



UNIVERSITIES PENSION FUND

APPLICATION FOR REFUND OF CONTRIBUTION

GENERAL INSTRUCTIONS

- 1 *The Part I of this application to be filled and handed over to the Establishments Branch by the retired/resigned member of the Universities Pension fund, who (i) has not completed 20 years or more permanent service in the university system, or (ii) not served till the age of retirement. The age of retirement for academic staff is 65, and for other staff 55 or 60 or in between after extension*
- 2 *The photocopies of the National Identity Card, and other documents should be certified by the Dean of the Faculty or Head of the department or Registrar/Deputy Registrar/Senior Assistant Registrar of the Establishments Branch of the University, and the official seal to be affixed.*
- 3 *If the Surname and the other names given in the NIC, University document and other relevant certificates are not according to the Surname and other names written in the application please attach an affidavit that all such names referred to one and the same person.*
- 4 *Part II, Part III, Part IV of this application should be completed by the relevant Branch of the last served university/institution of the retired member. And after completing Part V, the application should be forwarded to the Pensions Unit of the University Grants Commission.*

UNIVERSITIES PENSION FUND

APPLICATION FOR REFUND OF CONTRIBUTION

Part I

01. Full Name of the Employee :

02. Name of the Institution last employed :

03. Contact address :

▪ Telephone Number :

04. National Identity Card No. :

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(Certified photocopy of the NIC is attached)

05. Gender : Male Female

06. Date of Birth :

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(Certified photocopy of the Birth Certificate is attached)

07. (a) Date of Retirement / Resignation :

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(b) Age on date of Retirement / Resignation :

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08. Details of Bank Account, to which monthly pensions to be remitted :

(Certified photocopy of the Detail page of Pass Book is attached)

▪ Name of the Bank :

▪ Bank Branch :

▪ Account No :

▪ Address of the Bank :

I certify that the above information is true and correct, and relevant certified copies of certificates are annexed.

Date :

Signature of the employee

Witness:

1. Name :

Signature :

National Identity Card No :

Address :

2. Name :

Signature :

National Identity Card No :

Address :

Part II

(To be filled by the Establishment Branch)

- (1) Name of the Institution :
- (2) Full Name of the Employee :
- (3) Pension Membership No. :
- (4) Date of Birth :

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- (5) National Identity Card No. :

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- (6) Date of 1st appointment to the Permanent Post in the University system:

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- (7) Date of retirement/resignation :

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(Please attach a certified copy of the retirement letter issued by the Institution)

- (8) Employee category : Academic Non Academic/Academic Support
- (9) Post last held :
- (10) Department/Section :
- (11) (a) Last drawn salary point :

(b) Last drawn allowances (Only if they are applicable for Provident Fund and Pension Fund Contribution calculations in terms of UGC Circulars):

| <u>Allowance</u> | <u>Amount</u> |
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| I. | |
| II. | |

- (12) Name changes during the University service period (if any):
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(13) Service Record (Permanent Service only)

(a)

| <u>Higher Educational Institution</u> | <u>Service period (From - To)</u> | <u>Universities Pension Fund No. (if available)</u> |
|---------------------------------------|-----------------------------------|---|
| i. | | |
| ii. | | |
| iii. | | |
| iv. | | |

(Please attach a separate sheet if space is not sufficient)

(b) If there were break of service, give details of such periods and reasons :

(c) No Pay/ interdiction particulars with dates (if any) :

| <u>Period</u> | <u>Reasons</u> |
|---------------|----------------|
| 1. | |
| 2. | |
| 3. | |

(14) Details of dues to the Higher Educational Institution according to the Act. (If any)

- i. Description :
- ii. Amount :
- iii. Action taken/to be taken :

(15) i If the Refund papers were not submitted within two months from the cessation of employment, reasons for such Delay?

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ii Is the contributor responsible for the delay.....
(State only Responsible / Not Responsible)

I certify that the above particulars are true and correct according to his personal file maintained in this office and that there is no disciplinary inquiry pending or contemplated against the applicant.

Prepared by :- Name Signature

Checked by :- Name Signature

Date:

.....
Signature of the Deputy Registrar
/Senior Assistant Registrar/ Senior Assistant Secretary

Name:
(Official Seal to be affixed)

Part III

(To be filled by the Finance Branch)

- 1. i. Current Pension Fund No. :
- ii. Name :
- iii. Date of Initial contribution made for pension scheme :
- iv. Details of any change in the Pension Fund No. (if available) :

2. i. Last drawn salary :

(Please attached a certified copy of the last salary slip)

ii. Allowances paid for Last working month (only if applicable for contribution calculations in terms of UGC Circulars):

COLA - Other -

iii. Last Working Date :

vi. Arrears of salary paid along with last drawn salary (if any):

(A working sheet to be attached)

v. Arrears of salary paid after payment of last month salary:

(A working sheet to be attached)

vi. Last Working month Pension Contribution :

vii. Last Contribution amount sent as per monthly contribution list :

viii. Is there any differences between above (vi) & (vii), Please provide followings:

- (a) Amount :
- (b) What actions taken / to be taken :

ix. Details of Dues to the Higher Educational Institution (Which couldn't recovered from the UPF Balance)

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3. i. Whether, contributions towards Universities Pension Fund were made continuously on-account of this employee, except for the break of service or no-pay periods declared in the Part II item 13(c) of the application? Answer Yes or No. :

ii. If the answer is no, give details :

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4. i. Whether, any part of the salary revision is not yet implemented to this employee?
Answer Yes or No :

ii. If the answer is yes, give the working sheet of arrears contribution calculated in this regard.

iii. Details of Remittance of arrears of contribution : Amount :
Date :

5. Details of dues to the Higher Educational Institution according to the Act. (If any)

i. Description :

ii. Amount :

iii. Action taken/to be taken :

Prepared by :- Name Signature

Checked by :- Name Signature

I certify that particulars stated in Part III above are true and correct.

Date:

Signature of the Bursar/Deputy Bursar/Senior
Assistant Bursar/Accountant

Name:

(Official Seal to be affixed)

Part IV

(To be completed by the Internal Audit Division)

i. *I have audited the application form in respect of
and I certify that, according to his/her Personal File and Individual Pay Records the entire particulars
given in the Part II and Part III of the application are true and correct. I have personally checked his/her
Personal File and made an endorsement therein to the effect that the documents for Pension Payments are
released.*

ii. *I confirm all the required certified copies of certificates, and documents are in order and annexed.*

Birth Certificate
 NIC Copy

Last Salary Slip
 Resignation Acceptation Letter

Marriage Certificate
 Bank Pass Book

.....
Name of the Internal Auditor

.....
Signature
(Official Seal to be affixed)

Date :

Part V

Secretary

University Grants Commission

*I recommend and forward the application submitted by
..... to release the pension contribution.*

.....
Secretary/Registrar
(Official Seal to be affixed)

Date :

(You may forward the recommended application to the Assistant Accountant/Universities Pension Fund)