



PONDICHERRY UNIVERSITY

(A Central University)

Bharat Ratna Dr B.R. Ambedkar Administrative Building,
R.Venkataraman Nagar, Kalapet, Puducherry - 605 014

Ref. No.PU/ESTT/NT8/2011-12/ 106

Date : 06-06-2012

CIRCULAR

Sub: PU – Estt – Inspection of Service Book by the Regular Employees
of the University – Reg.


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All the non-teaching staff of the University are hereby requested to kindly inspect their Service Books and to sign therein in token of having inspected the Service Book, as per the schedule attached herewith.

They are also requested to bring the declaration forms (format enclosed) duly filled in, when they come for inspection of the Service Book.

The employees are requested to make it convenient to come for inspection on the above said date and time without fail.

If any one desires to have a copy of the Service Book, may kindly make a payment of ₹500/-, by challan to the University Non-Plan Account.


(P. SUBRAMANIAN)
Deputy Registrar (Admn)

All Non-teaching staff
Pondicherry University
Puducherry 605 014

... TPC

**PONDICHERY UNIVERSITY
PUDUCHERRY**

Unit	Designation	Dates for Inspection of S.B.
NT-10	Deputy Registrars & Assistant Registrars & above	27-06-2012 to 29-06-2012
	Section Officers / Private Secretaries	-do-
	Engineering / Electrical / Medical Officers & others	-do-
NT-9	Senior Assistant	18-06-2012 to 20-06-2012
	Personal Assistant	21-06-2012
NT-4	Junior Assistant	25-06-2012 to 27-06-2012
	Technical Staff – Electrical & Engineering Wing	28-06-2012
	Health Centre staff, Statistical Asst & Junior Field Asst & Sports staff	29-06-2012
NT-7	Professional Assistant, Semi-professional Assistant Library Assistant Lab Attendant & Record Attendant	18-06-2012 to 21-06-2012
NT-2	Assistant	25-06-2012
NT-6	Drivers	18-06-2012
NT-8	Stenographer	20-06-2012
	Senior Programming Assistant	20-06-2012
	Senior Technical Assistant [Computer]	21-06-2012
	Senior Technical Assistant [Computer/Network]	22-06-2012

Unit	Designation	Dates for Inspection of S.B.
NT-8	Technical Assistant [Computer/Network]	22-06-2012
	Computer Assistant	25-06-2012
	Data Entry Operator	26-06-2012
	Senior Technical Assistant [Science]	22-06-2012
	Technical Assistant [Science]	25-06-2012
	Lab Assistant	26-06-2012
	Senior Lab Attendant	26-06-2012
	Coach	27-06-2012
	Technicians – CIF	27-06-2012
	Technicians – CMW	27-06-2012
	Technician – Chemistry	26-06-2012
	Sanitary Inspector	22-06-2012
	Instructor [Drama/Music]	22-06-2012
NT-5	Horticulture Attendant	26-06-2012 & 27-06-2012
	Catering Assistant Lab Attendant Catering Attendant Engineering Attendant Sanitary Attendant	28-06-2012 & 29-06-2012
NT-13	Office Attendant	18-06-2012 & 21-06-2012

PONDICHERRY UNIVERSITY, PONDICHERRY.

ANNEXURE

(APPENDIX - I - Para 3 (ii))

Thiru..... Declares as under :-

- (a) That I am a bachelor / widower :
- (b) That I am married and have only one wife living that I am married to a person who has no other wife living.
- (c) That I am married and have more than one wife living that I am married to a person who has more than one wife living.

I request that in view of the reasons stated below, I may be granted exemption from the operation of restriction on the recruitment to service of persons having more than one wife living or having married to a person having more than one wife living.

I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment. I shall be liable to be dismissed from service.

REASONS.

Place :

Signature

Date :

Note : Please delete clauses not applicable.

FORM OF NOMINATION

FORM - I.

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

I hereby nominate the person mentioned below, who is a member of my family as defined in Rule of the Pondicherry University General Provident Fund - Cum - Pension - Cum - Gratuity Rules 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 and address of the nominee	Relationship with Subscriber	Age	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship if any, to whom the right of the nominee shall pass in the event of the nominee predeceasing the subscriber
(1)	(2)	(3)	(4)	(5)

Dated this _____ day of _____ 2000

at _____

(Signature of the Subscriber)

Designation : _____

Department : _____

Two witnesses to Signature

1. _____

2. _____

FORM OF NOMINATION

FORM - II.

When the subscriber has a family and wishes to nominate more than one member thereof

I hereby nominate the persons mentioned below, who are members of my family as defined in Rule of the Pondicherry University General Provident Fund-Cum-Pension-Cum-Gratuity Rules 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, and direct that the said amount shall be distributed among the said persons in the manner shown below against their names:

Name and address of the nominee	Relation -ship with subscriber	Age	*Amount of share of accumulation to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the persons, if any to whom the right of the nominee shall pass in the event of the nominee's predeceasing the subscriber.

*This column should be filled in so as to cover the whole amount that may stand to the credit of the subscriber the Fund at any time.

Dated this _____ day of _____ at _____

(Signature of the Subscriber)

Two witness to signature :

Designation :

1.....

Department :

2.....

FORM - III.

Details of Family

Name of the Employee :

Designation :

Date of Birth :

Date of appointment :

Details of the *Family Members as on :

Sl. No.	Name of the Members of *Family	Date of Birth	Relationship with the Officer	Initials of the Head of Office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

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

Pondicherry :

Signature of the Employee.

Date :

*Family - for this purpose means family as defined in Rule 58 of Pondicherry University GPF-Cum-Pension-Cum-Gratuity Rules.

Note :- wife and husband shall include respectively judicially separately wife and husband.

FORM OF NOMINATION

FORM -IV.

When the subscriber has no family and wishes to nominate more than one person.

I have no family as defined in Rule of the Pondicherry University General Provident Fund-Cum-Pension-Cum-Gratuity Rules of hereby nominate the persons mentioned below, to receive the amount that my stand to my credits in the Fund, in the event of my death before that amount has become payable or, having become payable has not been paid, and direct that the said amount shall be distributed among the said persons in the manner shown below against their names:-

Name and address of the nominee	Relationship with subscriber	Age	*Amount of share of accumulation to be paid to each	**Contingencies on the happening of which the nomination shall become invalid.	Name, address and relationship of the person if any to whom the right of the nominees shall pass in the event of the nominee's predeceasing the subscriber
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*This column should 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 who has no family makes a nomination he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.

Dated this day of

At

(Signature of the subscriber)

Two witnesses to Signature :

Designation :

1.

Department :

2.

FORM OF NOMINATION

FORM - V.

NAMINATION FOR DEATH-CUM-RETIREMENT GRATUITY :

When the 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 the Pondicherry University _____ in the event of my death while in service and the 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 the nominee	Relation ship with the employee	Age	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the persons, if any, to whom the right Conferred on the nominee shall pass in the event of the nominee predeceasing the employee or the nominee dying after the death of the employee but before receiving payment of the gratuity.	Amount of share of gratuity payable to each

This nomination supersedes the nomination made by me earlier on which stands cancelled dated this.

day of _____

Two witnesses to Signature:

Signature of the employee.

1. 2.

Note :- The last column should be filled in so as to cover the whole amount of gratuity.

Nomination :

Designation :

Department :

FORM OF NOMINATION

FORM - VI.

ADMISSION FOR GRATUITY

when the member of staff has a family and wishes to nominate more than one members thereof.

I, hereby nominate the persons mentioned below, who are members of my family and confer on them the right to the extent specified below, any gratuity that may be sanctioned by the Pondicherry University in the event of my death, while in service and the gratuity which having become admissible to me on retirement may remain unpaid at my death:

Name and address of nominees	Relation ship with the employee	Age	Amount or or share of gratuity payable to each	Contingencies on the happening of which the nomination shall become invalid	Name, address amount and relationship of the person or amount or share of gratuity payable to each persons if any, to whom the right conferred on nominee predeceasing the employee or the nominee dying after the death of the employee but before receiving payment of the gratuity
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This nomination supersedes the nomination made by me earlier on which stands cancelled.

Note:- The number of staff shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

Dated this _____ day of _____

at _____

Two witnesses to Signature

Signature of the Employee

1.

2.

Note - 1. Fourth Column should be filled in so as to cover the whole amount of gratuity.

2. The amount/share of gratuity shown in last column should be the whole amount/share payable to the original nominees.

Nomination by

Designation

Department

Signature of the Registrar :

Dated :

PONDICHERRY UNIVERSITY, PONDICHERRY.

DECLARATION

CERTIFIED that I am an INDIAN National and I have not opted for any other nationality.

Signature of the Employee.

Full Name in Block Letters :

Designation :

Station :

Date :

COUNTERSIGNED

PONDICHERRY UNIVERSITY, PONDICHERRY.

DECLARATION

I declare that, I
working as in the
belong to do not belong to backward Class.

Name and Designation of the
Employee.

PONDICHERRY UNIVERSITY, PONDICHERRY.

HOME TOWN DECLARATION

I, declare that my HOME TOWN is.....
in District in the
State.

Signature of the Employee

Date :

Place :

PONDICHERRY UNIVERSITY, PONDICHERRY.

DECLARATION

I declare that, I
working as belong/ do not belong to
Scheduled Caste/ Scheduled Tribe.

Signature and Designation of
the Employee.

Place :

Date :

OATH OF ALLEGIANCE

"I, do swear /solemnly affirm that I Will
be faithfull and bear true allegiance to India and to the Constitution of India as by
law established, that I will uphold the sovereignty and integrity of India, and that, I will carry
out the duties of my office loyally, honestly, and with impartiality.

“(So hold me God)”

Signature and Designation of
the Employee.

In the presence of

(Signature of the Head of the
Department)

PONDICHERY UNIVERSITY, PONDICHERRY.

FORM - II.

See Rule (12)

DETAILS OF FAMILY

Name of the Employee :

Designation :

Details of the members of
my family as on :

Sl. No.	Name of the Member of the family	Date of Birth	Relation ship with the officials	Initial of Head of office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

I hereby undertake to keep the above particulars upto date by notifying to the office, any addition or alteration.

Signature of the Employee,

Place :

Date :

PONDICHERRY UNIVERSITY, PONDICHERRY.

DECLARATION

Certified that the following members of my family are dependent on me, for the purpose of Medical Attendance Rules:-

Sl. No.	Name of the Members*	Relationship	Age	Income p. m. from all Sources
(1)	(2)	(3)	(4)	(5)

In case the parents are included as the members of family, the particulars of brothers and sisters alive may be furnished below:-

Sl. No.	Name of the Member*	Relationship	Age	Income p. m. from all sources
(1)	(2)	(3)	(4)	(5)

Station:

Date :

Signature of the Employee
Full name in block letters Designation.

COUNTERSIGNED

* Definition of family. The term family for the purpose of the Central Service (Medical Attendance) Rules 1944 shall mean a Government Servant's wife or husband, wholly dependent upon the Government Servant.

Note: The condition of dependency both in the case of husband or the wife of the Government Servant has been dispensed with.

Explanation : (i) The term 'family' does not include any other dependent relations such as brother sister, widowed sister etc. The term Parents does not include 'Step-Parent'.

(ii) The term 'Children' will not include children adopted legally.

DECLARATION OF MEDICAL ATTENDANCE / LTC.

Pondicherry University hereby declare that the following family members for whom Medical Reimbursement/ Leave Travel Concession is claimed, are wholly dependent upon me and their individual income from all sources such as house, land, holdings, gross pension etc. does not exceed Rs. 500/- per mensem.

Sl. No.	Name	Age & Date of Birth	Relationship
(1)	(2)	(3)	(4)

Signature of the Employee.

COUNTER SIGNATURE OF THE
HEAD OF OFFICE.

Place :

Date :

DECLARATION OF MEDICAL ATTENDANCE / LTC.

Pondicherry University hereby declare that the following family members for whom Medical Reimbursement/ Leave Travel Concession is claimed, are wholly dependent upon me and their individual income from all sources such as house, land, holdings, gross pension etc. does not exceed Rs. 1500/- per mensem.

Sl. No.	Name	Age & Date of Birth	Relationship
(1)	(2)	(3)	(4)

Signature of the Employee.

Name :

Designation :

COUNTER SIGNATURE OF THE
HEAD OF OFFICE.

Place :

Date :