



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR -16C, DWARKA, NEW DELHI -110078

No. F.1(6)(16)/2022/Misc./Estt.-NT/ 1193

Dated the 14th May, 2025

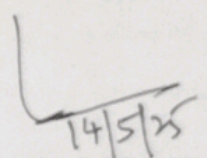
ORDER

It has been seen that for quite some time, the Personal Record of non-teaching employees of the University has not been updated. As such, there is no clarity as on today with regard to the family detail of all the non-teaching employees with the Establishment Department, which needs regular updation.

For this purpose, it has been decided that all the non-teaching staff shall again furnish the details of their family including employment status of their spouse and dependency of their children, on the prescribed format (annexed herewith), which is also in public domain i.e. www.ipu.ac.in.

Further, every year all the employees have to update their record with the Establishment Department without fail, if there is any change in the list of family members or dependency status thereof on the employee. Accordingly, it is hereby directed that latest by 15th May of the each following financial year, all the non-teaching employees shall have to declare their family details on the above prescribed format with exception to this year, it is to be furnished latest by 25th of May 2025.

This issues with the approval of the Competent Authority.



(DR. KAMAL PATHAK)
REGISTRAR

No. F.1(6)(16)/2022/Misc./Estt.-NT/

Dated the 14th May, 2025

Copy forwarded to the following for information & necessary action:

1. OSD to Hon'ble VC, GGS Indraprastha University.
2. All Deans/Directors, GGS Indraprastha University.
3. Controller of Finance, GGS Indraprastha University.
4. Controller of Examination-I & II, GGS Indraprastha University.
5. All branch heads/DRs/DLs/ARs/ALs, GGS Indraprastha University.
6. Asstt. Registrar, VC Secretariat, GGS Indraprastha University.
7. Asstt. Registrar, O/o the Registrar, GGS Indraprastha University.
8. Head (UITs), GGS Indraprastha University with a request to upload it on the University website.


(NAVEEN KR. BUDHIRAJA)
ASSTT. REGISTRAR(ESTT.-NT)

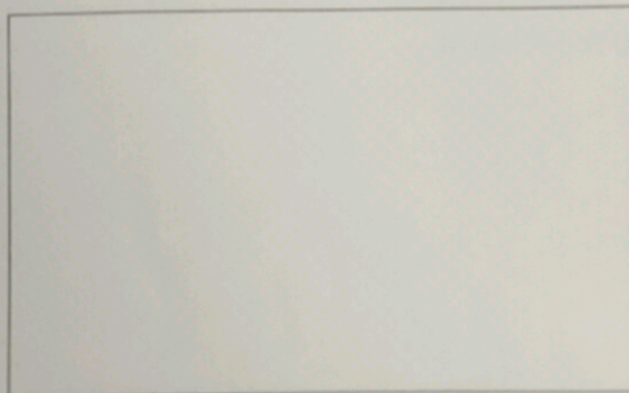
DECLARATION OF DEPENDENT FAMILY MEMBERS

1. Name of the Employee : _____
2. Employee Code : _____
3. Designation/ Pay Level : _____
4. Place of posting : _____
5. Date of Birth : _____
6. Date of Appointment : _____
7. Contact No. & E-mail ID : _____
8. Details of the members of my family as on : _____

S.No.	Name of the Family members	Date of Birth/ age	Relation with the official	Occupation/ monthly income, if any	Remarks
1	2	3	4	5	6

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____
- (vi) _____

9. Past below a group photograph of your Family Members (Size 3x2") for records :



10. I declare/ undertake that :

(a) The above named my family members are wholly dependant upon me and are also residing/ not residing with me.

(b) That the income of above indicated each family members (other than spouse) from all sources including Pension/ Family Pension and Pension equivalent of DCRG is Rs.3,500/- (or less) plus the amount of Dearness Relief admissible on the Rs.3,500/-. **In this regard, an Affidavit is required to be submitted by the official/officer.**

(c) My spouse is not in service. If in service, **a certificate or Joint Declaration Form duly attested by the Office of the spouse indicating, who will be preferring the claim, is required to be submitted by the Official/ officer.**

(d) That my Father/ Mother/ Father-in-Law/ Mother-in-Law is/ are not a retired pensioner. If, yes, attached the income certificate for the amount of pension drawn by him/ them.

(e) That any change in the list of Family members or in their dependency status will be intimated to the University.

(f) That the above information furnished by me is correct and that no information has been concealed or misrepresented. If any information is found wrong at any stage, I shall be held liable for the same.

(g) In case any verification is carried out by the University about the income of dependent members and the same is found incorrect/ false, a strict disciplinary action may be taken against me.

Place : _____

Date : _____

Signature of the Employee

SIGNATURE OF HEAD OF OFFICE
WITH SEAL