**राष्ट्रीय मुक्त विद्यालयी शिक्षा संस्थान**

**National Institute of Open Schooling**

(पूर्वत: राष्ट्रीय मुक्त विद्यालय / (formerly, National Open School – NOS)

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| ए -24/25 इंस्टीट्यूस्नल एरिया, सैक्टर – 62, जिला – गौतम बुद्ध नगर (ऊ॰ प्र॰) |
| A-24-25, Institutional Area, NH-24, Sector-62, NOIDA, Distt.- Gautam Buddha Nagar (U.P.) |

***Latest photo***

**performaFOR PROVIDING PERSONAL DETAILS**

*as on 31st March \_\_\_\_\_\_\_\_\_\_\_*

**Fill in BLOCK letters**

|  |  |  |
| --- | --- | --- |
| **Name in full** | : |  |
| Designation | : |  |
| Father’s Name | : |  |
| Husband Name (*ifapplicable*) | : |  |
| Category (SC/ST/OBC/PH) |  |  |
| 1. At the time joining NIOS
 | : |  |
| 1. At present

**(*in case, any change, please attach all relevant documents*)** | : |  |
| 1. Religion
 | : |  |
| Height | : |  |
| Visible Personal mark of identification (*if any*) | : |  |
| PAN Card Number | : |  |
| Aadhar Card Number | : |  |

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| --- | --- | --- |
| **Address** |  |  |
| 1. Home Town

**(*as declared at the time of joining in NIOS*)** | : | **Nearest Station** |
| 1. Present
 | : |  |
| 1. Mobile Number
 | : |  |
| 1. Email id
2. Official
3. Personal
 |  |  |

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| --- | --- | --- |
| **List of Family Members** | : |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Name** | **Date of Birth and Age** | **Relation- ship** | **Marital Status** | **Dependent or not,****If yes, residing status alongwith annual income, if any** | **Working /Studying status** | **Aadhar Card number** | **PAN card number** |
| **if working, name of the Organisation** | **if studying,****Name of Institution/ School/ College alongwith class** |
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| **Status of Medical facility***(please tick)****(in case not availing Medical facility from spouse’s office, please provide certificate from the spouse’s office, in original stationery, indicating*** ***“employee is not availing medical facility for himself/herself and for his/her dependent family members or fixed medical allowance thereof from this organization”)*** | : | 1. I am not availing of medical facilities or fixed financial/medical allowances in lieu thereof either for myself and / or the members of my family from any (other) source other than under the NOS Society Medical Benefit Rules.
2. My wife/husband, is employed in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and availing/not availing medical facilities for family from his/her organization and hence I will/will not prefer medical facility of NIOS.

**OR** My wife/husband is not employed and hence I will avail medical facility of NIOS. |
| **Status of LTC facility***(please tick)****(please provide certificate from spouse’s office, in original stationery, indicating*** ***“employee is availing/ not availing LTC (Home Town/ Any place in India) for the Block/Calendar year \_\_\_\_\_\_\_ from spouse’s office****”* | : | 1. I am availing LTC facility for myself and dependent family members from NIOS.

**OR**1. I am availing LTC facility from spouse’s office
 |
| **Status of Children Education Allowances***(please tick)* | : | 1. I am availing CEA from NIOS.

**OR**1. I am availing CEA from spouse’s office
 |
| **Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees’ Group Insurance Scheme** | : | I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:1. Any gratuity the payment of which may be authorized under Rule 50 of CCS (Pension) Rules.
2. Amount that may stand to my credit in the General Provident Fund.
3. Any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980.

The nomination supersedes the nomination made by me earlier. |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name, Date of Birth (DOB) and address of the nominee** | **Relationship with employee/ pensioner** | **Share to be paid to each** | **If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor** | **Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee/ pensioner** | **Share to be paid to each** | **Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor** | **Contingency on happening of which nomination shall become invalid** |
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***Declaration***: I hereby declare that the return enclosed are complete, true and correct to the best of my knowledge and belief in respect of information due to be furnished by me

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place |  | Signature | : |  |
| Date |  | Designation | : |  |