

FORM NO.I

PARTICULARS

1. Name in Full _____

2. Employee Number _____

3. Date of Birth _____

4. Employee Category _____

5. Date of Joining Service _____

6. Date of Joining Fund _____

DECLARATION

I hereby declare that I have read **SHIFA TAMEER -E-MILAT UNIVERSITY EMPLOYEES GRATUITY FUND RULES** and that I hereby apply for the membership of the Fund.

I further agree to be bound by the said Rules and by any additions or amendments or alterations in them and by any new Rules which may from time to time be framed in this connection.



Signature: _____

Witnesses: 1 _____

Witnesses: 2 _____

FORM II
NOMINATION FORM

No. _____

Date. _____

I hereby declare that in the event of my death or any disability specified in the Rules, I bequeath to the person (s) hereinafter nominated all such nominee as I shall be entitled to receive from Shifa tamer e milat university Employee Gratuity Fund in accordance with the Rules thereof, and I, therefor, declare that this is all my disposition of all such monies.

Name and Address Of the Nominee(s).	Relationship to Member.	Share Payable(%)
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____



In the presence of two witnesses to the signature of the aforesaid Member who is having signed in the presence of each other and that of the Member at this request, all being present at the same time.

Name & Signature of the witnesses:

1. _____

Address. _____

2. _____

Address. _____

Dated this _____ day of _____ 2017

(Member's Signature)