

UNIVERSITY OF KERALA

GROUP WELFARE SCHEME

TO

The Finance Officer,
University of Kerala,
University Buildings,
Thiruvananthapuram-34

Form. GWS-A

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. f.as per
U. O. No.....dated.....My date of
birth isand the date of retirement on super annuation is.....

I request that I may be enrolled as a member of Group.....having a monthly
subscription of Rs.....in the Group Welfare Scheme introduced by the University as
per U. O. No. Accts. XI-3561/85 dated 6-5-1985. 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 No. 6/7 (in duplicate)
2. Attested true copy of the Administrative sanction order of appointment.

**FORM No. 7
UNIVERSITY OF KERALA**

Nomination for benefits under the University Employees' Group welfare Scheme, 1984

(When the University Employee has a FAMILY and wishes to nominate one member or more than one member)

I,.....hereby nominate the person/ (s) mentioned below, who is /are

(Here enter name and designation)

member/(s) of my family, and confer on him/her/them the right to receive to the extent specified below, any amount that may be sanctioned by the University under the University Employees' Group Welfare Scheme 1984 in the event of my death while in service, or which, having become payable on my attaining the age of superannuation, may remain unpaid at my death.

| Name and address of Nominee/Nominees | Relationship with University employee | Age | Share 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 his/her predeceasing the University employee |
|--------------------------------------|---------------------------------------|-----|--------------------------|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |

Dated this.....day of.....20.....

Signature, name and address of two witness :

- 1.
- 2.

Signature of the University employee

(The entries above in columns 1 to 6 should be made without any corrections or insertions)

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