



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
"A State University established by the Govt. of NCT of Delhi"
Sec. 1E-C, Dwarka, New Delhi



No. F.1(6)(1)/Estt./Teaching/2025/ 11096

Dated : 14th Feb. 2025

CIRCULAR

In continuation to University's circular dated 31.01.2025, all the regular employees (Teaching/ Non-Teaching) are required to submit their Spouse Information in consonance with the provision under Clause-5.1(iii) of OM No.2/4/2022-E.IIB dated 30.12.2022 issued by the Ministry of Finance, Department of Expenditure, GOI for availing House Rent Allowance and provision under Clause-7 of University Medical Attendance & Treatment Regulations 2000 (Revised) for availing medical facility.

Therefore, all regular employees (Teaching/ Non-Teaching) of the University are once again requested to submit their Spouse Information in Annexure-I to the Establishment (Teaching/ Non Teaching) Branch latest by 25th February, 2025, if not submitted yet.

Non submission of the duly filled in Form in Annexure-I may result in holding of the HRA/Medical benefits from the month of March, 2025 onwards.

This issues with the approval of the Competent Authority.

R.C. Kesarwani

(R. C. Kesarwani)

Deputy Registrar (Estt.-T)

No. F.1(6)(1)/Estt./Teaching/2025/ 11096

Dated : 14/02/2025

Copy forwarded to the following for information and necessary action:

- 1) All Dean(s)/ Director(s) GGSIP University – *with a request to circulate to all regular faculty & staff of concerned school.*
- 2) Controller of Examinations, GGSIP University.
- 3) OSD to the Hon'ble VC, GGSIP University.
- 4) All Branch Heads, GGSIP University - *with a request to circulate to all regular officer & staff of concerned department.*
- 5) AR, VC Secretariat GGSIP University.
- 6) AR, Office of the Registrar, GGSIP University.
- 7) Head, UITS Cell – for uploading the same on the University Website
- 8) Guard File.

Hirdesh Gorh

(Hirdesh Gorh)

Assistant Registrar (Estt.-T)



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
 "A State University established by the Govt. of NCT of Delhi"
 Sec. 16-C, Dwarka, New Delhi



Employee Information Form

(To be filled and submitted along with supporting documents)

Section A: Employee Details:

1. Name of Employee: _____ 2. Employee ID: _____
 3. Designation: _____ 4. Department: _____
 5. Mobile No. _____ 6. Email: _____
 7. Present Address of Residence: _____

Section B: Spouse Information:

1. Name of Spouse: _____
 2. Whether the spouse employed? (Yes/No): _____
 3. If employed:
 o Status of Employer (Government/Semi-Government/PSU/Private) _____
 o Name of Employer/Organization: _____
 o Address of Employer/ Organization: _____

Section C: Government Accommodation:

1. Whether government accommodation has been allotted to spouse?
 Yes No : If yes, mention the date of allotment : _____

Section D: Medical Facility:

1. Whether medical facility is being availed from the office of spouse? (Yes/No): _____
 2. If Yes, provide the date, from which, medical facilities are being availed: _____

Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Signature of Employee: _____

Date: _____