



राष्ट्रीय मुक्त विद्यालयी शिक्षा संस्थान
NATIONAL INSTITUTE OF OPEN SCHOOLING

आईएसओ 9001 : 2008 प्रमाणित/ISO 9001 : 2008 Certified

(स्कूल शिक्षा और साक्षरता विभाग, शि.मं., भारत सरकार के अंतर्गत एक स्वायत्त संस्था)
(An Autonomous Institution Under Deptt. of School Education and Literacy, M.o.E., Govt. of India)

F.No.41-15/2022/NIOS/Pers/

22nd March, 2022

CIRCULAR - 09 | 2022

All regular employees (Group A, B and C) are required to provide updated Personal Details as on 31st December, 2021 in the enclosed prescribed proforma on or before 31st March, 2022 in hardcopy and softcopy (by an email to personnel@nios.ac.in) to Assistant Director (Personnel), Personnel Section, NIOS Headquarters.

This issues with the approval of the Competent Authority.

S. Mah^{22/3/21}

(S. Mahendran)

Assistant Director (Personnel)

Distribution:

1. Secretary, NIOS
2. Director (Academic), NIOS
3. Director (SSS), NIOS
4. Director (Vocational Education)/(Eval.), NIOS
5. Regional Directors/RD (I/c), Regional Centres/Sub-Centres, NIOS
6. PA (CPO) for information of the Chairperson, please.
7. Section Officers/ Branch/Unit Heads with a request to bring it to the notice of the staff working under them for compliance.
8. SA/P for uploading on the official website of NIOS
9. All staff members through Notice Board/ NIOS website
10. Office Order file

राष्ट्रीय मुक्त विद्यालयी शिक्षा संस्थान
National Institute of Open Schooling

(पूर्वतः राष्ट्रीय मुक्त विद्यालय / (formerly, National Open School - NOS)

ए -24/25 इंस्टीट्यूशनल एरिया, सेक्टर - 62, जिला - गौतम बुद्ध नगर (ऊ. प्र.)

A-24-25, Institutional Area, NH-24, Sector-62, NOIDA, Distt.- Gautam Buddha Nagar (U.P.)

PERFORMA FOR PROVIDING PERSONAL DETAILS

as on 31st March _____

Fill in BLOCK letters

Latest photo

Name in full :

Designation :

Father's Name :

Husband Name (*if applicable*) :

Category (SC/ST/OBC/PH) :

(i) At the time joining NIOS :

(ii) At present :
(*in case, any change, please attach all relevant documents*) :

(iii) Religion :

Height :

Visible Personal mark of identification :
(*if any*) :

PAN Card Number :

Aadhar Card Number :

Address

(i) Home Town :
(as declared at the time of joining in NIOS)

Nearest Station

(ii) Present :

(iii) Mobile Number :

(iv) Email id
(a) Official

(b) Personal

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		

Status of Medical facility*(please tick)* : i) 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.

(in case not availing Medical facility from spouse's office, please provide certificate from the spouse's office, in original stationery, indicating

ii) 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.

“employee is not availing medical facility for himself/herself and for his/her dependent family members or fixed medical allowance thereof from this organization”)

Status of LTC facility*(please tick)* : (i) I am availing LTC facility for myself and dependent family members from NIOS.

OR

(please provide certificate from spouse's office, in original stationery, indicating

(ii) I am availing LTC facility from spouse's office

“employee is availing/ not availing LTC (Home Town/ Any place in India) for the Block/Calendar year _____ from spouse's office”

Status of Children Education Allowances*(please tick)* : (i) I am availing CEA from NIOS.

OR

(ii) 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:

(i) Any gratuity the payment of which may be authorized under Rule 50 of CCS (Pension) Rules.

(ii) Amount that may stand to my credit in the General Provident Fund.

(iii) 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.

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

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 :