

APPENDIX I

Form I—Option

[See Statute 16B(2)]

I _____ an employee of the Indian Institute of Technology _____ hereby elect to be governed by General Provident Fund-cum-Pension-cum-Gratuity Scheme as laid down in Statute 16B and Schedule 'F' to the Statutes of the Institute and relinquish my claim to be governed by all the terms and conditions including that of retirement benefits which were applicable to me immediately before the 1st January, 1971. I am aware of this fact that this election is final and that it shall take effect from the 1st January, 1971.

Signature _____
(Thumb Impression, if illiterate)

Designation _____

Date of election _____

Witnesses :

(1) _____

(2) _____

Form II—Option

[See Statute 16B(4)]

I _____ an employee of the Indian Institute of Technology _____ hereby elect to be governed by General Provident Fund-cum-Pension-cum-Gratuity Scheme as laid down in Statute 16B and Schedule 'F' to the Statutes of the Institute and relinquish my claim to be governed by all the terms and conditions including that of retirement benefits which were applicable to me immediately before the 1st April, 1970. I am aware of this fact that this election is final and that it shall take effect from the 1st April, 1970.

Signature _____
(Thumb Impression, if illiterate)

Designation _____

Date of election _____

Witnesses :

(1) _____

(2) _____

Form III — Declaration

[See Paragraph 1(3)]

I _____ (the subscriber), an employee of the Indian Institute of Technology at _____ do hereby declare that I have read the provisions governing the General Provident Fund-cum-Pension-cum-Gratuity Scheme of the Indian Institute of Technology _____ and agree to abide by them.

Dated, this _____ day of 19

Signature of Subscriber

Two witnesses to the signature :

1. _____

2. _____

*APPENDIX II
GPF-cum-Pension-cum-Gratuity Scheme

(See paragraph 19)

| Completed six monthly periods of qualifying service | Scale of gratuity or pension | Maximum pension (in rupees per annum) |
|---|------------------------------|---------------------------------------|
| 1 | $\frac{1}{2}$ | (a) Gratuity months emoluments |
| 2 | 1 | " " |
| 3 | $1\frac{1}{2}$ | " " |
| 4 | 2 | " " |
| 5 | $2\frac{1}{2}$ | " " |
| 6 | 3 | " " |
| 7 | $3\frac{1}{2}$ | " " |
| 8 | 4 | " " |
| 9 | $4\frac{3}{8}$ | " " |
| 10 | $4\frac{3}{4}$ | " " |
| 11 | $5\frac{1}{8}$ | " " |
| 12 | $5\frac{1}{2}$ | " " |
| 13 | $5\frac{7}{8}$ | " " |
| 14 | $6\frac{1}{4}$ | " " |
| 15 | $6\frac{5}{8}$ | " " |
| 16 | 7 | " " |
| 17 | $7\frac{3}{8}$ | " " |
| 18 | $7\frac{3}{4}$ | " " |
| 19 | $8\frac{1}{8}$ | " " |
| 20 | $\frac{10}{80}$ ths | (b) Pension of average emoluments |
| 21 | $10\frac{1}{2}/80$ ths | " " |
| 22 | $11/80$ ths | " " |
| 23 | $11\frac{1}{2}/80$ ths | " " |
| 24 | $12/80$ ths | " " |
| 25 | $12\frac{1}{2}/80$ ths | " " |
| 26 | $13/80$ ths | " " |
| 27 | $13\frac{1}{2}/80$ ths | " " |
| 28 | $14/80$ ths | " " |
| 29 | $14\frac{1}{2}/80$ ths | " " |
| 30 | $15/80$ ths | " " |
| | | 3,750.70 |
| | | 3,937.50 |
| | | 4,125.00 |
| | | 4,312.50 |
| | | 4,500.00 |
| | | 4,687.50 |
| | | 4,875.00 |
| | | 5,062.50 |
| | | 5,250.00 |
| | | 5,437.50 |
| | | 5,625.00 |

* Substituted vide Ministry of Education letter No. F. 11-8/76-T.8, dated 1st January, 1979.

APPENDIX II (Contd.)

| Completed six monthly periods of qualifying service | | Scale of pension | Maximum pension (in rupees per annum) |
|---|--------------|------------------------|---------------------------------------|
| 1 | | 2 | 3 |
| 31 | 15 1/2/80ths | (b) Pension of average | 5,812.50 |
| 32 | 16/80ths | emoluments | 6,000.00 |
| 33 | 16 1/2/80ths | " " | 6,187.50 |
| 34 | 17/80ths | " " | 6,375.00 |
| 35 | 17 1/2/80ths | " " | 6,562.50 |
| 36 | 18/80ths | " " | 6,750.00 |
| 37 | 18 1/2/80ths | " " | 6,937.50 |
| 38 | 19/80ths | " " | 7,125.00 |
| 39 | 19 1/2/80ths | " " | 7,312.50 |
| 40 | 20/80ths | " " | 7,500.00 |
| 41 | 20 1/2/80ths | " " | 7,687.00 |
| 42 | 21/80ths | " " | 7,875.00 |
| 43 | 21 1/2/80ths | " " | 8,060.50 |
| 44 | 22/80ths | " " | 8,250.00 |
| 45 | 22 1/2/80ths | " " | 8,437.50 |
| 46 | 23/80ths | " " | 8,625.00 |
| 47 | 23 1/2/80ths | " " | 8,812.50 |
| 48 | 24/80ths | " " | 9,000.00 |
| 49 | 24 1/2/80ths | " " | 9,187.50 |
| 50 | 25/80ths | " " | 9,375.00 |
| 51 | 25 1/2/80ths | " " | 9,562.50 |
| 52 | 26/80ths | " " | 9,750.00 |
| 53 | 26 1/2/80ths | " " | 9,937.50 |
| 54 | 27/80ths | " " | 10,125.00 |
| 55 | 27 1/2/80ths | " " | 10,312.50 |
| 56 | 28/80ths | " " | 10,500.00 |
| 57 | 28 1/2/80ths | " " | 10,687.50 |
| 58 | 29/80ths | " " | 10,875.00 |
| 59 | 29 1/2/80ths | " " | 11,062.50 |
| 60 | 30/80ths | " " | 11,250.00 |
| 61 | 30 1/2/80ths | " " | 11,437.50 |
| 62 | 31/80ths | " " | 11,625.00 |
| 63 | 31 1/2/80ths | " " | 11,812.50 |
| 64 | 32/80ths | " " | 12,000.00 |
| 65 | 32 1/2/80ths | " " | 12,000.00 |
| 66 | 33/80ths | " " | 12,000.00 |

APPENDIX III

Commutation Table

(Commutation value for a pension of Re. 1/- per annum)

(See paragraph 20)

| Age next birthday | Commutation value expressed as number of years purchase | Age next birthday | Commutation value expressed as number of years purchase | Age next birthday | Commutation value expressed as number of years purchase |
|-------------------|---|-------------------|---|-------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 17 | 19.24 | 40 | 15.75 | 63 | 8.99 |
| 18 | 19.15 | 41 | 15.52 | 64 | 8.66 |
| 19 | 19.06 | 42 | 15.27 | 65 | 8.34 |
| 20 | 18.96 | 43 | 15.02 | 66 | 8.01 |
| 21 | 18.86 | 44 | 14.76 | 67 | 7.69 |
| 22 | 18.76 | 45 | 14.50 | 68 | 7.37 |
| 23 | 18.64 | 46 | 14.23 | 69 | 7.06 |
| 24 | 18.53 | 47 | 13.96 | 70 | 6.75 |
| 25 | 18.40 | 48 | 13.68 | 71 | 6.45 |
| 26 | 18.28 | 49 | 13.39 | 72 | 6.15 |
| 27 | 18.14 | 50 | 13.10 | 73 | 5.86 |
| 28 | 18.00 | 51 | 12.80 | 74 | 5.58 |
| 29 | 17.85 | 52 | 12.50 | 75 | 5.30 |
| 30 | 17.70 | 53 | 12.20 | 76 | 5.03 |
| 31 | 17.54 | 54 | 11.89 | 77 | 4.78 |
| 32 | 17.37 | 55 | 11.58 | 78 | 4.52 |
| 33 | 17.20 | 56 | 11.26 | 79 | 4.28 |
| 34 | 17.01 | 57 | 10.94 | 80 | 4.05 |
| 35 | 16.82 | 58 | 10.62 | 81 | 3.83 |
| 36 | 16.62 | 59 | 10.29 | 82 | 3.62 |
| 37 | 16.42 | 60 | 9.97 | 83 | 3.42 |
| 38 | 16.20 | 61 | 9.64 | 84 | 3.23 |
| 39 | 15.98 | 62 | 9.31 | 85 | 3.04 |

APPENDIX IV

Scale of Injury Gratuity and Pension

(See paragraph 29)

| Pay of member of staff on the date of injury | Gratuity | Monthly Pension : | Monthly Pension : |
|---|--|---|---|
| | | Higher Scale | Lower Scale |
| | | Rs. | Rs. |
| 1. Rs. 2,000 and over | | 300 | 225 |
| 2. Rs. 1,500 and over but under Rs. 2,000 | | 275 | 200 |
| 3. Rs. 1,000 and over but under Rs. 1,500 | 3 months' pay subject to a minimum of Rs. 800 | 200 | 150 |
| 4. Rs. 900 and over but under Rs. 1,000 | " | 150 | 125 |
| 5. 400 and over but under Rs. 900 | " | 100 | 84 |
| 6. Rs. 350 and over but under Rs. 400 | " | 85 | 70 |
| 7. Rs. 200 and over but under Rs. 350 | " | 67 | 50 |
| 8. Under Rs. 200 | 4 months' pay | 1/3rd of pay sub- ject to a mini- mum of Rs. 8 per mensem | 1/5th of pay sub- ject to a mini- mum of Rs. 4 per mensem |

APPENDIX V

Classification of Injuries

[See paragraph 82(3)]

Equal to loss of limb

- Bemiplegia without aphasia
- Permanent use of tracheotomy tube
- Artificial anus
- Total deafness of both ears

Very severe

- Complete unilateral facial paralysis, likely to be permanent
- Lesion of kidney ureter or bladder
- Compound fractures (except phalanges)
- Such gross destruction of soft parts as to lead to permanent disability or loss of function.

Severe and likely to be permanent

- Ankylosis of, or considerable restriction in the movement of one of the following joints :
 - Knee, elbow, shoulder, hip, ankle, temporo-maxillary or rigidity of the dorsilumbar or cervical section of the spine.
- Partial loss of vision of one eye.
- Destruction or loss of the testicle.
- Retention of foreign bodies not causing permanent or serious symptoms.

APPENDIX VI

Forms of Nomination for General Provident Fund

FORM I

When the subscriber has a family and wishes to nominate one member thereof

I hereby nominate the person mentioned below, who is a member of my family as defined in Paragraph 5(1) of the General Provident Fund-cum-Pension-cum-Gratuity Rules of the Indian Institute of Technology to receive the amount that may stand to my credit in the Fund, in the event of my death before that amount has become payable, or having become payable, has not been paid :

| Name & Address of the nominee | Relation-ship with subscriber | Age | Contingencies on the happening of which the nomination shall become invalid | Name, address and relationship of the person if any, to whom the right of the nominee shall pass in the event of the nominee predeceasing the subscriber |
|-------------------------------|-------------------------------|-----|---|--|
|-------------------------------|-------------------------------|-----|---|--|

Dated this _____ day of _____ 19 _____

Two witnesses to signature :

1. _____

2. _____

Signature of the Subscriber

Designation _____

Department _____

FORM II

When the subscriber has a family and wishes to nominate more than one member thereof

I hereby nominate the persons mentioned below, who are members of my family as defined in Paragraph 5(1) of the General Provident Fund-cum-Pension-cum-Gratuity Rules of the Indian Institute of Technology, to receive the amount that may stand to my credit in the Fund, in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount shall be distributed among the said persons in the manner shown below against their names :

| Names & addresses of the nominees | Relation-ship with subscriber | Age | *Amount or share of accumulation to be paid to each | Contingencies on the happening of which the nomination shall become invalid | Name, address and relationship of the person or persons, if any, to whom the right of the nominee shall pass in the event of the nominee's pre-deceasing the subscriber |
|-----------------------------------|-------------------------------|-----|---|---|---|
|-----------------------------------|-------------------------------|-----|---|---|---|

Dated this _____ day of _____ 19 _____ at _____

Two witnesses to signature :

1. _____

2. _____

Signature of the Subscriber _____

Designation _____

Department _____

* This column should be filled in so as to cover the whole amount that may stand to the credit of the subscriber in the Fund at any time.

FORM III

[See paragraph 5(1)]

When the subscriber has no family and wishes to nominate one person

I having no family as defined in Paragraph 5(1) of the General Provident Fund-cum-Pension-cum-Gratuity Rules of the Indian Institute of Technology, hereby nominate the person mentioned below, to receive the amount that may stand to my credit in the Fund in the event of my death before that amount has become payable or having become payable has not been paid :

| Name & address of the nominee | Relation-ship with subscriber | Age | *Contingencies on the happening of which the nomination shall become invalid | Name, address and relationship of the person or persons, if any, to whom the right of the nominee shall pass in the event of the nominee's predeceasing the subscriber |
|-------------------------------|-------------------------------|-----|--|--|
|-------------------------------|-------------------------------|-----|--|--|

Dated this _____ day of _____ 19____ at _____

Two witnesses to signature :

1. _____

2. _____

Signature of the Subscriber

Designation

Department

* Where a subscriber who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.

FORM IV

When the subscriber has no family and wishes to nominate more than one person

I, having no family as defined in Paragraph 5(1) of the General Provident Fund-cum-Pension-cum-Gratuity Rules of the Indian Institute of Technology, hereby nominate the persons mentioned below, to receive the amount that may stand to my credit in the Fund, in the event of my death before that amount has become payable or having become payable has not been paid, and direct that the said amount shall be distributed among the said persons in the manner shown below against their names :

| Names & address- es of the nominees | Relation- ship with the sub- scriber | Age | *Amount of share of accumula- tion to be paid to each | †Contingencies on the happen- ing of which the nomination shall become invalid | Name, address and relationship of the person, if any, to whom the right of the nominee in the event of the nominee's prede- ceasing the sub- scriber |
|---|---|-----|--|---|--|
|---|---|-----|--|---|--|

Dated this _____ day of _____ 19____ at _____

Two witnesses to signature :

1. _____
2. _____

Signature of the Subscriber
Designation
Department

* This column should be filled in so as to cover the whole amount that may stand to the credit of the subscriber in the Fund at any time.
† Where a subscriber who has no family makes a nomination he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.

FORM V

Nomination for Death-cum-Retirement Gratuity

(See paragraph 22)

When the member of staff has a family and wishes to nominate one member thereof

I hereby nominate the person mentioned below, who is a member of my family and confer on him the right to receive any gratuity that may be sanctioned by the Institute in the event of my death while in service and the rights to receive on my death gratuity which having become admissible to me on retirement may remain unpaid at my death :

| Name & address of the nominee | Relationship with member of staff | Age | Contingencies on the happening of which the nomination shall become invalid | Name, address and relationship of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the member of staff or the nominee dying after the death of the member of staff but before receiving payment of the gratuity. | Amount or share of gratuity payable to each |
|-------------------------------|-----------------------------------|-----|---|---|---|
|-------------------------------|-----------------------------------|-----|---|---|---|

This nomination supersedes the nomination made by me earlier on _____ which stands cancelled.

Dated this _____ day of _____ 19 _____ at _____

Two witnesses to signature :

1. _____

Signature of member of staff

2. _____

Note : The last column should be filled in so as to cover the whole amount of gratuity.

FORM VI

Nomination for Death-cum-Retirement Gratuity

(See paragraph 22)

When the member of staff has a family and wishes to nominate more than one member thereof

I hereby nominate the persons mentioned below, who are members of my family, and confer on them the right to receive, to the extent specified below, any gratuity that may be sanctioned by the Institute in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death :

| Names & address- es of no- minees | Relationship with member of staff | Age | Amount or share of gra- tuity pay- able to each | Name, address and relation- ship of the person or persons if any, to whom the right con- ferred on nominee shall pass in the event of the nominee predeceasing the member of staff or the nominee dying after the death of the member of the staff but before recei- ving payment of the gratuity | Amount or share of gratuity payable to each |
|-----------------------------------|-----------------------------------|-----|---|---|---|
|-----------------------------------|-----------------------------------|-----|---|---|---|

This nomination supersedes the nomination made by me earlier on _____ which stands cancelled.

N.B. The member of staff shall draw line across the blank space below the last entry to prevent the insertion of any name after he has signed.

Dated this _____ day of _____ 19 _____ at _____

Two witnesses to signature :

1. _____

Signature of member of staff

2. _____

Nomination by _____

Signature of Registrar

Designation _____

Date _____

- Note :*
1. Fourth column should be filled in so as to cover the whole amount of gratuity.
 2. The amount/share or gratuity shown in last column should cover the whole amount/share payable to the original nominees.

FORM VII

Nomination for Death-cum-Retirement Gratuity

(See paragraph 22)

When the member of staff has no family and wishes to nominate one person

I, having no family, hereby nominate the person mentioned below and confer on him the right to receive any gratuity that may be sanctioned by the Institute in the event of my death while in service and the right to receive on my death any gratuity which having become admissible to me on retirement may remain unpaid at my death :

| Name & address of the nominee | Relation-ship with member of staff | Age | Contingencies on the happening of which nomination shall become invalid | Name, address and relationship of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the member of staff or the nominee dying after the death of the member of staff but before receiving payment of the gratuity | Amount or share of gratuity payable to each |
|-------------------------------|------------------------------------|-----|---|--|---|
|-------------------------------|------------------------------------|-----|---|--|---|

This nomination supersedes the nomination made by me earlier on _____ which stands cancelled.

Dated this _____ day of _____ 19 _____ at _____

Two witnesses to signature :

1. _____

Signature of member of staff

2. _____

Signature of Registrar

Nomination by _____

Date _____

Designation _____

Department _____

FORM VIII

Nomination for Death-cum-Retirement Gratuity

(See paragraph 22)

When the member of staff has no family and wishes to nominate more than one person

I, having no family, hereby nominate the persons mentioned below and confer on them the right to receive to the extent specified below, any gratuity that may be sanctioned by the Institute in the event of my death while in service and the right to receive on my death, to the extent specified below any gratuity which having become admissible to me on retirement may remain unpaid at my death :

| Names & addresses of nominees | Relation-ship with member of staff | Age | *Amount or share of gratuity payable to each | Contingencies on the happening of which the nomination shall become invalid | Name, address & relationship of person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the member of staff or the nominee dying after the death of the member of staff but before receiving payment of the gratuity | †Amount or share of gratuity payable to each |
|-------------------------------|------------------------------------|-----|--|---|--|--|
| | | | | | | |

This nomination supersedes the nomination made by me earlier on _____ which stands cancelled.

N.B. : The member of staff should draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.

Dated this _____ day of _____ 19 _____ at _____

Two witnesses to signature :

1. _____
2. _____

Signature of member of staff
Dated _____

Nomination by _____
Designation _____
Department _____

Signature of Registrar
Date _____

* This column should be filled in so as to cover the whole amount of gratuity.

† The amount/share of gratuity shown in this column should cover the whole amount of share payable to the original nominees.

FORM IX

Nomination for Family Pension

(See paragraph 22)

I hereby nominate the persons mentioned below who are members of my family, to receive in order shown below the family pension which may be granted by the Institute in the event of my death after completion of 5 years' qualifying service :

| Name and address of the nominee | Relationship with member of staff | Age | Whether married or unmarried |
|---------------------------------|-----------------------------------|-----|------------------------------|
|---------------------------------|-----------------------------------|-----|------------------------------|

This nomination supersedes the nomination made by me earlier on _____ which stands cancelled.

N.B.: The member of staff should draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.

Dated this _____ day of _____ 19 _____ at _____

Two witnesses to signature :

1. _____

2. _____

Signature of member of staff

Nomination by _____

Designation _____

Department _____

Signature of Registrar

Date

FORM X

Form of Application for Injury Pension for Gratuity

(See paragraph 37)

1. Name of applicant
2. Father's name
3. Residence, showing village and perganah
4. Present or last employment :
Designation _____
Department/Section _____
5. Date of beginning of service at the Institute
6. Length of service, including interruption
7. Classification of injury
8. Pay at the time of injury
9. Proposed pension or gratuity
10. Date of injury
11. Place of payment
12. Date of applicant's birth by Christian era*
13. Date on which the applicant applied for pension

Place _____

Date _____

Signature of applicant

Special remarks, if any, by member of the staff in charge of the department/section/office

Signature

* If not known exactly, must be stated on the best information or estimate.

FORM XI
Form of Application for Family Pension
(See paragraph 37)

Application for an extraordinary pension for the family of late _____ killed, or died or injuries received, as a result of special risk of office

- | | |
|--|--|
| Submitted by the description of claimant | 1. Name and residence, showing village and pergunah 2. Age 3. Height 4. Mark of identification 5. Present occupation and pecuniary circumstances 6. Degree of relationship to deceased |
| Description of deceased | 7. Name 8. Occupation and service 9. Length of service 10. Pay when killed 11. Nature of injury causing death 12. Amount of pension or gratuity proposed 13. Place of payment 14. Date from which pension is to commence 15. Remarks |

Name *Date of birth by
Christian era*

| | |
|---|---|
| Names and ages of surviving kindred of deceased | Sons Widows Daughters Father Mother |
|---|---|

Signature of claimant

Place _____

Date _____

Signature of member of staff
in charge of the department/
section/office

Place _____

Date _____

Note : If the deceased has left no son, widow, daughter, father or mother surviving him, the word 'none' or 'dead' should be entered opposite to such relative.

FORM XII

Form to be used by Consulting Medical Officer when Reporting on Injuries

(See paragraph 37)

Confidential Report of the Consulting Medical Officer on the present state of the injury sustained by disease contracted by _____ at _____ (Place of injury, etc.) on _____ (date of injury, etc.)

- (a) State briefly the circumstances under which the injury was sustained/ disease was contracted.
- (b) What is the present condition of the member of the staff?
- (c) Is the present condition of the member of the staff wholly due to the injury/ disease?
- (d) If not, state to what other causes it is attributable. In the case of disease, from which date does it appear that the member of the staff has been incapacitated?

The opinion of the Consulting Medical Officer on the question below is as follows :

Part 'A' — First Examination

The severity of the injury should be assessed in accordance with the following classification and details given in the Remarks column below :

Yes No

1. Is the injury :

- (i) (a) the loss of an eye or limb?
- (b) the loss of more than one eye or limb?
- (ii) more severe than the loss of an eye or a limb?
- (iii) equivalent to the loss of an eye or a limb?
- (iv) very severe?
- (v) severe, but not likely to be permanent?
- (vi) slight but likely to be permanent?

2. For what period from the date of the injury :

- (a) has the member of the staff likely to remain unfit for duty?
- (b) is the member of the staff likely to remain unfit for duty?

Remarks : Here the classification above may be amplified if necessary, or details of additional injuries to the main injury may be given.

Part 'B' — Second or Subsequent Examinations

If the original degree of the member of the staff has changed : In which of the above categories should it now be placed?

Remarks : In this space additional details may be given if necessary.

Signature of Consulting Medical Officer

Dated

**Instructions to be Observed by the Consulting Medical Officer in
Preparing the Report**

1. Before recording his opinion he should invariably consult the previous reports, if any, as also all medical documents connected with the member of the staff on previous examinations brought before him for examination.
2. If the injuries be more than one they should be numbered and described separately and should it be considered that, for instance, though only "severe" or "slight" in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided.
3. In answering the questions in the prescribed form he will confine himself exclusively to the medical aspect of the case and will carefully discriminate between the unsupported statements of the member of the staff and the medical and documentary evidence available.
4. He will not express any opinion, either to the member of staff examined, or in his report, as to whether he is entitled to compensation, or as to the amount of it nor will he inform the member of the staff how the injury has been classified.