



GURUGRAM UNIVERSITY, GURUGRAM

(A State Govt. University established under Haryana Act 17 of 2017)

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LIST OF FORMS REQUIRED AT THE TIME OF JOINING

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FORM OF OATH OF ALLEGIANCE

I, _____ do swear that I will be faithful and bear true allegiance to India and to the Constitution of India as by law established and that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my office loyally honestly and impartially.

Dated:

Signature : _____

Name : _____

Designation : _____

FORM OF OATH OF SECRECY

I, _____ (name) do swear/solemnly affirm that I will be faithful 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 to the best of my ability, knowledge.

Dated:

Signature : _____

Name : _____

Designation : _____

DECLARATION REGARDING MARITAL STATUS

I, Shri/ Shrimati/Kumari_____declare as under:

- *i) That I am unmarried/ a widower /a widow
 - *ii) That I am married and have only one spouse living.
 - *iii) That I have entered into or contracted a marriage with a person having onespouse living. Application for grant of exemption is enclosed.
 - *iv) That I have entered into and contracted a marriage with another person duringthe lifetime of my spouse. Application for grant of exemption is enclosed.
2. I solemnly affirm that the above declaration is true and I understand that in the eventof the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Dated:-

Signature : _____

Name : _____

Designation : _____

***NOTE.** Please delete clause/clauses not applicable.

HOME TOWN DECLARATION**(At the time of Joining)**

I declare that my "Home Town" as below:

(In **block Letters**)

Name of Town/ Village :

District :

State :

Signature : _____

Name : _____

Designation : _____

DECLARATION FOR DOWRY IN MARRIAGE

(FOR MARRIED EMPLOYEE AT THE TIME OF JOINING)

WHEREAS I am married as on date of my joining, therefore, in terms of the provision of University / State Govt., I _____(Name of the Employee), do hereby declare that I have not taken or abetted in taking of any dowry. This declaration has also been signed by my wife, father and father-in-law.

Place:

Dated:

Signature

Name of employee:

Designation:

Name of Office:

1. Signature of Father

2. Signature of Wife.....

3. Signature of Father-in-law

DECLARATION FOR DOWRY IN MARRIAGE
(FOR UN MARRIED EMPLOYEE AT THE TIME OF JOINING)

WHEREAS I am unmarried as on date, therefore, in terms of the provision of University / State Govt.,
 I _____(Name of the Employee), do hereby undertake that I shall not;

- a) Give or take or abet the giving or taking of dowry; or
- b) Demand, directly or indirectly from the parents or guardians of the bride or bridegroom, as the case may be, any dowry.

N.B: "dowry" shall have the same meaning as in the Dowry Prohibition Act, 1961."

I aver in the full understanding that any breach of the rules or law relating to taking or abetting the taking of dowry shall render me liable for appropriate disciplinary action.

Place:

Dated:

Signature

Name of employee:

Designation:

Name of Office:

FORM OF NOMINATION FOR GPF OR DEFINED CONTRIBUTORY PENSION SCHEME

I _____ hereby nominate the person(s) mentioned below who is/are member(s)/Non-member(s) of my family as defined in Rule 2 of the General Provident (Central Services), Rules, 1960 to receive the amount that may stand to my credit in the fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid:-

Name and address of nominee(s)	Relationship with the subscriber	Age of the nominee(s)	Share payable to each nominee(s)	Contingencies on the happening of which the nomination will become invalid	Name, address and relationship of the person(s) if any to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber	If the nominee is not a member of the family as provided in Rule 2, indicate the reasons
1	2	3	4	5	6	7

Dated this _____ day of _____ at _____

Two witnesses to signature and their

1. _____

2. _____

Signature of the subscriber;
Name & Address

**NOMINATION FOR BENEFITS OF LEAVE ENCASHMENT, DEATH CUM
RETIREMENT GRATUITY OTHER PENSIONARY BENEFITS & ANY
OTHER DUES, IF ANY.**

I, hereby nominate the person/ persons mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the University under the University / State Government Schemes applicable time to time, 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 (s) & addresses of nominee/ nominees	DOB	Relationship with the employee	Monthly Income	Adhaar No.	Remarks
1	2	3	4	5	6

Dated, thisday of 20.....at.....

Two witnesses to signature.
(With name, designation,)

1.

2.

Signature :

Name :

NOMINATION FOR G.I.S

(When the govt. Servant has a family & wishes to nominate one member or more than one member thereof)

I,hereby nominate the person/ persons mentioned below who is/are members(s) of my family, and confer on him/her right to receive to the extent specified below any amount that may be sanctioned by the Central Govt. under the Central Govt. Employees Group Insurance Scheme, 1980, 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 & address(es)of the Nominee/ Nominees	Relationship with the Govt. servant	Age	*Share of amount to be paid to each	Contingencies on the happening of which the Nomination shall become invalid	Name address & relationship of the person, if any, to whomthe right of the nominee shall pass in the event of his/her predeceasing the Govt. Servant
1	2	3	4	5	6

Dated, thisday of 20..... at.....

Two witnesses to signature.
(With name, designation,)

1.
2.

Signature :_

Name :

Designation: