

Registrar,
Guru Nanak Dev University,
Amritsar.

Sub.: Request for issue of 'No Objection Certificate' for procuring new or renewal of International Passport/Visa.

Dear Sir,

I hereby apply for the issue of 'No Objection Certificate' for procuring International Passport/renewal of Passport/acquiring visa for visiting foreign countries:

- 1) It is certified that I am not involved in any civil or criminal case pending in the court of law or any departmental enquiry at the University level.
- 2) Nothing is due standing against me. If any is found the same may be recovered from my GPF/CPF.
- 3) It is certified that I am not getting this Visa for immigration to a foreign country.
- 4) It is also certified that I will not use this NOC for the purpose of immigration.

Yours faithfully,

Signature of the applicant

Name of the Applicant _____

Designation/Deptt. _____

Father's Name _____

Address _____

Dated _____

**Recommendation of the Head
of the Department/Branch**



ਗੁਰੂ ਨਾਨਕ ਦੇਵ ਯੂਨੀਵਰਸਿਟੀ, ਅੰਮ੍ਰਿਤਸਰ
GURU NANAK DEV UNIVERSITY, AMRITSAR
*(Established by the State Legislature Act No. 21 of 1969 &
University with Potential for Excellence recognized by UGC)*

No. _____/Estt.

Date _____

(To be given in Duplicate on Original Stationery)

Certified that **Shri/Smt/Miss**
Son/Wife/Daughter of **Shri**, who is an
Indian National, is a temporary/permanent employee of (office address)
in this University from and is at present holding the post of
..... **Shri/Smt./Miss/Mst.**, **who**
is also an Indian National, is/are dependent family member(s) of Shri/Smt.
..... and his/her identity is certified. This Organization
has no objection to his/her acquiring Indian Passport. I, the undersigned, am duly
authorized to sign this "**Identity Certificate**". I have read the provisions of
Section 6(2) of the Passports Act, 1967 and certify that these are not attracted in
case of this applicant. I recommend issue of an Indian Passport to him/her. It is
Certified that this Organization is a Statutory body. The Identity Card No. of
Shri/Smt/Miss is



(signature)

(Name, Designation, Address & Tel. No.
of issuing authority)

AFFIDAVIT

(One original and one self-attested photocopy to be submitted)

I, (name) son/daughter/wife of Shri residing at Date of Birth being an applicant for issue of passport, do hereby solemnly affirm and state the following:

1. That the names of my parents and spouse are as follows:
(i) Father :
(ii) Mother :
(iii) Wife/Husband :
2. That I am a continuous resident at the above mentioned address from
3. That I am citizen of India by birth/descent/registration/naturalization and that I have neither acquired the citizenship of another country nor have surrendered or been terminated/deprived of my citizenship of India.
4. That I have not, at any time during the period of five years immediately preceding the date of this affidavit, been convicted by any court in India for any offence involving moral turpitude and sentenced in respect thereof to imprisonment for not less than two years.
5. That no proceedings in respect of any criminal offence alleged to have been committed by me are pending before any criminal court in India.
6. That no warrant or summons for my appearance, and no warrant for my arrest, has been issued by a court under any law for the time being in force, and that my departure from India has not been prohibited by order of any such court.
7. That I have never been repatriated from abroad back to India at the expense of Government of India/I was repatriated from abroad back to India at the expense of Government of India, but reimbursed expenditure incurred in connection with such repatriation.
8. That I will not engage outside India in activities prejudicial to the sovereignty and integrity of India.
9. That my departure from India will not be detrimental to the security of India.
10. That my presence outside India will not be prejudice the friendly relations of India with any foreign country.

Place:

Date:

DEPONENT

VERIFICATION

Verified on _____ (date) at _____ (place) that the contents of the above mentioned affidavit are true and correct and nothing material has been concealed.

DEPONENT

ANNEXURE -'A'

APPLICATION FOR AVAILING OF LEAVE TRAVEL CONCESSION

1. Name of the Officer/Employee : _____
2. Post Held : _____
3. Date of Appointment : _____
4. Period during which LTC is proposed to be availed of (in case of self please indicate whether leave has been sanctioned) : _____
5. Block of years for which LTC is proposed to be availed of: : _____
6. Details of LTC to be availed of: : _____
 - i) Whether for visiting home town?
 - ii) Whether for visiting anyh place in India?
 - iii) In case of (ii)above the place to be visited.
7. Members of the Family for whom LTC is to be availed of : _____
 - (i) Name of a
 - (ii) family members with present age.
 - (iii) Relationship with the applicant.
8. When LTC was availed of last ? : _____
(indicate the block years for which LTC availed of and the period during which it was availed of)
 - (ii) If any, sanction for the grant of LTC was issued, please quote its number and date.

It is certified that the above Travel Concession for the Block Years being claimed above was not availed of previously.

It is further certified that the members of the family for whom LTC is being claimed are residing with me.

SIGNATURE OF THE APPLICANT

DESIGNATION : _____

BRANCH/DEPTT. _____

Date : _____

Place : _____

Recommendation of H.O.D./Branch

ਗੁਰੂ ਨਾਨਕ ਦੇਵ ਯੂਨੀਵਰਸਿਟੀ, ਅਮ੍ਰਿਤਸਰ

ਛੁੱਟੀ ਲਈ ਬਿਨੈ-ਪੱਤਰ (ਕਮਾਈ ਛੁੱਟੀ/ਮੈਡੀਕਲ ਛੁੱਟੀ/ ਬਿਨ੍ਹਾਂ ਤਨਖਾਹ ਛੁੱਟੀ/ ਡਿਊਟੀ ਲੀਵ)

ਨੋਟ :- ਛੁੱਟੀ ਵਾਸਤੇ ਬਿਨੈ-ਪੱਤਰ(ਸਿਵਾਏ ਮੈਡੀਕਲ ਛੁੱਟੀ) ਘੱਟੋ ਘੱਟ 7 ਦਿਨ ਪਹਿਲਾਂ ਭੇਜਿਆ ਜਾਵੇ।

(I) ਬਿਨੈਕਾਰ ਦੁਆਰਾ ਭਰੇ ਜਾਣ

1. ਬਿਨੈਕਾਰ ਦਾ ਨਾ _____
2. ਅਹੁਦਾ _____
3. ਵਿਭਾਗ/ ਸ਼ਾਖਾ _____
4. ਮੰਗੀ ਗਈ ਛੁੱਟੀ ਦੀ ਕਿਸਮ _____
5. ਮੰਗੀ ਗਈ ਛੁੱਟੀ ਦਾ ਸਮਾਂ ਜਿਸ ਮਿਤੀ
ਤੋਂ ਜਿਸ ਮਿਤੀ ਤਕ ਛੁੱਟੀ ਚਾਹੀਦੀ ਹੈ। _____
6. ਸ਼ਨੀਵਾਰ, ਐਤਵਾਰ ਅਤੇ ਹੋਰ ਰਜਿਸਟਰਡ ਛੁੱਟੀਆਂ,
ਜੇਕਰ ਕੋਈ ਪਹਿਲਾਂ ਜਾਂ ਪਿਛੋਂ ਨਾਲ ਲਗਾਉਣ
ਲਈ ਤਜਵੀਜ਼ ਕੀਤੀਆਂ ਗਈਆਂ ਹੋਣ _____
7. ਛੁੱਟੀ ਲੈਣ ਦਾ ਕਾਰਣ, ਜਿਸ ਆਧਾਰ ਤੇ
ਬਿਨੈ-ਪੱਤਰ ਦਿਤਾ ਹੈ। _____
8. ਛੁੱਟੀ ਦੌਰਾਨ ਕਲਾਸਾਂ ਲੈਣ ਦਾ ਪ੍ਰਬੰਧ
(ਅਧਿਆਪਕਾਂ ਦੇ ਕੇਸ ਵਿਚ) _____
ਛੁੱਟੀ ਦੌਰਾਨ ਪੱਤਰ-ਵਿਹਾਰ ਲਈ ਪਤਾ _____
9. ਟੈਲੀਫੋਨ ਨੰਬਰ _____

ਮਿਤੀ _____

ਬਿਨੈਕਾਰ ਦੇ ਦਸਤਖਤ

(II) ਵਿਭਾਗ/ਸ਼ਾਖਾ ਦੇ ਮੁਖੀ ਦੁਆਰਾ ਭਰੇ ਜਾਣ

1. ਛੁੱਟੀ ਦੀ ਸਪੱਸ਼ਟ ਸਿਫਾਰਸ਼ (ਕਿਰਪਾ ਕਰਕੇ ਸਪਸ਼ਟ
ਵਰਨਣ ਕੀਤਾ ਜਾਵੇ ਕਿ ਸਿਫਾਰਸ਼ ਕੀਤੀ ਜਾਂਦੀ ਹੈ
ਜਾਂ ਸਿਫਾਰਸ਼ ਨਹੀਂ ਕੀਤੀ ਜਾਂਦੀ ਹੈ) _____
2. ਜੇਕਰ ਛੁੱਟੀ ਦੀ ਸਿਫਾਰਸ਼ ਨਹੀਂ ਕੀਤੀ ਜਾਂਦੀ ਤਾਂ
ਕਾਰਣ _____
3. ਛੁੱਟੀ ਦੌਰਾਨ ਬਿਨੈਕਾਰ ਦਾ ਕੰਮ, ਵਿਭਾਗ/ਸ਼ਾਖਾ
ਵਿਖੇ ਅੰਦਰੂਨੀ ਐਡਜਸਟਮੈਂਟ ਦੁਆਰਾ ਕੀਤਾ ਜਾਵੇਗਾ _____
4. ਅਧਿਆਪਕਾਂ ਦੀ ਛੁੱਟੀ ਦੇ ਕੇਸਾਂ ਵਿਚ ਕਿਰਪਾ ਕਰਕੇ
ਉਸ ਅਧਿਆਪਕ ਦਾ ਨਾਂ ਅਤੇ ਅਹੁਦਾ ਸਪੱਸ਼ਟ ਕੀਤਾ
ਜਾਵੇ ਹੋ ਅਧਿਆਪਕ ਦੇ ਰੁਟੀਨ ਦਾ ਕੰਮ ਦੇਖੇਗਾ ਜਾਂ
ਛੁੱਟੀ ਦੌਰਾਨ ਬਿਨੈਕਾਰ ਦੀਆਂ ਕਲਾਸਾਂ ਲਵੇਗਾ। _____

ਮਿਤੀ _____

ਮੁਖੀ ਵਿਭਾਗ/ਸ਼ਾਖਾ ਦੇ ਮੌਹਰ ਸਮੇਤ ਦਸਤਖਤ

GURU NANAK DEV UNIVERSITY

FORM OF DECLARATION
(To be filled in Duplicate)

I hereby declare that I wish, in the event of my death, the amount at my credit in the University Provident Fund/General Provident Fund/Gratuity/Leave Encashment or any other amount payable to me on my death be distributed amongst the person(s) mentioned below in the manner shown against their name.

	Name and address of the nominee or nominees	Relationship with the subscriber	Whether Minor or Major, if minor state the age/date of birth	Amount of share of deposit
	(1)	(2)	(3)	(4)
1.				
2.				
3.				
4.				
5.				

Station _____

Date _____

(Signature of Employee)

Name of Employee _____

Father's Name _____

Designation _____

Signed in the presence of:

1. _____ (Signature)

Full name in block letters _____

Designation _____

2. _____ (Signature)

Full name in block letters _____

Designation _____

Forwarded

Head of the Deptt. Branch

FORM OF APPLICATION

(Family Pension Scheme of Punjab Govt. Employees, 1964)

Application for a family pension for the family of late
Sh./Smt. _____ Designation _____ in the
office/department of _____.

1. Name of the applicant :
2. Relationship to the deceased :
3. Date of retirement, if the deceased was a pensioner. :
4. Date of death of Govt. employee/pensioner :
5. Name and ages of surviving kindered of the deceased :

Name

Date of birth

- | | |
|-----------|---|
| Sons | : |
| Unmarried | : |
| Daughters | : |

6. Name of treasury/sub treasury PSB Branch at which payment is desired :
7. Signature or left hand thumb impression :
8. Descriptive roll of _____ widow/widower/
guardian of the minor children of late _____.
 - i) Date of birth :
 - ii) Height :
 - iii) Personal marks, if any on hand or face. :
 - iv) Left hand thumb and finger impression :

Small finger Ring finger Middle finger Index finger Thumb

Attested by

1. _____
2. _____

Witness:-

1. _____
2. _____

PERFORMA

The Vice-Chancellor,
Guru Nanak Dev University,
Amritsar.

Through:- **The Dean, Academic Affairs.**

Sub:- Re-employment on contract basis after retirement for two years.

Sir,

In accordance with the decision of the Syndicate taken in its meeting held on 11-10-2004 vide Para 15 and the modalities regarding re-employment, approved by the Vice-Chancellor, I offer my service for re-employment for two years w.e.f. _____.

Yours faithfully

Name:

Designation:

Department:

Dated : _____

Recommendation of the Dean, Affairs.

The service of the above teacher are in the academic interest of the University.

Submitted for approval, please.

Dean, Academic Affairs

Vice-Chancellor

GURU NANAK DEV UNIVERSITY
AMRITSAR



1. Name with surname, if any : _____
(In block letters)
2. Father's name with surname, if any : _____
3. **Nationality**
 - Father : _____
 - Mother : _____
 - Husband : _____
 - Wife : _____
- Place of Birth**
 - Husband : _____
 - Wife : _____
4. Full Home Address : _____
i.e. Village, Road, Street or : _____
House No., Police Station & Distt. : _____
5. Permanent Address : _____
: _____
6. Address/es where you resident during : _____
the last five years : _____
: _____
7. a) Date of Birth : _____
b) Present Age : _____
c) Age at the time of passing the Matric : _____
Examination (If Matriculate)
8. State place where you got your education from : _____
the date you attained the age of fifteen and/or : _____
state the name of college with year/s where you : _____
got your education. : _____
9. State full address of the office/firm where the : _____
applicant was previously employed. : _____
10. Give the names of the two responsible persons : _____
of your locality or the name of two persons to : _____
whom you are known. : _____
11. Address, Designation & Signatures with date of : _____
the officer issuing this form. : _____
12. Have you ever been found guilty under any : _____
offence by the court? If Yes, then under what : _____
charge and the extent of punishment. : _____

Signature of the Applicant

_____ I certify that the information stated by me in this form is correct to the best of my knowledge and belief. I have concealed nothing which may render me unfit from the University service.

Signature of the Applicant

Date : _____ (Signature with designation
of the person verifying the antecedent form)
Place : _____ (Name of the office in detail)

**Undertaking by the Teacher/ Officer /Employees proceeding on leave for
visiting Foreign Country**

I _____ S/o/D/o/Sh. _____
presently working as (Designation) _____ in the
office/Branch/Deptt. _____, Guru Nanak Dev University,
Amritsar, has applied for the grant of _____ leave w.e.f. _____ to
_____ = _____ days for visiting _____ (Name of the country)
for the Purpose of _____ (mention the
purpose) , do hereby give an undertaking that

1. I will not request for extension in leave as mentioned above and will resume my duty immediately after availing the sanctioned leave i.e.on _____. If I do not join back after expiry of my sanctioned leave, this undertaking may be treated as my resignation from the post.
2. I will not use this leave for immigration or any other purpose.

Signature of the Employee

Name:- _____

Designation:- _____

Deptt.:- _____

Head of the Deptt.