

# UNIVERSITY OF JAMMU

## CIRCULAR

### GROUP PERSONAL ACCIDENTAL INSURANCE POLICY

It is circulated for the information of all the employees that the J&K Government has issued a circular with regard to entering into a MoU with M/s Oriental Insurance Company Limited for securing a policy for its employees to cover accidental deaths and disabilities under the Group Personal Accidental Insurance Policy for a period of one year commencing from the midnight of 01.12.2017 on compulsory basis for an insurance cover of Rs. 10.00 Lacs for each employee.

The application-cum-Nomination Form (annexed) duly completed by the Directors / Heads of the Departments / Branch Officers in respect of all Teaching and non Teaching Staff (including Assistants / helpers / consolidated /contractual / casual workers) working under their control on regular basis may be sent to the undersigned on or before 10.01.2018 otherwise in case of any mishappening the concerned Head/ Controlling Officer shall be responsible.

This is in continuation to earlier order No. Estab./17/15836-935 dated 06.12.2017

This may be treated as most urgent.

*M. Seneh*  
**Registrar**

No: Estab./17/14444-543

Dated: 02/1/18

Copy to:-

1. Spl. Secretary to the Vice Chancellor, University of Jammu for the kind information of the Worthy Vice Chancellor please
2. Sr.P.A. to the Dean Academic Affairs /Dean Research Studies
3. Sr.P.A. to the Registrar/Controller of Examinations
4. Director, DDE/CDC/DLL/DIQA//Physical Education/HRDC/ Centre for Studies in Museology & Sheikh Noorani Museum of Heritage/DSRS/ Centre for History of Culture of Jammu & Ladakh Region/SHTM/ICCCR&HRM/Dept. of Visual and Performing Arts, Design and Architecture/Centre for Women Studies/ Centre for IT Enabled service Management/
5. All Rectors / Directors of the campuses of the University
6. Dean Students Welfare/Provosts (Boy's/Girl's Hostels)/Dean Student Placement
7. All Heads of the Teaching Departments of the University
8. I/c General Zorawar Singh Auditorium
9. I/c. Librarian, Dhanvantri Library
10. I/c Director, Computer Centre
11. Sr. P.A. to Joint Registrar (Exams)/(CDC/DDE./Finance)
12. Programme Coordinator, NSS
13. Medical Officer, UHC
14. All Wardens of University Hostels
15. All Dy. Registrars/Assistant Registrars
16. Executive Engineer/Manager Guest House
17. PRO to VC, VC Secretariat
18. Security Officer
19. All Sections

**APPLICATION GUM NOMINATION FORM UNDER  
GROUP PERSONAL ACCIDENTAL INSURANCE POLICY**

1. Name of the Employee:- ..... (N- )
2. Parentage :- .....
3. Permanent Residential Address :- .....
4. Designation and Department:- .....
5. Date of Birth:- ..... / ..... / ..... 6.Mobile .....

**Details of Nominee(s)**

S.No	Name of the Nominee(s)	Relationship With Insurant (Employee)	Address of the Nominee(s)	Share of insured amount to be paid to each nominee

Name and Signature of the employee

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**Signatures of witnesses with name /Mobile Number and full address:-**

- 1.....  
.....
- 2.....  
.....

**CERTIFICATE BY THE DRAWING AND DISBURSING OFFICER(DDO)/HEAD OF THE OFFICE OF THE APPLICANT(EMPLOYEE)**

**It is certified that the particulars given above by the employee/insurant are correct and best of my knowledge & belief.**

Signature .....

Name of the DDO/HOD .....

Designation.....

Department.....

***Please Note that: 1. This form shall be kept in the safe custody of the DDO for record and reference purpose. In the event of the accidental death of the insurant (employee) the sanctioned insured amount shall be paid to the nominee(s) as per the above details by the DDO concerned after its sanction /release from concerned insurance Company/Nodal Officer.***

***2. Filling of Nomination Form after the death of any employee is strictly prohibited and against the ethics and norms.***

File No.FD/JI/2017-18/257

**(Nodal Officer Finance Department)**

*Handwritten signature and date*