



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR-16C, DWARKA, NEW DELHI-110075

Statement of Provident Fund and Life Insurance Policy on first appointment as on the 31st December, 20....

Insurance Policies				
S. N.	Policy No. and date of policy	Name of Insurance Company	Sum insured/date of maturity	Amount of annual premium
1.	2.	3.	4.	5.

Provident Funds				
Type of Provident Funds/GPF/CPF Account No.	Closing balance as last reported by the Audit/Accounts Officer along with date of such balance	Contribution made subsequently	Total	Remarks (if there is dispute regarding closing balance, the figures according to the Government servant should also be mentioned in this column)
6.	7.	8.	9.	10.

Date : _____

Signature : _____

Name of employee : _____

Designation & Employee Code: _____

Branch/School : _____

Mobile No. : _____

E-mail : _____