

UNIVERSITY OF DELHI  
(Group Insurance Scheme Cell)

Form No. 6203

NEW MEMBERS

Appendix – I

Category \_\_\_\_\_

Name of the Institution \_\_\_\_\_

S.No.	Name of the employee	Father's/ Husband's Name	Designation	Date of Birth	Date of Appointment against substantive post	Scale of pay	Status permanent/ Temporary	Date of Retirement	Permanent Address

P.T.O.

- NB:
- (1) The proforma has to be prepared separately for Group A, Group B, Group C, Group D employees.
  - (2) Part-time/adhoc employees, persons on deputation from outside, Research Fellows/employees on compensate ground/in schemes or casual labourers or on contract basis are not eligible. Their names be not included in this proforma.
  - (3) Evidence of insurability will be required if the amount of insurance of the member exceeds amount : of 'No evidence limit' Granted under the scheme.

EMPLOYER'S CERTIFICATE

Particulars of all our employees eligible to join the Scheme on the effective Date annual/Renewal Date/Accounting Date are given above. We certify that these particulars are true and correct and request admission of these employees to the Scheme.

We also certify that all the above listed employees.

- (a) are members of provident Fund.
- (b) Were not absent from work in the ground of ill health on the effected date/annual renewal date/accounting date.

Date \_\_\_\_\_

(Signature on behalf of the employer)