



डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ, औरंगाबाद परिपत्रक क्र. आस्था/आरओ/१५/२०१९

प्रस्तावना :-

महाराष्ट्र नागरी सेवा (निवृत्तीवेतन) नियम, १९८२ मधील कलम ११५ (१) नुसार शासकीय कर्मचारी हा, सेवेत कायम झाल्यानंतर नामनिर्देशन करून त्याद्वारे नियम १११ अनुसार अनुज्ञेय होणारे (सेवानिवृत्ती उपदान/मृत्यू उपदान) मिळण्याचा हक्क त्यांच्या कुटूंबातील एक किंवा अधिक सदस्यांना प्रदान करून शकतो. त्यानुषंगाने कर्मचार्याने नामनिर्देशन सादर करणे आवश्यक आहे. जर कर्मचार्याने नामनिर्देशन केले नसेल किंवा ते अद्यावत केलेले नसेल तर सेवानिवृत्ती उपदान/मृत्यू उपदान, रजा रोखीकरण, अनुकंपा नियुक्ती किंवा इतर सेवाविषयक, वित्तविषयक लाभ मिळण्याच्या बाबतीत अडचणी निर्माण होऊ शकतात.

परिपत्रक :-

या परिपत्रकाद्वारे विद्यापीठातील शिक्षक आणि शिक्षकेतर कर्मचार्यांना कळविण्यात येते की, त्यांनी विहित नमुन्यातील नामनिर्देशन या कार्यालयास सादर करावेत. जेणेकरून सेवानिवृत्ती उपदान/मृत्यू उपदान, रजा रोखीकरण, अनुकंपा नियुक्ती किंवा इतर सेवाविषयक, वित्तविषयक लाभ मिळण्याच्या बाबतीत अडचणी निर्माण होणार नाहीत. सदर नामनिर्देशन सादर करताना —

१. अर्जासह विहित नमुन्यातील नामनिर्देशन सादर करावे. विहित नमूना विद्यापीठ संकेतस्थळावर उपलब्ध करून देण्यात आला आहे.
२. नामनिर्देशित व्यक्तीच्या ओळखीचा/जन्म तारखेचा पुरावा म्हणून टी.सी., जन्म दाखला, आधार कार्ड इत्यादींच्या छायांकित प्रती सोबत जोडाव्यात.
३. नामनिर्देशन नमुन्यातील सर्व माहिती बिनचुक, सुवाच्च हस्ताक्षरात भरवी व दोन सहकाऱ्यांची साक्षीदार म्हणून स्वाक्षरी घ्यावी.

सर्व शैक्षणिक व प्रशासकीय विभागप्रमुख यांना कळविण्यात येते की, त्यांनी सदर परिपत्रक त्यांच्या अधिनस्थ अधिकारी/कर्मचार्यांच्या निदर्शनास आणून द्यावे.

विद्यापीठ प्रांगण,

औरंगाबाद- ४३१ ००४

संदर्भ :- आस्था/आरओ/२०१९/2536-623

दिनांक :- २३-०७-२०१९

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ITC कुलसचिव

या परिपत्रकाची प्रत माहिती व पुढील कार्यवाहीस्तव :-

१. मा. संचालक, डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ उपपरिसर, उस्मानाबाद.
२. सर्व शैक्षणिक विभागप्रमुख, डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ, औरंगाबाद.
३. सर्व प्रशासकीय विभागप्रमुख, डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ, औरंगाबाद.
४. संचालक, युनिक, डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ, औरंगाबाद यांना देऊन विनंती करण्यात येते की, सदरील परिपत्रक विद्यापीठाच्या संकेतस्थळावर प्रसिध्द करण्यात यावे.
५. जनसंपर्क अधिकारी, डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ, औरंगाबाद.

FORM No. 1**[See Rule 115 (1)]****Nomination for Death-cu-retirement Gratuity**

When the Employee has a family and wishes to nominate one member, or more than one member, thereof.

I hereby nominate the person/persons mentioned below who is/are member(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity that may be sanctioned by the Government of Maharashtra in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death :-

Original nominee(s)				Alternate nominee(s)	
Name(s) and address(s) of nominee/nominees	Relation-ship with the Employee	Age	Amount of share of gratuity payable to each*	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Employee or the nominee dying after the death of the Employee but before receiving payment of gratuity.	Amount or share of gratuity payable to each**
1	2	3	4	5	6

* This column should be filled in so to cover the whole amount of the gratuity.

** The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s)

This nomination supersedes the nomination made by me earlier which stands cancelled.

Note:- (i) The Employee shall draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.

(ii) Strike out which is not applicable.

Dated this at

Witnesses to Signature :-

1.

2.

Signature of the Employee

(To be filled in by the Head of Office)

Nomination by

Designation

Office : Dr. Babasaheb Ambedkar

Marathwada University,

Aurangabad-431 004.

Signature of Head of Office

Date:.....

Designation

FORM No. 2**[See Rule 115 (1)]****Nomination for Death-cu-retirement Gratuity**

When the Employee has a family and wishes to nominate one member, or more than one member, thereof.

I hereby nominate the person/persons mentioned below who is/are member(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity that may be sanctioned by the Government of Maharashtra in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death :-

Original nominee(s)				Alternate nominee(s)	
Name(s) and address(s) of nominee/nominees	Relation-ship with the Employee	Age	Amount of share of gratuity payable to each*	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Employee or the nominee dying after the death of the Employee but before receiving payment of gratuity.	Amount or share of gratuity payable to each**
1	2	3	4	5	6

* This column should be filled in so to cover the whole amount of the gratuity.

** The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s)

This nomination supersedes the nomination made by me earlier which stands cancelled.

Note:- (i) The Employee shall draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.

(ii) Strike out which is not applicable.

Dated this at

Witnesses to Signature :-

1.
2.

Signature of the Employee

(To be filled in by the Head of Office)

Nomination by

Designation

Office : Dr. Babasaheb Ambedkar

Marathwada University,

Aurangabad-431 004.

Signature of Head of Office

Date:.....

Designation

Note:- The Employee is advised that it would be in the interest of his nominees if copies of the nominations and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death.

Date of Appointment

Sr. No.	Name of the members of family*	Date of Birth	Relationship with the Employee	Signature of the Head of Office	Remarks
1	2	3	4	5	6

Dated the

Note:- The Employee is advised that it would be in the interest of his nominees if copies of the nominations and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death.

FORM No. 4
[See Rule 117 (7)]
Nomination for Family Pension, 1950

I hereby nominate the person(s) mentioned below, who is/are member(s) of my family, to receive in the order shown below the Family Pension, 1950 which may be granted by the Government of Maharashtra in the event of my death after completion of ten years qualifying service.

Name(s) and address(s) of nominees	Relationship with the Employee	Age	Whether married or unmarried
1	2	3	4

Note:- The Employee should draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.

Dated this at

Witnesses to Signature :-

1.
2.

Signature of the Employee and
Designation

(To be filled in by the Head of Office)

Nomination by

Designation

Office : Dr. Babasaheb Ambedkar
Marathwada University,
Aurangabad-431 004.

Signature of Head of Office
Date:.....
Designation