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Indira Gandhi Delhi Technical University For Women  
(Established by Govt. of Delhi vide Act 09 of 2012)  
Kashmere Gate, Delhi-110006

No.F.3 (176)/Admn./office order (Teaching)/IGDTUW/2018/995

Dated: 9/11/20.

CIRCULAR

In order to complete the Service Books, all the regular Teaching and Non Teaching staff members of IGDTUW are hereby, asked to furnish the following documents to the undersigned immediately within a week from issue of this circular:-

- (i) Duly filled nomination form as per Annexure "A" Annexed herewith.
- (ii) Latest photograph, ( if photograph already furnished has become older than five years).
- (iii) Latest family detail as per Annexure "B" Annexed herewith.

*Ashwani K*  
9/11/20  
(Ashwani Kumar)  
✓ Registrar, IGDTUW

No.F.3 (176)/Admn./office order (Teaching)/IGDTUW/2018/996-999

Dated: 9/11/20

Copy forwarded for information & necessary action to the :-

1. All the Teaching & Non Teaching staff Members.
2. System Analyst, IGDTUW with the request to upload the above circular immediately on the website of the university.
3. PS to Vice Chancellor, IGDTUW.
4. PA to Registrar, IGDTUW.
5. Guard file.

*Ashwani K*  
(Ashwani Kumar)  
✓ Registrar, IGDTUW

## FORM

## Common nomination form for Gratuity, Contributory Provident Fund (Employees &amp; Employers share) and Leave Encashment.

I, \_\_\_\_\_ (Name) \_\_\_\_\_ (Designation) hereby  
nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of the death to the  
extent specified below, amount on account of the following:-

- (i) Any Gratuity.  
(ii) Amount that may stand to my credit in the Contributory Provident Fund (Employees share).  
(iii) Amount that may stand to my credit in the Contributory Provident Fund (Employers share).  
(iv) Leave Encashment.

Name, Date of Birth (DOB) and address of the nominee	Relation-ship with employee	Share to be paid to each	If nominee is minor, name DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column(1) predeceases the employee	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nomination(s) supersede any nomination(s) made by me earlier.

Signature:  
Name:  
Designation:  
Department:  
Mobile No.:

**Witnesses:-**

(i) Name:  
Designation (if any):  
Address:

Mobile No.  
Name:  
Designation (if any):  
Address:

Mobile No  
Address:  
(Delete whichever is not applicable)

Accepted by

Registrar, IGD/TUW

**FORM**

Annexure 'B'

**Details of Family**

1. Name of the Employee: \_\_\_\_\_
2. Designation: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Details of the members of family as on: \_\_\_\_\_

Sl. No.	Names of the members of family	Date of birth	Relationship with the officer	Marital Status	Remarks	Dated signature of head of Office
1	2	3	4	5	6	7

I hereby undertake to keep the above particulars up to date by notifying to the Head of the Office any addition or alteration.

Signature:  
Name:  
Designation:  
Department:  
Mobile No.:

**Witnesses:-**

- (iii) Name: \_\_\_\_\_  
Designation (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Mobile No. \_\_\_\_\_
- (iv) Name: \_\_\_\_\_  
Designation (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Mobile No. \_\_\_\_\_

(Delete whichever is not applicable)

Accepted by

Registrar, IGDТУW