

UNIVERSITY OF JAMMU

CIRCULAR

University of Jammu has implemented Group Janta Personal Accidental Insurance Policy for all the employees other than teaching faculty w.e.f. July 2015. In this connection, Application-cum-Nomination Form is required to be filled up by the individual employee.

All the concerned are therefore requested to send the enclosed format duly filled in all respects to this office within 07 days from the date of issuance of this Circular enabling this office to proceed further accordingly.

This may be treated as most urgent.


REGISTRAR

No: Estab/15/11050-149

Dated: 26-8-15

Copy to :-

1. Spl. Secretary to the Vice Chancellor
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/Academic Staff College/ Centre for Studies in Museology & Sheikh Noor-ud-Din-Noorani Museum of Heritage/DSRS/ Centre for History of Culture of Jammu & Ladakh Region/SHTM/ICCCR&HRM/Disaster Management Centre/School of Visual and Performing Arts, Design and Architecture/Centre for New Literature, Culture and Communications/Centre for Women Studies/ Centre for IT Enabled services & 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. All the members of the committee
9. I/c General Zorawar Singh Auditorium
10. I/c Librarian, Dhanvantri Library/Post M.A. Urdu Professional Course
11. I/c Computer Centre/University Website
12. Joint Registrar (Finance). A copy of Govt. Circular No. FD/II/2014-152/MF/GIPAIP-191 dated 29.06.2015 is enclosed for taking necessary action accordingly.
13. Sr. P.A. to Joint Registrar (Exams)/(CDC/DDE.)
14. Programme Coordinator, NSS
15. Medical Officer, UHC
16. All Wardens of University Hostels
17. All Dy. Registrars/Assistant Registrars
18. Executive Engineer/Manager Guest House
19. President, JUTA/JUNTEU/JUNGEA
20. Security Officer
21. All Sections
22. Guard File

ANNEXURE-I

APPLICATION-CUM-NOMINATION FORM UNDER
GROUP JANTA PERSONAL ACCIDENT INSURANCE POLICY

1. Name of the Employee :
2. Parentage :
3. Designation :
4. Department :
5. Permanent Residential Address
.....
.....
6. Telephone No..... Mob.
7. Date of Birth
8. Details of the Nominee (s)

S.No	Name of the Nominee (s)	Age & relationship with Insurant	Present Address of Nominee(s)	Percentage (%) of insured amount to be paid to each nominee

Signature of the witness
with name and address

Signature of the Employee

Certificate by the D.D.O. / Head of the Office of the applicant

It is certified that the particulars given above by the proposer/insurant are correct.

Date: _____

NAME _____

Designation _____

Department _____

NOTE: 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 insured amount shall be paid to the nominee(s) by the DDO.