



The Maharaja Sayajirao University Of Baroda

Fatehgunj, Vadodara – 390 002, Gujarat, INDIA

Tel. Ph.: (265) • (Registrar): 2795521 • (D. O., Audit & Academic): 2793735 • (IA & CAO): 2795506

RETIREMENT ORDER

Proforma - B

Outward Letter No. :

Date :

Name of the Institution

The following Teaching and Non Teaching Staff members of the Faculty who are superannuated during the current academic term 2019-2020 will be retiring from the University Services on 14/06/2019. The actual date of superannuation is shown against their names:

Sr. No.	Name of the employee	Designation	Department	Date of Superannuation

Note: Attach 2 copies of Original Death Certificate of the employee who expired on duty.

Signature of the Head of the Institution,

With Rubber Stamp.



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• (Dy. R. Exam): 2795502 • (Dy. R. ADE): 2792032 • Engineer: 2795512

PROFORMA - A

PRESCRIBED FORM FOR FINAL SETTLEMENT OF PROVIDENT FUND ACCOUNT

(FOR G.P.F SCHEME ONLY)

From:

Full Name of the employee : **(in capital)** _____

Residential Address: _____

(With Telephone No. / Mobile No.): _____

To,

The Registrar,(Accounts)

The M.S. University of Baroda.

Vadodara - 390 002.

Submitted through

The Dean/Head/Principal etc. prior to three months of retirement.

Sub: Final Settlement of the General Provident Fund

Dear Sir,

I, the undersigned apply to finalize the General Provident Fund A/c, on account of My Retirement / VRS / Resigned / Death etc. on dt.:_____

The application for Final Settlement of the Provident Fund of

1. Name of the Employee : _____
2. Designation: _____
3. Employee Code No. _____ P.F. A/c. No. _____
4. Name of Successor : _____
(in case of death of the employee) (Major/Minor)
5. Reason for Final Settlement: _____ viz. Retirement / VRS / Resignation / Death etc.
6. Date of Birth as per Office Records : _____
7. Date of Joining in University Service. _____
(Total length of Service Year - Month.- Days.)
8. Date of Retirement / VRS / Resignation / Death : _____
9. Any other information deemed to be stated: _____

Yours faithfully,

Signature

(Name: _____)

Outward No. & Date:
Institution

Dean / Principal / Head of the