

SCHEDULE – 1

FORM OF AGREEMENT

**The Trustees of the
Shri Mata Vaishno Devi University
Employees Provident Fund
Katra (Jammu)**

Gentlemen,

I hereby declare that I have read and understood the regulation of Shri mata Vaishno Devi University, Employees Provident Fund Regulations, 2008 and hereby undertake to subscribe to the said fund and I hereby further agree to be bound by the said Regulations.

Name (in full) : _____

Date of Birth : _____

Nature of the appointment : _____

Salary per month : _____

Designation : _____

Yours Faithfully,

(Signature) in full

Address: _____

Dated: _____

Signature:

Name:

S/o:

R/o:

Signature:

Name:

S/o:

R/o:

Witness:

Designation: _____

Address: _____

Date: _____

FORM OF NOMINATION

(When the subscriber has a family and wished to nominate one member thereof)

**The Trustees of the
Shri Mata Vaishno Devi University
Employees Provident Fund
Katra (Jammu)**

Gentlemen,

I hereby nominate the person mentioned below with his photographs who is a member of my family as defined in regulation 16 of Shri Mata Vaishno Devi University, Employees Provident Fund Regulations, 2008 to receive the amount that may stand to my death before that amount has become payable has not been paid:-

Name & Address of nominees	Relationship with the subscriber	Age	Contingencies on happening of which the nomination shall become invalid	Name & Address & Relationship of the person if any to whom the right of the nominee shall pass in the event of his predeceasing the subscriber

Dated the _____ day of _____ 200 ____ at _____ .

Two witness to signature

1. Name of Subscriber: _____ **Signature of Subscriber**
Address: _____

Subscriber signature verified by me

1. Name of Subscriber: _____ **Signature of**
Address: _____ **(Authorized Signatory)**
Designations: _____

Witness:

Signature:	Signature:
Name:	Name:
S/o:	S/o:
R/o:	R/o:

FORM OF NOMINATION

(When the subscriber has a family and wishes to nominate more than one member thereof)

**The Trustees of the
Shri Mata Vaishno Devi University
Employees Provident Fund
Katra (Jammu)**

Gentlemen,

I hereby nominate the person mentioned below with their photographs who are members of my family as defined in regulation 16 of Shri Mata Vaishno Devi University, Employees Provident Fund Regulations, 2008 to receive the amount that may stand to my death before that amount has become payable or having become payable has not been paid and direct that the said amount shall be distributed among the said persons in the manner shown against their names:-

Name & Address of nominees	Relationship with the subscriber	Age	Amount of share of accumulations to be paid to each	Contingencies on happening of which the nomination shall become invalid	Name & Address & Relationship of the person if any to whom the right of the nominee shall pass in the event of his predeceasing the subscriber

Dated the _____ day of _____ 200 ____ at _____ .

1. Name of Subscriber: _____ **Signature of Subscriber**
Address: _____

Subscriber signature verified by me

1. Name of Subscriber: _____ **Signature of**
Address: _____ **(Authorized Signatory)**
Designations: _____

FORM OF NOMINATION

(When the subscriber has no family and wishes to nominate one person)

**The Trustees of the
Shri Mata Vaishno Devi University
Employees Provident Fund
Katra (Jammu)**

Gentlemen,

I, having no family as defined in regulation 16 of Shri Mata Vaishno Devi University, Employees Provident Fund Regulations, 2008 hereby nominate the person mentioned below to receive the amount that stand to my credit in the Fund in the event of my death before that amount has become payable or having become payable has not been paid.

Name & Address of nominees	Relationship with the subscriber	Age	Contingencies on happening of which the nomination shall become invalid	Name & Address & Relationship of the person if any to whom the right of the nominee shall pass in the event of his predeceasing the subscriber

Dated the _____ day of _____ 200_____ at _____ .

1. Name of Subscriber: _____ **Signature of Subscriber**
Address: _____

Subscriber signature verified by me

1. Name of Subscriber: _____ **Signature**
Address: _____ **(Authorized Signatory)**
Designations: _____

Witness:

Signature:	Signature:
Name:	Name:
S/o:	S/o:
R/o:	R/o:

Note:- Where a Subscriber who has no family makes a nomination he shall specify in this column that the nominations shall become invalid in the event of his subsequently acquiring a family.

FORM OF NOMINATION

(When the subscriber has no family and wishes to nominate more than one person)

**The Trustees of the
Shri Mata Vaishno Devi University
Employees Provident Fund
Katra (Jammu)**

Gentlemen,

I, having no family as defined in regulation 16 of Shri Mata Vaishno Devi University, Employees Provident Fund Regulations, 2008 hereby nominate the persons mentioned below with their photographs to receive the amount that stand to my credit in the Fund in the event of my death before that amount has become payable or having become payable has not been paid and direct that the said amount shall be distributed among the said persons in the manner shown below against their names:-

Name & Address of nominees	Relationship with the subscriber	Age	Contingencies on happening of which the nomination shall become invalid	Name & Address & Relationship of the person if any to whom the right of the nominee shall pass in the event of his predeceasing the subscriber

Dated this _____ day of _____ 200 ____ at _____ .

Two witness to sign.

1. Name of Subscriber: _____ **Signature of Subscriber**
Address: _____

Subscriber signature verified by me

1. Name of Subscriber: _____ **Signature**
Address: _____ **(Authorized Signatory)**
Designations: _____

Witness:

Signature:	Signature:
Name:	Name:
S/o:	S/o:
R/o:	R/o:

Note: This column should be filled in so as to recover the whole amount that may stand to the subscriber in the fund at any time.

Note:- Where a Subscriber who has no family makes a nomination he shall specify in this column that the nominations shall become invalid in the event of his subsequently acquiring a family.

FORM FOR FIXING RATES OF SUBSCRIPTION

**The Managing Director,
Shri Mata Vaishno Devi University,
Katra - (Jammu)**

Dear Sir,

I hereby direct under regulation 9 of Shri Mata Vaishno Devi University Employees Provident Fund Regulations 2008 that _____ percent of my pay be deducted every month as my subscription to the Provident Fund.

Yours faithfully,

1. Name: _____ Signature of Subscriber
2. Address: _____
3. Designation: _____

Dated this _____ day of _____ 20 ____ at _____