

UNIVERSITY OF KERALA

CARE SCHEME

TO

**The Finance Officer,
University of Kerala,
University Buildings,
Thiruvananthapuram – 34**

Form : CARE - A

Employee ID:

Account No .

(For Office Use)

Sir,

I,.....belong to

(Here enter Name and Designation)

.....
(Here state whether regular/work charged/contingent establishment, full time teaching/ non-teaching staff)

in the scale of pay of Rs.....and am working now in the
.....of the University.

(Here enter Section/Department)

I have entered in the University service w.e.fas per
U.O.No.....dated..... My date of
birth is..... and the date of retirement on superannuation is

I request that I may be enrolled as a member of CARE Scheme
having a monthly subscription of Rs.....in the CARE Scheme introduced by the
University as per U.O No.....dated.....I agree to abide by the rules and
instructions made or to be made by the University relating to the Scheme.

Yours Faithfully

Date.....

Signature

Name and permanent residential address

Countersigned by.....

(Name &Signature with Official Address)

- Enclosures: 1. Nomination form(in duplicate)
2. Copy of the Administrative sanction order of appointment