

## (दिल्ली विश्वविद्यालय



संदर्भ सं0 / Ref. No Hachul 4089/25

दिनांक/Dated 17/11/2025

## सूचना / NOTICE

सभी शिक्षण एवं गैर-शिक्षण कर्मचारियों से अनुरोध है कि वे सेवा पुस्तिका अभिलेखों के अद्यतनीकरण हेत् निर्धारित प्रपत्र में सामान्य नामांकन प्रपत्र और नवीनतम पासपोर्ट आकार की फ़ोटो जमा करें। उपरोक्त प्रपत्र जमा करने की अंतिम तिथि 28.11.2025 है।

सामान्य नामांकन प्रपत्र कॉलेज की वेबसाइट (www.shivajicollege.ac.in) और कॉलेज कार्यालय के डायरी अनुभाग में उपलब्ध है।

All the Teaching and Non-Teaching employees are requested to submit the Common Nomination Form in the prescribed proforma and recent passport size photograph for updation of Service Book records. The last date for the submission of aforesaid proforma is 28.11.2025 in the college office.

Common Nomination Form is available on college (www.shivajicollege.ac.in) and diary section in the college office.

## SHIVAJI COLLEGE, (UNIVERSITY OF DELHI) RAJA GARDEN, RING ROAD, NEW DELHI - 110027

| Common 1 | No | mina | ıtion | Fori | m |
|----------|----|------|-------|------|---|
|----------|----|------|-------|------|---|

| I,,  | hereby  | nominate    | the   | person/persons   | mentioned    |
|--|---------|-------------|-------|------------------|--------------|
| below and confer on him/her/them the right to receive in the | e event | of my deatl | h, to | the extent speci | ified below, |
| amount on account of the following:                          |         |             |       |                  |              |

- any gratuity the payment of which may be authorised under rule 44 and Rule 45 of CCS (Pension)
  Rules
- ii. amount that may stand to my credit in the General Provident Fund and arrears,
- iii. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980

| Name, date of birth (DOB), | Relationshi | Share   | If nominee is             | Name,        | Share   | Name, DOB     | Contingency on   |
|----------------------------|-------------|---------|---------------------------|--------------|---------|---------------|------------------|
| address of the nominee     | p with      | to be   | minor, name,              | DOB,         | to be   | and address   | happening of     |
| address of the nonlinee    | employee/   | paid to | DOB address of            | relationship | paid to | of person     | which nomination |
|                            | pensioner   | each    | person who may            | and address  | each    | who may       | shall become     |
|                            | pensioner   | Cacii   | receive the               | of alternate | Cacii   | receive the   | invalid          |
|                            |             |         |                           |              |         |               | ilivaliu         |
|                            |             |         | amount on behalf of minor | nominee in   |         | amount if     |                  |
|                            |             |         | of minor                  | case the     |         | alternate     |                  |
|                            |             |         |                           | nominee      |         | nominee in    |                  |
|                            |             |         |                           | under        |         | Col. (5) is a |                  |
|                            |             |         |                           | Column (1)   |         | minor         |                  |
|                            |             |         |                           | predecease   |         |               |                  |
|                            |             |         |                           | s the        |         |               |                  |
|                            |             |         |                           | employee     |         |               |                  |
| 1                          | 2           | 3       | 4                         | 5            | 6       | 7             | 8                |
|                            |             |         |                           |              |         |               |                  |
|                            |             |         |                           |              |         |               |                  |
|                            |             |         |                           |              |         |               |                  |
|                            |             |         |                           |              |         |               |                  |
|                            |             |         |                           |              |         |               |                  |
|                            |             |         |                           |              |         |               |                  |
|                            |             |         |                           |              |         |               |                  |
|                            |             |         |                           |              |         |               |                  |
|                            |             |         |                           |              |         |               |                  |
|                            |             |         |                           |              |         |               |                  |

These nominations supersede any nominations made by me earlier.

Note: Please attach the copy of Aadhar card and PAN card of the nominee declared above.

| Pla | ice and date: |                     |           |                    |           |
|-----|---------------|---------------------|-----------|--------------------|-----------|
|     |               |                     |           |                    | Signature |
| No  | mination by   | Des                 | signation | 1                  |           |
| De  | partment      | Date of Appointment |           | Date of Retirement |           |
| Ad  | dress         |                     |           |                    |           |
| Mo  | obile No      | Phone No            |           |                    |           |
| En  | nail Address  |                     |           |                    |           |
| Wi  | itness:       |                     |           |                    |           |
| 1.  | Signature     |                     | 2.        | Signature          |           |
|     | Name          |                     |           | Name               |           |