



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



No. F.1(6)(1)/Estt./Teaching/2025/ 10659

Dated : 31/01/2025

**CIRCULAR**

All regular employees (Teaching/ Non-Teaching) of the University are requested to provide the information with regard to Govt. Accommodation & Medical facility being availed by spouse in the enclosed format (Annexure-I) latest by 10.02.2025 to the Establishment (Teaching/ Non Teaching) Branch.

Non submission of the duly filled in format may result to holding of the HRA/Medical benefits.

This issues with the approval of the Competent Authority.

  
(R. C. Kesarwani)


Deputy Registrar (Estt.-T)

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

Dated : 31/01/2025

**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)

Assistant Registrar (Estt.-T)



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Annexure- I



**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: \_\_\_\_\_