

ANNEXURE-I

APPLICATION FORM ADMISSION TO THE ATAL MEDICAL AND RESEARCH UNIVERSITY (AMRU) CONTRIBUTORY PENSION SCHEME

(To be furnished in duplicate)

ATAL MEDICAL & RESEARCH
UNIVERSITY, HIMACHAL PRADESH

AMRU CPS Index Number	
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(To be filled in by the branch)

1. Name of applicant :
2. Sex :
3. Marital Status :

Male Married	Female Unmarried
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4. Official Designation :
5. Office to which attached :
6. Date of first entry into service :
7. Scale of Pay :
8. Basic Pay :
9. Date of Birth :
10. Date of superannuation :

सर्वे भवन्तु सुखिनः
सर्वे सन्तु निरामयाः

11. Nomination :

Sr. No.	Name of Nominee (s)	Age/Date of Birth	Percentage of Share payable	Relationship with the University servant

Station :

Date :

Signature of Applicant

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CERTIFICATE TO BE FURNISHED BY THE HEAD OF THE OFFICE

Certified that Shri/Smt/Kum..... is a regular employee and is eligible to join the Atal Medical And Research University Contributory Pension Scheme.

Station:

Date:

**Signature of the Head of
Office Seal
With full address/Office**

सर्वे भवन्तु सुखिनः
सर्वे सन्तु निरामयाः