

LIST OF DOCUMENTS REQUIRED AT THE TIME OF NEW JOINING

1. Joining Form
2. Bank Details
3. Copy of Appointment Letter
4. Acceptance Letter
5. Attestation Form
6. Declaration on Marital Status
7. Child Birth Certificate
8. Marriage Certificate
9. Declaration on Family Members
10. Declaration on Home Town
11. Relieving Letter from previous organization
12. Last Pay Certificate (if any)
13. Academic Certificates (from 10th to Ph.D)(Self Attested)
14. Annual Property Return
15. Medical Certificate
16. Copy of PAN Card
17. Copy of Aadhar Card
18. Copy of PRAN card (NPS) (if available)
19. NPS Registration Form and Option Form
20. ID Card Form
21. Copy of Faculty Hand Book
22. Blank New Service Book
23. Caste Certificate (if applicable)

Above mentioned documents are to be received from /given to the new joining faculty member(s).

.....Signature and Date

Rajiv Gandhi Institute of Petroleum Technology, Jais, Amethi

JOINING REPORT OF THE FACULTY (To be written in candidates own handwriting)

PHOTOGRAPH
ATTESTED BY
Coordinator AEI/EIB
or HoD as
applicable

To,

The Director

Rajiv Gandhi Institute of Petroleum Technology
Jais, Amethi

Dear Sir,

With reference to your letter No. _____ dated _____ I, Dr./Mr. _____
date of birth _____, accept the offer of appointment on the terms and conditions mentioned therein
and report myself for duty on the post of _____ on forenoon / afternoon of _____
I will perform my duties and responsibilities with full sincerity, honesty and to the bests of my abilities.

I therefore, request you to kindly accept and approve my joining.

Yours faithfully,

Signature _____

Name _____

Date _____

FORWARDED BY

Coordinator AEI / EIB or HoD (as applicable)

RECOMMENDED BY

Dean, Faculty Affairs

APPROVED BY

DIRECTOR

Enclosures: Copy of Acceptance
Appointment Letter
Medical Certificate
Property Declaration
Attested academic Certificates (10th, UG/PG/PhD)
Declaration regarding marital status
Home Town Declaration
Duly completed Attestation Form
*Photo to be attested by Coordinator AEI/EIB or HoD as applicable

BANK & OTHER DETAILS

- 1) Permanent Account No : _____
- 2) Date of Birth : _____
- 3) Father's Name : _____
- 4) Saving Bank Account No : _____
- 5) Branch Code : _____
- 6) 9 Digit MICR Code : _____
- 7) RTGS/NEFT IFSC Code : _____
- 8) Bank Name & Address : _____

- 9) Address of Correspondence : _____

_____ Pin Code _____
- 10) Mobile Number : +91- _____
- 11) E- Mail : _____
- 12) Emergency Contact Person and contact number: _____

- 13) N.P.S Number : (_____)

To be obtained from A/c Department RGIPT, Jais Centre

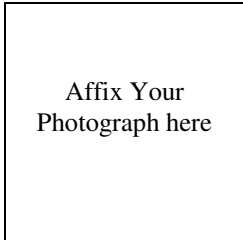
Signature:

Note: Photocopy of Joining Report is to be sent to the Payroll & Accounts Department after retaining original copy.

ATTESTATION FORM

WARNING

The Furnishing false information or suppression of any factual information in the Attestation Form would be a disqualification, and is likely to render the candidate unfit for employment under the Government.



If detained, convicted, debarred etc. subsequent to the completion and submission of the form, the details should be communicated immediately to the Director, Rajiv Gandhi Institute of Petroleum Technology, Amethi failing which it will be deemed to be a suppression of factual information.

If the fact that false information has been furnished or that there has been suppression of any factual information in the attestation comes to notice at any time during the service of a person, his services would be liable to be terminated.

1. Name in full (IN BLOCK CAPITALS), with aliases, if any.
(Please indicate if you have added or dropped at any stage any part of your name or surname).

SURNAME

NAME

2. Present address in full (i.e. Village, Thana and Distt. or House Number, Lane/Street/Road and Town)

3. (a) Home address in full (i.e. Village, Thana and Distt. or House Number, Lane/Street/Road and Town)

(b) If originally a resident of Pakistan, the address in that Country and the date of migration to Indian Union

4. Particulars of places (with periods of residences) where you have resided for more than one year at a time during the preceding five year. In case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.

From	To	Residential address in full (i.e. Name of the District Village, Thana and Distt. or House No. Lane/Street/Road and Town)	Name of the District Head-quarters of the Place Mentioned in the preceding column

Name	Nationality (by Birth and/or by domicile)	Place of Birth	Occupation (if employed give designation and Official Address)	Present Postal Address (If dead give last address)	Permanent Home Address
1	2	3	4	5	6
i. Father (Name in Full, aliases if any)					
ii. Mother					
iii. Wife/Husband					
iv. Brother(s)					
v. Sister(s)					

5. Information to be furnished with regard to son(s) and daughter(s) in case they are studying/living in a foreign country:

Name	Nationality (by Birth and/or by domicile)	Place of Birth	Country in which studying/living with full address	Date from which studying/living in the country mentioned in previous column
1	2	3	4	5

6. Nationality :

7. Date of Birth (given format) :

D.D	M.M	Y.Y.Y.Y

Present Age :

8. Age at Matriculation/High School/Higher Secondary/SSLC:

9. Place of Birth, District and State in which situated :

10. District and State to which you belong :

11. District and State to which your father originally belongs/belonged :

(a) Your religion :

(b) Are you a member of a scheduled Caste/Scheduled Tribe? Answer 'Yes' or 'No' and if the answer is 'Yes' state the name thereof

12. Educational Qualification showing places of education with years in schools and College since 5th year of Age

Name of School/College with full Address	Date of entering	Date of leaving	Examination passed
1	2	3	4

13. (a) Are you holding or have at any time held an appointment under the Central or State Government or a Semi-Government or a quasi Government body, or an autonomous body or a public undertaking, or private firm or institution? If so, give full particulars with date of employment up-to-date.

Period		Designation, Emoluments & nature of employment	Full Name and address of employer	Reasons for leaving previous service
From	To			
1		2	3	4

14. (b) If the previous employment was under the Government of India, a State Government/an undertaking owned or controlled by the Government of India or a State Government/an autonomous body/University/Local body. If you had left service on giving a month's notice under rule 5 of the Central Civil Services (Temporary Service) Rules, 1965, or any similar corresponding rules, were any disciplinary proceedings framed against you, had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service or at a subsequent date, before your services actually terminated?

- 15 (i) (a) Have you ever been arrested? Yes/No
- (b) Have you ever been prosecuted? Yes/No
- (c) Have you ever been kept under detention? Yes/No
- (d) Have you ever been bound down? Yes/No
- (e) Have you ever been fined by a Court of Law?
Yes/No
- (f) Have you ever been convicted by a Court of Law for any offence? Yes/No
- (g) Have you ever been debarred from any examination or restricted by any University or any other educational authority/institution? Yes/No
- (h) Have you ever been debarred/disqualified by any public service commission from appearing at its examination/selection? Yes/No
- (i) Is any case pending against you in any-court of law at the time of filling up this Attestation Form? Yes/No
- (j) Is any case pending against you in any University or any other educational Yes/No

authority/institution at the time of filling up this Attestation Form?

(ii) If the answer to any of the above mentioned questions is 'Yes', give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment etc. and/or the nature of the case pending in a Court/University/Educational Authority etc. at the time of filling up this form.

Note:

- i) Please also see the 'Warning' at the top of this Attestation Form.
- ii) Specific answer to each of the questions should be given by striking out 'Yes' or 'No' as the case may be.

Name and addresses of two responsible persons of your locality (permanent home town) or two referees to whom you are known	1. 2.
--	--

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

Date

Place

Signature of Candidate.....

Designation

Department/School



राजीव गांधी पेट्रोलियम प्रौद्योगिकी संस्थान, जायस, अमेठी
(संसद के अधिनियम द्वारा स्थापित राष्ट्रीय महत्व का एक संस्थान)
(पेट्रोलियम एवं प्राकृतिक गैस मंत्रालय)

RAJIV GANDHI INSTITUTE OF PETROLEUM TECHNOLOGY, JAIS, AMETHI
(An Institute of National Importance established under the Act of Parliament)
(Ministry of Petroleum & Natural Gas, Government of India)

Declaration Regarding Marital Status

1. I, Dr./Shri/Smt./ Kumari_____declare as under:

*i) that I am unmarried / a widower / a widow

*ii) that I am married and have only one spouse living.

*iii) that I have entered into or contracted a marriage with a person having one spouse living.

(Application for grant of exemption is enclosed)

*iv) that I have entered into and contracted a marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed.

2. I solemnly affirm that the above declaration is true to the best of my knowledge and I understand that at any stage of time the above declaration being found to be incorrect after my appointment, I shall be liable to the disciplinary action as per Institute's rule.

Signature of the employee

Name:

Designation:

Date:

Place:

Employee ID:

Forwarded

Head of Department

Accepted by

Dean, Faculty Affairs

*NOTE: Please delete clause / clauses not applicable

DECLARATION OF FAMILY MEMBERS
(For Availing Medical Facilities)

1. Name of the Employee : -----
2. Employee Code : -----
3. Designation : -----
4. Department/ Section : -----
5. Date of Birth : -----
6. Date of First Appointment : -----

I hereby declare that following members are in my family, who are wholly dependent on me:

Sl. No.	Name	Date of Birth	Relationship with employee	Occupation	Monthly Income (Salary/Pension/Other sources)
1					
2					
3					
4					
5					
6					
7					

I undertake that:

I shall be keeping the above particulars up-to-date by intimating any addition/alteration. The particulars of dependent family members of my family as given above are correct. If any statement is found to be untrue, I shall be liable for disciplinary action.

Place:

Signature:.....

Date:

Mobile No:.....

e-mail:.....

Forwarded by: HoD/In-charge of Section

Declaration Accepted

Registrar/ Dean-Faculty Affairs



राजीव गांधी पेट्रोलियम प्रौद्योगिकी संस्थान, जायस, अमेठी
(संसद के अधिनियम द्वारा स्थापित राष्ट्रीय महत्व का एक संस्थान)
(पेट्रोलियम एवं प्राकृतिक गैस मंत्रालय)

RAJIV GANDHI INSTITUTE OF PETROLEUM TECHNOLOGY, JAIS, AMETHI
(An Institute of National Importance established under the Act of Parliament)
(Ministry of Petroleum & Natural Gas, Government of India)

HOME TOWN DECLARATION

I, _____ hereby declare that my home town is at the place as shown below for the purpose of availing of the Leave Travel Concession.

Name of State	Name of the District	Name of the Town/Village	Name of the Railway Station	Remarks
1.	2.	3.	4.	5.

Signature of the employee

Name:

Designation:

Employee ID:

Date:

Place:

DOB:

Forwarded

Head of Department

Accepted by

Dean, Faculty Affairs

FORM NO- III

Statement of Immovable Property on First Appointment or as on the 31st December, 2019

(e.g. Lands, House, Shops, Other Buildings, etc)

[Held by Public Servant, his/her spouse and dependent children]

Sl. No.	Description of property (Land/ House/ Flat/ Shop/ Industrial etc.)	Precise Location (Name of District, Division, Taluk and Village in which the property is situated and also its distinctive number, etc.)	Area of land (in case of land and buildings)	Nature of land in case of landed property	Extent of interest	If not in name of the public servant, state in whose name held and his/her relationship. If any to the public servant	Date of acquisition	How acquired (whether by purchase, mortgage, lease, inheritance, gift or otherwise) and name with details of person/persons from whom acquired (address and connection of the Govt. servant, if any, with the person/ persons concerned) (Please see Note 1 below) and cost of acquisition.	Present value of the property (if exact value not known, approx value may be indicated)	Total annual income from the property	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
1											
2											
3											
4											

Date:

Signature

Name & Designation

Employee No

Note (1) For purpose of Column 9 the term "lease" would mean a lease of immovable property from year to year or for any term exceeding one year or reserving a yearly rent. Where, however, the lease of immovable property is obtained from a person having official dealings with the Government servant, such a lease should be shown in this Column irrespective of the term of the lease, whether it is short term or long term and the periodicity of the payment of rent.

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) - Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Ltd.)

Please select your category [Please tick(✓)]	Central Govt. <input type="checkbox"/>	State Govt. <input type="checkbox"/>
	Central Autonomous Body <input type="checkbox"/>	State Autonomous Body <input type="checkbox"/>
	All Citizen Model <input type="checkbox"/>	Corporate Sector <input type="checkbox"/>
	NPS Lite (GDS) <input type="checkbox"/>	

Affix
recent photograph of
3.5 cm × 2.5 cm size /
Passport size

To,
National Pension System Trust.
Dear Sir/Madam,
I hereby request that an NPS account be opened in my name as per the particulars given below:

* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)
KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

KYC Number (if applicable)		Generated from Central KYC Registry
Retirement Adviser Code (If applicable)		

1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full	Shri <input type="checkbox"/>	Smt. <input type="checkbox"/>	Kumari <input type="checkbox"/>												
First Name*															
Middle Name															
Last Name															
Subscriber's Maiden Name (if any)															
Father's Name*	F	i	r	s	t	M	i	d	d	l	e	L	a	s	t
(Refer Sr. No. 1 of instructions)															
Mother's Name*	F	i	r	s	t	M	i	d	d	l	e	L	a	s	t
(Refer Sr. No. 1 of instructions)															
Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [Please tick (✓)]	<input type="checkbox"/>														
Date of Birth*	d	d	/	m	m	/	y	y	y	y	(Date of Birth should be supported by relevant documentary proof)				
City of Birth*															
Country of Birth*															
Gender* [Please tick (✓)]	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>	Nationality*	Indian <input type="checkbox"/>										
Marital Status*	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>	Others <input type="checkbox"/>												
Spouse Name*	F	i	r	s	t	M	i	d	d	l	e	L	a	s	t
(Refer Sr. No. 1 of instructions)															
Residential Status*	Indian														

2. PROOF OF IDENTITY (PoI)* (Any one of the documents need to be provided along with the identification number)

Passport		Passport Expiry Date	d	d	/	m	m	/	y	y	y	y	
Voter ID Card		PAN Card											
Driving License		Driving License Expiry Date	d	d	/	m	m	/	y	y	y	y	
NREGA JOB Card													
Others	Name of the ID	I	D	N	u	m	b	e	r	Please refer Sr. No. 2 of the instructions.			
UID (Aadhaar)	<input type="checkbox"/>	(UIDI [Aadhaar] number not required.)											

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS. If you do not have PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

3. PROOF OF ADDRESS (PoA)*

[Please tick (✓), as applicable]	Correspondence Address	Permanent Address
#Not more than 2 months old. Please refer Sr. No. 2 of the instructions	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others
	Registered Lease/Sale agreement of residence/Municipal Tax Receipt	Registered Lease/Sale agreement of residence/Municipal Tax Receipt
	#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill	#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill

4.1 CORRESPONDENCE ADDRESS DETAILS*

Address Type*	Residential/Business <input type="checkbox"/>	Residential <input type="checkbox"/>	Business <input type="checkbox"/>	Registered Office <input type="checkbox"/>	Unspecified <input type="checkbox"/>
Flat/Room/Door/Block no.	Landmark				
Premises/Building/Village					
Road/Street/Lane					
Area/Locality/Taluk					
City/Town/District	PIN Code				
State/U.T.	C o u n t r y				

4.2 PERMANENT ADDRESS DETAILS*

Tick (✓) in the box in case the address is same as above.

Address Type*	Residential/Business <input type="checkbox"/>	Residential <input type="checkbox"/>	Business <input type="checkbox"/>	Registered Office <input type="checkbox"/>	Unspecified <input type="checkbox"/>
Flat/Room/Door/Block no.	Landmark				
Premises/Building/Village					
Road/Street/Lane					
Area/Locality/Taluk					
City/Town/District	PIN Code				
State/U.T.	C o u n t r y				

(iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected 'Active Choice' the investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G - Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc.
Specify %					100%	
Choices in Govt sector	Not available		Available	Not available	In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC) Funds	Please Tick (✓) Only One	Choices in Govt sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 75		Not available	
LC 50		Available	
LC 25			

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):**Section I***US Person* Yes No **Section II***

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Particulars	Country (1)	Country (2)	Country (3)
Country/countries of tax residency			
Address in the jurisdiction for Tax Residence	Address Line 1		
	City/Town/Village		
	State		
	ZIP/Post Code		
Tax Identification Number (TIN)/Functional equivalent Number			
TIN/ Functional equivalent Number Issuing Country			
Validity of documentary evidence provided (Wherever applicable)	dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy

"I certify that:

- It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules,
- the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence,
- I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.
- I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
- I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date Place : Name of subscriber

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of females)

12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instructions)**Declaration & Authorization by all subscribers**

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN.

Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date

Place :

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of females)

13. DECLARATION BY EMPLOYER**Applicable to Government Subscribers only****(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))**Date of Joining Date of Retirement Employee Code/ID (If applicable) Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.
PPAN (If applicable) Group of Employee (Tick as applicable) Group A Group B Group C Group D Office Department Ministry DDO Registration Number DTO/PAO/CDDO/DTA/PrAO Registration Number Basic Pay Pay Scale

It is certified that the details provided in this subscriber registration form by _____ employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Signature of the Authorised person (In the box above)		Rubber Stamp of the DDO (In the box above)	
Designation of the Authorised Person <input type="text"/>		Designation of the Authorised Person <input type="text"/>	
Name of the DDO <input type="text"/>		Name of DTO/PAO/CDDO/DTA/PrAO <input type="text"/>	
Deptt/Ministry <input type="text"/>		Date <input type="text" value="d d / m m / y y y y"/>	

14. DECLARATION BY EMPLOYER/ CORPORATE**Applicable to Corporate Subscribers only****(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))**Date of Joining Date of Retirement Employee Code/ID Corporate Regd. Number (CHO No.) Allotted by CRA CBO No. allotted by CRA

Certified that the details provided in this subscriber registration form by _____ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.

Date Place

Signature of the Authorised person (In the box above)

Designation of the Authorised Person

Rubber Stamp of the Corporate (In the box above)

15. DECLARATION BY THE AGGREGATOR

Applicable to NPS Lite Subscribers

Authorisation by Aggregator's office (NL - AO)

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me byafter (s)he has read the entries/ entries have been read over to her/him by me.

Signature of the Authorised person (In the box above)	Rubber Stamp of the Aggregator (In the box above)

Name of the Aggregator NPS Lite Account Office (NL-AO) Registration Number NPS Lite - Collection Centre (NL - CC) Registration Number Membership No. allotted by Aggregator (if any) Place Date **16. TO BE FILLED BY POP-SP**Receipt No. (17 digits) POP-SP Registration Number Document accepted for date of Birth Proof: Copy of PAN card submitted YES NO KYC Compliance YES NO Documents Received: (Originals Verified) Self Certified (Attested) True CopiesIdentity Verification : Done **Existing Customer:**

I/we hereby certify/confirm that Shri/Smt/Kum is an existing KYC verified customer The above applicant is having an operative Bank/ Demat/Folio/.....account (specify nature of the account) having account number/client ID.....maintained at.....branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules. I / We further confirm that the Savings Bank a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP)

To be filled by POP-SP		Name:
		Designation: Place:
POP-SP Seal	Signature of Authorized Signatory	Date <input style="width: 100px;" type="text"/>

[To be filled by CRA - Facilitation Centre (CRA-FC)]Received by CRA-FC Registration Number Received at Date Acknowledgement Number (by CRA-FC) PRAN Allotted **ACKNOWLEDGEMENT**Name of the Subscriber: Contribution Amount Remitted: ₹ Date of Receipt of Application and Contribution Amount:

Stamp and Signature of the Employer/PoP:

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM**General Guidelines**

- (a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- (b) In case, you mention the KYC number submission of proof for the same is necessary.
- (c) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back
- (d) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- (e) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (g) The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

S. No	Item No.	Item Details	Instructions																																																																
1	1	Personal Details	i. This Form is applicable only for Resident Indians. There is a separate Form for Non Resident Indians & Overseas Citizen of India. ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.																																																																
		Spouse Name	If married, spouse name is mandatory.																																																																
		Father's Name	i. Father's name is mandatory. ii. If Father's name has more than 30 digits, you may fill Annexure II for the same.																																																																
		Mother's Name	i. Mother's name is mandatory ii. If Mother's name has more than 30 digits, you may fill Annexure II for the same.																																																																
		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.																																																																
2	2, 3 & 4	Identity, Correspondence & Permanent address details	<table border="1"> <thead> <tr> <th>S.No</th> <th>Proof of Identity (Copy of any one)</th> <th>S.No</th> <th>Proof of Address (Copy of any one)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Passport issued by Government of India.</td> <td>1</td> <td>Passport issued by Government of India</td> </tr> <tr> <td>2</td> <td>Ration card with photograph.</td> <td>2</td> <td>Ration card with photograph and residential address</td> </tr> <tr> <td>3</td> <td>Bank Pass book or certificate with Photograph.</td> <td>3</td> <td>Bank Pass book or certificate with photograph and residential address</td> </tr> <tr> <td>4</td> <td>Certificate of the POP for an existing customer.</td> <td>4</td> <td>Certificate of the POP for an existing customer.</td> </tr> <tr> <td>5</td> <td>Voters Identity card with photograph and residential address.</td> <td>5</td> <td>Voters Identity card with photograph and residential address</td> </tr> <tr> <td>6</td> <td>Valid Driving license with photograph</td> <td>6</td> <td>Valid Driving license with photograph and residential address</td> </tr> <tr> <td>7</td> <td>Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> <td>7</td> <td>Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.</td> </tr> <tr> <td>8</td> <td>PAN Card issued by Income tax department</td> <td>8</td> <td>Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> </tr> <tr> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India</td> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address</td> </tr> <tr> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> </tr> <tr> <td>11</td> <td>Identity card issued by Central/State government and its Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.</td> <td>11</td> <td>The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/ State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. 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(i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address.																																																																			
(ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted.																																																																			
(iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers)																																																																			
3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.																																																																
4	7	Subscriber's Bank Details	For Tier I & Tier II account, bank details are mandatory and it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.																																																																
5	8	Subscriber's Nomination Details	Nomination details are mandatory. In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/ Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																																
6	10	Pension Fund (PF) Selection and Investment Option	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Actice Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/subscribers does not exercise the choices of Pension Fund, their contributions will be allocated among 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI Pension Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.																																																																
7	11	Declaration by subscriber on FATCA Compliance	<p>Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India</p> <ul style="list-style-type: none"> Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number) If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided 																																																																
8	12	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females.																																																																

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.
- c) For more information / clarifications, contact CRA:

Website: <https://www.npscra.nsdl.co.in>
 Call: 022-4090 4242
 Address: Central Recordkeeping Agency (CRA)
 Protean eGov Technologies Limited
 (formerly NSDL e-Governance Infrastructure Limited)
 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,
 Lower Parel (W), Mumbai - 400013

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.

TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. _____
_____ after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the POP-SP/DDO/NL-CC

Signature of the Authorised Person

POP-SP/DDO/NL-CC Registration Number _____
(Allotted by CRA)

Designation of the Authorised Person : _____

POP-SP/DDO/NL-CC Office Name : _____

Date

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number
(Allotted by CRA): _____

Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

Signature of the Authorised Person

Form 1

**OPTION TO AVAIL BENEFITS IN CASE OF DEATH OR DISCHARGE ON INVALIDATION OR
DISABILITY OF GOVERNMENT SERVANT / SUBSCRIBER DURING SERVICE**

[See rule 10]

* I,, hereby exercise option that in the event of my discharge from service on the account of disability or retirement from service on account of invalidation or Death during service, benefits under CCS(Pension) Rules, 1972 or CCS (Extraordinary Pension) Rules, 1939 as the case may be, may be paid to me or my family.

OR

* I,, hereby exercise option that in the event of my discharge from service on the account of disability or retirement from service on account of invalidation or Death during service, benefits may be paid to me or my family, as the case may be, based on the accumulated pension corpus in the Individual Pension Account under the National Pension System in accordance with the CCS(Implementation of National Pension System) Rules, 2021.

Signature of Government servant / Subscriber

Name-----

Designation-----

Office in which employed-----

Telephone No.-----

Place and date:

This option supersedes any other option made by me earlier.

* Completely strike out the benefits for which option is not intended to be made.

(To be filled in by the Head of Office or authorised Gazetted Officer)

Received the option dated, under CCS (Implementation of National Pension System) Rules, 2021 made by Shri/Smt./Kumari....., Designation..... Office Entry of receipt of option has been made in page Volume of Service Book.

Signature of Head of Office or authorized Gazetted Officer with seal

Name

Designation

Date of receipt.....

The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death/ invalidation.

FORM 2
Details of Family [See rule 10(3)] Important

1. The original Form submitted by the Government servant / Subscriber is to be retained. All additions or alterations are to be communicated by the Government servant/retired Government servant / Subscriber along with the supporting documents and the changes shall be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Subscriber should submit the details of family a fresh at the time of retirement.
2. The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.
3. The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.
4. Wife and husband shall include judicially separated wife and husband.
5. The retired Government servant shall attach the details of change in family structure after retirement in the proforma prescribed under Dept. of P.& P.W., O.M No. 1 (23)-P.&P. W/91-E, dated the 4th November, 1992.
6. Copies of birth certificates to be attached. Copies of any other relevant certificates, if available, should be attached.

Name of the Government servant/ Subscriber		Designation		Nationality	
--	--	-------------	--	-------------	--

Details of family members

S.N.	Name (Please see notes below before filling)	Date of birth DD/MM/YYYY	Aadhaar no.* (optional)	Relationship with Govt. servant/ retired Government	Marital status	Remarks	Dated signature of Head of Office
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

I hereby undertake to keep the above particulars up to date by notifying to the Head of Office any addition or alteration.

E-mail:(Optional) Place:

Mobile: (Optional) Date: (Signature)

*Providing Aadhar No. is optional. However, if it is provided, consent to link it to Bank Account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.

Rajiv Gandhi Institute of Petroleum Technology, Jais (Amethi)
राजीव गांधी इंस्टीट्यूट ऑफ पेट्रोलियम टेक्नोलॉजी, जायस (अमेठी)

PHOTO

Form for Photo Identity Card for Faculty / Staff
संकाय / कर्मचारियों के फोटो पहचान पत्र हेतु आवेदन

Name of the Faculty / Staff (In English) : _____

संकाय / कर्मचारी का नाम (हिंदी में) : _____

Designation (In English) : _____

पदनाम (हिंदी में) : _____

Employee No. : _____

कर्मचारी संख्या

Date of Birth : _____

जन्म तिथि

Present Address (In English) : _____

वर्तमान पता (हिंदी में) : _____

Permanent Address with Pin Code (In English): _____

स्थायी पता पिन कोड के साथ (हिंदी में) : _____

Mobile No. : _____

मोबाइल नं०

Email ID : _____
ईमेल

Blood Group : _____
ब्लड ग्रुप

Allergic : _____
एलर्जी

Content in Emergency (Please give at least three names and his/her address, phones, mobile and email) (In English)

1. _____
2. _____
3. _____

आपातकालीन स्थिति में संपर्क (कृपया कम से कम तीन नाम एवं उनके पते, फ़ोन नंबर, मोबाइल नंबर एवं ईमेल आई डी प्रदान करें) (हिंदी में)

1. _____
2. _____
3. _____

Signature of Applicant:
आवेदक के हस्ताक्षर

For Office Use Only

केवल कार्यालय प्रयोग के लिए

Checked By - _____ Dealing Assistant
जाँच किया गया

_____ (Authority)

Note: Please see the instruction over leaf

नोट- कृपया अगले पृष्ठ पर निर्देश देखें

Instruction-

1. Please provide all the information along with two passport / ticket size photographs for issuing of the Photo Identity Card from the Institute.
2. In case of duplicate, please provide original copy of FIR lodged with nearest police station and requisite fee as required / prescribed by the Institute.

Tariff: For Faculty / Staff

- | | |
|----------------------------------|-------------|
| 1. First time | : Free |
| 2. Updation of Card (any reason) | : Rs. 150/- |
| 3. Lost / Damaged/Replacement | : Rs. 300/- |
| 4. Lost / Damaged Second Time | : Rs. 500/- |

The amount deposited for the duplicate I-card will not be returned.

निर्देश

1. संस्थान से फोटो पहचान पत्र प्राप्त करने के लिए समस्त सूचनाये दो पासपोर्ट / टिकट आकार की फोटो के साथ प्रदान करें |
2. दूसरी प्रति बनवाने के लिए निकट पुलिस स्टेशन में दायर की एफ आई आर की मूलप्रति एवं संस्थान द्वारा निर्धारित आवश्यक शुल्क प्रदान करें |

प्रथम बार निःशुल्क

पहचान पत्र में कोई नई जानकारी किसी भी कारण से जोड़ने पर	150 /- रु०
खोने/खराब होने/बदलने की स्थिति में	300 /- रु०
दुबारा खोने/खराब होने की स्थिति में	500 /-रु०

दूसरी प्रति पहचान पत्र बनवाने के लिए जमा राशि वापस नहीं होगी |

**Rajiv Gandhi Institute of Petroleum Technology
Jais, Amethi-229304, Uttar Pradesh**

Ref. No.: RGIPT/Jais/DoFA/07/2020

18.06.2020

NOTIFICATION

This is to notify that a Faculty Handbook titled as “*You as a Faculty Member*” has been prepared for the reference of all faculty members. A copy of the same is attached as Annexure-I to this notification.

S1 ew
18/6/20
Dean, Faculty Affairs

Copy:

1. All HoDs
2. All Deans
3. All Faculty
4. All Concerned
5. Registrar
6. Chairman, Website Management Committee
7. Warden, Guest Hostel
8. Director Secretary

You as a Faculty Member

For most faculty members joining this Institute, this may be the first 'job', at least in an academic set-up. In a new set up generally people take time to settle down and resume planned activities. In a new environment and academic set up, it is largely up to the individuals to plan out their activities and career. In the initial years often new entrants are apprehensive about deliverables within the ambit of opportunities and constraints. Efficient and productive management of time with focus on career progression remain key drivers. At the initial stages young and new entrants are well guided and mentored by senior colleagues from the same Department or other Departments of the Institute. The following sections highlight facilities extended to a faculty member and expectations of the Institute from a faculty.

Institute Support to a Faculty member

On your joining as an Assistant Professor, the Institute makes all necessary efforts for your settling in and continuing research, development, and professional activities efficiently and effectively. The Institute and the Department provide certain facilities to a faculty member and some of these are presented below:

Research grant: Provision for a *seed grant* of Rs. 10 lakh has been created to support research activities of the faculty joining the institute. In some cases, a higher seed grant amount may be considered and granted for equipment intensive research. In this regard, the new entrant may meet the Dean (R&D) for further briefing and guidance.

Research Scholar: The Institute has created a provision for providing a PhD student through Institute funded Teaching Assistant. Generally, the Dean Academic Affairs (AA) invites proposals from faculty members availing the opportunity of Institute funded Teaching Assistant. A faculty member is required to submit a proposal consisting of a detailed research plan along with the timeline for work completion and achieving milestones to the office of the Dean (AA).

Space: Suitable work place with office infrastructure will be made available to faculty. Wherever required laboratory space (shared or independent) for research work will be provided.

Teaching Load: Reduced teaching load (say a course associateship) in the first semester (unless the faculty member wants to be involved in intensive teaching right from the start) may be considered. In this regard a faculty may consult the Head of the Department and Dean (AA). Similarly, the Institute and concerned Department may try to keep administrative load at a minimal level in the initial semester.

Expected deliverables from a Faculty member

The faculty members are expected to contribute to teaching, research, industry and social outreach activities. A faculty member at entry level is expected to complete the following:

- 1) Submission of at least one grant proposal to external funding agencies within the first 6-8 months after joining.
- 2) Securing an independent research funding within 12-14 months after joining.

- 3) Independent handling of at least 1-2 teaching-intensive courses within the first two years.
- 4) Research publication: 1-2 in a peer reviewed journal in the first year of joining and thereafter.
- 5) Lab development: Development of a lab in the field of expertise.
- 6) Demonstration of research guidance (in the form of PhD scholars and completed Masters' projects) within a reasonable time period.

Key Performance Indicators of a faculty member

- A faculty member is expected to maintain a course feedback score of ≥ 3 (three) out of 5 (five). Needless to mention that securing a very good course feedback score on a consistent basis helps a faculty member to build a strong reputation among the students and peers.
- Further, every faculty member of the institute is expected to publish at least three research papers per annum in the peer reviewed journals preferably listed in the Scopus, WoS, SCI, and ABDC ranking.
- In addition, each faculty member is expected to publish book chapters, cases, monographs, and books.
- A faculty member may write editorials in the leading newspapers and trade journals, which help to build popularity and reputation of the Institute.
- A faculty member is encouraged to apply for Extramural Research funding for conducting fundamental and applied research. A faculty member should have at least one extramural project under continuation after two years of joining the Institute.
- A faculty member should conduct at least one externally funded workshop, conference, and symposium in every two years.
- A faculty member is encouraged to conduct in-company or open executive training programs every year
- The faculty members are expected to contribute towards various social outreach activities of the Institution such as carrying out awareness campaigns, help local community through teaching and research activities and run non-profit voluntary services to help the needy etc.

Typical activity profile of a Faculty member

Generally, faculty members contribute in the three main areas such as teaching, research, and services activities of the Institute. In a working week, ideally a young faculty member spends 30 percent and 20 percent of time on teaching and services* respectively. Rest 50 percent time is expected to be utilized for research and development activities. For all practical purposes at various stages of performance assessment such weightages may apply.

On the career progression ladder once someone reaches the higher levels (i.e. Associate Professor and Professor); one may become more familiar with teaching, which may get a lot easier. So, at higher levels faculty members should expect and be ready for more administrative responsibilities at department and Institute level. Such changes in the profile of a faculty member at the appropriate level is acknowledged and accounted for during the appraisal process.

1. *Service includes administration as well as contributions to the society at large and to the profession. The latter contributions are usually through participation in extension activities

(continuing education, consultancy, etc.,) membership of professional bodies, governmental committees, journal reviewer, project reviewer, and editorships, and so on.

2. Like IITs, any faculty post at RGIPT may only be filled by fresh selection, and there is no provision for promotion as in other organs of the Government.

Teaching at RGIPT Jais

As a core activity (along with research), teaching involves delivery of courses and performance of associated activities such as project, assignment, and answer sheets evaluation, as part of the Institute's academic programs. The rules governing various aspects of administration and conduct of the academic programs are determined by the Senate. RGIPT Jais prides itself on a flexible curriculum for its programs, which gives each student ample opportunity to pursue his/her academic interest irrespective of the discipline to which he/she belongs. As a faculty member, you can propose new courses as electives in your area of expertise. Such courses go through a process of approval, first at the departmental level, then at the level of the appropriate Program committee (PC) of the Senate, and finally at the Senate itself.

RGIPT Jais follows a credit system for its educational programs, in which the credits assigned to an academic activity are indicative of the quantum of work involved in that activity. For more details, the office of the Dean (Academic Affairs) may be contacted. Instructors are expected to make known the evaluation methodology at the beginning of the course, and also make available the corrected answer scripts for every assignment, quiz or examination (including the end-semester exam) for the students' inspection. The instructor gets feedback on the effectiveness of his/her teaching through a system of on-line course evaluation by students, which happens at the end of the teaching semester.

Continuing Education Programs

The Institution has planned to enroll itself as a 'Quality Improvement Program' (QIP) centre in the region. Subsequently, an active 'Continuing Education Program (CEP)' cell will be constituted to coordinate the activities related to upgradation of skills of practicing teachers in engineering colleges in the country. Currently, the Institution offers short duration certificate courses and training programs to various officials of domain specific industries throughout the year. You can offer courses to Industry in specific areas of your expertise. Once the CEP cell will be constituted, the courses shall be offered through the cell in future. For more details about the courses offered to industries, the office of the Dean, R&D may be contacted.

Consultancy

RGIPT being a sector specific institution requires greater interaction with the industry. Consulting offers mutually rewarding experience, most importantly it serves as a bridge to establish better connections with the industry. In order to encourage faculty to take up consulting assignments a liberal consulting policy has been developed. Details of the consulting policy are available with the Dean (R&D). For all consulting related assignments the office of Dean (R&D) may be approached for guidance and processing.

Any revenue from consulting activity is to be shared between the Institute and the Consultant as per the existing approved consulting policy of the Institute.

Directorship in Companies

The Institute encourages faculty to develop industry linkage and cordial relations; therefore, it permits employees to be on the Board of Directors of Companies. You must, however, apply to the Director, through the Dean (FA), to obtain permission for this purpose. You may accept a sitting fee given to members of the Board for attending meetings.

Starting a company based on your research/technological breakthroughs

The Institute encourages you to capitalize on your research findings which have an application potential, through starting your own company or enterprise on campus. This requires that permission be obtained by applying to the Director, through the Dean (FA) and Dean (R&D). The application process involves, among other things, application of due diligence to ensure there is 'no conflict of interest' involved.

Self -assessment and elevation to higher posts

Based on considerations of the typical activity profiles of faculty members a self-appraisal system has been introduced from Academic year 2018-19. In consultation with the Director the Dean (FA) finalized the details of the self-assessment format.

Generally internal candidates can apply online for the next higher post against the rolling advertisement on the Institute's webpage that is at active stage. The internal candidates must satisfy the requirements specified in the advertisement and feel they are ready to go to the next level based on their performance in the present post. Such applications will be reviewed first at the Departmental level and then by IFAC. The shortlisted applications go through a peer review process before being put before a statutorily constituted selection committee Chaired by the Director of the Institution.

5/12/19