No. :

SIGNATURE

NAME

DESIGNATION

PLACE OF WORKING

1. _____

2. _____

“COUNTERSIGNED”

(DRAWING OFFICER)

APPENDIX

THE GENERAL PROVIDENT FUND (OSMANIA UNIVERSITY) RULES APPLICATION FOR ADMISSION TO THE NON-CONTRIBUTORY PROVIDENT FUND

1. Name of the Applicant :
Father's Name
2. Official Designation & Department :
Date of appointment in Univ. Service
3. Office to which attached ; If on deputation :
state the name of present Office.
4. Whether applicant's service is pensionable :
or opt/date of retirement.
5. Whether the applicant is permanent, temporary :
or re-employed. If temporary the period of service.
6. Present Basic Pay :
7. Rate of subscribing per month from the month of :
8. If subscriber is subscribing to any other fund, the :
the name of such fund.
9. Whether the applicant has a family or not. :
10. Account No. to be allotted by the University :

Note : To start NCPF Account _____
1) One Year's Service and
2) Minimum contribution should be 6% of :
Present basic pay.

SIGNATURE OF THE APPLICANT

A prescribed Nomination for duly filled in is enclosed.

Date :

"COUNTERSIGNED"

(DRAWING OFFICER)

THE FIRST SCHEDULE

See Rule 4 (3)

1. When the subscriber has a family and wishes to nominate one member thereof.

I hereby nominate the person mentioned below, who is a member of my family as defined in Rule 2 of the General Provident Fund (Osmania University) Rules to receive the amount that may stand to my credit in the Fund, in the event of my death before that amount has become payable, or having become payable, has not been paid.

Name & Address of the Nomine	Relationship with Subscriber	Contingencies on the happenings of which the Nominees, Nomination shall become invalid.	Name & Address and relationship of the person, if any, to whom the right of the nomines shall pass in the event of his predeceasing the subscriber.
1	2	3	4

Date :

Signature :

Name :

Designation :

Place of Working :

Witness by :-

I.D. No. :

SIGNATURE

NAME

DESIGNATION

PLACE OF WORKING

1. _____

2. _____

"COUNTERSIGNED"

(DRAWING OFFICER)

FORM OF APPOINTMENT OF BENEFICIARY
OSMANIA UNIVERSITY GROUP SAVING LINKED INSURANCE SCHEME

FORM – IV

1. Name of the Employee :
2. Designation :
3. Date of Commencement of Premium :
4. Department / Office
Date of Retirement :

N O M I N A T I O N

I the undersigned an Insured Member do hereby appoint the following as the beneficiary of the whom the moneys payable in the event of my death interms of Rule No. 13 headed "Appointment of Beneficiary".

Name and Address

Relationship with the Employee

Age

Date :

Signature of the Employee :

Name :

Designation :

Place of work :

Witness by :-

I.D. No. :

SIGNATURE

NAME

DESIGNATION

PLACE OF WORKING

1. _____

2. _____

"COUNTERSIGNED"

(DRAWING OFFICER)

NOMINATION FORM FOR BENEFICIARY OF GRATUITY

- 1. Name of the Employee :
- 2. Designation :
- 3. Department / Office :
- 4. Date of Appointment :
- 5. Date of Retirement :

Name and Address of Nominee **Relationship with the Employee** **Age**

Date :

Signature of the Employee :

Name :

Designation :

Place of Working :

I.D. No. :

Witness by :-

<u>SIGNATURE</u>	<u>NAME</u>	<u>DESIGNATION</u>	<u>PLACE OF WORKING</u>
1. _____			
2. _____			

"COUNTERSIGNED"

(DRAWING OFFICER)