



Satyawati College

[University of Delhi]

Ashok Vihar, Phase-III, Delhi-110052

BIO-DATA

1. Name in full (in block letters) _____
2. Permanent Address _____
3. Father's/Husband's Name (in block letters) _____
4. Nationality (if not a citizen of India number _____
and date of eligibility certificate)
5. (a) Whether a member of Scheduled Cast/Tribe?(Details) _____
(b) Whether a member of Other Backward Classes?(Details) _____
6. Date of Birth by Christian Era and whenever possible
also in Saka Era (both in words and figures) _____
7. Educational qualifications _____
(Attach proof of the qualifications)
8. Exact height measurements (without shoes etc.) _____
9. Personal mark of Identification _____
10. Signature of the Govt. servant (with date) _____
11. Signature & designation of the head of officer or
other attesting officer (with date) _____



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कार्यालय तथा गोपनीयता की शपथ OATH OF OFFICE AND SECRECY

मैं _____ सत्यनिष्ठा से प्रतिज्ञा करता/ती हूँ और घोषणा करता/ती हूँ कि सत्यवती कॉलेज (दिल्ली विश्वविद्यालय) का कर्मचारी होने के नाते मुझे सौंपे कर्तव्यों को मैं विश्वसनीयता और ईमानदारी से पूरा करूँगा/गी और मैं उचित प्राधिकार के बिना, इस रोजगार की वजह से मेरी जानकारी में आए किसी भी मामले का खुलासा नहीं करूँगा/गी.

I, _____ solemnly affirm and declare that I will faithfully and honestly fulfill the duties that devolve upon me by reason of my employment in Satyawati College (University of Delhi) and that I will not, without due authority, disclose or make known any matter that comes to my knowledge by reason of such employment.

हस्ताक्षर/Signature:.....

नाम/Name:.....

पदनाम/Designation:.....

विभाग/Department:.....

दिनांक/Dated:



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CHARACTER CERTIFICATE

Certified that I have known Shir/Kum. Son/Daughter
of Shri for the last years months
and that to the best of my knowledge and belief he/she bears a reputable character and has no
antecedents, which render him/her unsuitable for at
Satyawati College, New Delhi.

Shri/Kum. _____ is not related to me.

Place : _____

Dated : _____

Signature

Designation :

Wit Rubber Stamp

Certificate to be signed by any of the following:

- Gazetted Officers of Central or State Government.
- Members of Parliament of State Legislature belonging to the Constituency where the candidate or his parent/guardian is ordinary reside.
- Sub-Divisional Magistrates/Officers.
- Tehsildars or Naib/deputy Tehsildars authorized to exercise magisterial power.
- Principal/Head Master of the recognized School/College.
- Block Development Officer.
- Post-Master
- Panchayat Inspectors



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OATH OF ALLEGIANCE INDIAN NATIONALS

I, do swear/solemnly affirm that I will be faithfully and bear true allegiance to India and to the constitution of India as by law established and that I will carry out the duties of my office loyally, honestly and with impartiality.

(So help me GOD)

Signature

Name

Designation

Dated : _____

DECLARATION

I, Shir/Smt./Km. _____ declare as under:

1. That I am unmarried/a widower/a widow.
2. That I am married and have only one life living.
3. That I am married and my husband has no other living wife to the best of my knowledge.
4. That I am married and have more than one wife living (Application for grant of exemption is enclosed.)
5. That I am married to a person who had already one wife (Application for grant of exemption is enclosed).

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.

Signature

Name

Designation

Dated : _____



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HOME TOWN DECLARATION

I, hereby declare that my home town is at the place as shown below for the purpose of availing Leave Travel Concession for self and family as notified in the Govt. of India, Ministry of Home Affairs, new Delhi O.M. No. 43/1/55/Estts.-(A) Part-II dated 11-10-1956.

Home Town/ Place of Visit	Nearest Railway Station	District/ Town & State	Remarks

Signature

Name

Designation

Countersigned by

Head of Department



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DECLARATION OF FAMILY MEMBERS

I, hereby declare:

1. That the following are the members of my family residing with and wholly dependent on me:

FOR PURPOSE OF LEAVE TRAVEL CONCESSION

FOR PURPOSE OF MEDICAL REIMBURSEMENT

S.No.	Name	Age	Relationship	Date of Birth	S.No.	Name	Age	Relationship	Remarks

Note: A husband/wife/child/parent having an independent source of income is not related as member belonging to the family of the Govt. servant except when the income including pension, temporary increase in pension but excluding dearness relief on pension or stipend etc. does not exceed Rs.3500.00 per month.

2. That my husband/wife is not in service, if in service, a certificate from the employer to the effect that he/she shall not avail the facility of LTC/HTC from here.
3. That my father/mother is not a retired pensioner and the amount of pension drawn by him/her is as shown in the attached income certificate viz. Rs.3500.00
4. That any change in the list of family members declared will be intimated to the college for record.
5. That I have carefully gone through the contents of the letter regarding definition of 'FAMILY'.

Signature of the Employee
Name (in Block letters):
Designation:
Department:

Counter signed by the Head of the Department



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CHANGE OF HOME TOWN

I, hereby declare to change my home town at the place as shown below for the purpose of availing Leave Travel Concession for self and family.

Home Town/ Place of Visit	Nearest Railway Station	District/ Town & State	Remarks

Signature

Name

Designation

Dated

Countersigned by

Head of Department



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FORM OF NOMINATION

Form 1

When the Subscriber has a family and wishes to nominate one member thereof

I, hereby nominate the person mentioned below who is a member of my family as defined in Clauses (1) (c) of Statute 28-A to receive the amount that may stand to my credit in the Fund in the event of my death before the amount has become payable or having become payable has not been paid.

Name & Address of the nominee	Relationship with the 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 pre- deceasing the Subscriber.
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Dated this day of 20
at

Tow Witness of Signature:

1.

2.

(Signature of the Subscriber)

Designation

Department



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FORM OF NOMINATION

Form V

(Nomination for Death-cum-Retirement Gratuity)

When the Subscriber 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/her the right to receive any gratuity that may be sanctioned by the 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 & Address of the nominee	Relationship with the Subscriber	Age	Contingencies on the happening of which the nomination shall become invalid	Name, Address & Relationship of the person or persons, if any to whom the right conferred on the nominee shall pass in the event of the nominee pre-deceasing the Employee or the Nominee dying after the death of the Employee but before receiving	Amount of share of Gratuity payable to each
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This nomination supersedes the nomination made by the earlier on which stands cancelled.

Dated this day of 20 at

Two witness to Signature:

(Signature of the Employee)

1. Designation

2. Department

*Note: This last column should be filled in so as to cover the whole amount of Gratuity.

Nomination by

(Signature of Principal)

Designation

Department

Dated:



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Declaration Form

1. Name & Designation of the Employee:
2. Whether Married or Unmarried:
3. If married:
 - a) Name of husband/wife:
 - b) Place where he/she is employed:
4. a) Details of the dependent family members (the photocopy date of birth certificate to be attached).

S.No.	Name	Age	Date of Birth	Relationship with Employee	Whether employed or not
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- b) If your wife/husband is claiming any HRA, LTC, HTC, medical etc. benefit for himself/herself or any other dependent family member from his/her office? Give details provide the age proof.
5. Home Town Address:
6. Permanent residential address:
7. Present residential address:
8. Whether the present accommodation is own/rented/allotted house:
9. If rented house:

P.T.O.

- a) The amount of rent being paid:
(Rent receipts for July and January to be submitted every year)
- b) Date from which living in the present house:
- c) Is whole rent paid by you: (If yes, with whom and in what ratio):
- d) Whether your husband/wife is claiming any benefit for the same house from his/her office:

10. If the house is owned/allotted:

- a) Name of the owner of the house and his Relationship with the employee, if any:
- b) Name of the person who has been allotted the house and his/her relationship:
- c) Who was the allotted authority?
- d) Is the allotting authority a Government/semi govt.? Autonyms body etc?
- e) Date from which living in the present house:

11. Any other information the employee wishes to furnish:

I certify that claim of HRA, LTC, HTC, Medical etc. in respect of my dependent family member is made only by me and are not claimed from any other spouse, whatsoever.

I, hereby undertake that the information furnished above is true to the best of knowledge & behalf.

Date:

Signature of the Employee:

Name of the Employee

Refer to rules of dependent family members (for deciding the dependency income from all sources should not exceed Rs.3500 P.M. the Dr. on pension is not to be taken into account Rule 4 (d) and Explanation 5.

Date of birth certificate to be attached (Photocopy)

A declaration that effect by the husband/wife should be attached (Refer to rule of Home Town)

NOTE: Please intimate the account office immediately if there is any changes in any information, especially in:

- (A) The number of dependent family members
- (B) Proof of residential address