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Mktg Divn

# **APPLICATION FOR INCENTIVE FOR ACQUIRING HIGHER/ ADDITIONAL QUALIFICATION**

|  |  |  |
| --- | --- | --- |
| 1 | NAME |  |
| 2 | EC NO. |  |
| 3 | DESIGNATION |  |
| 4 | DEPARTMENT/LOCATION |  |
| 5 | QUALIFICAITON WHILE JOINING IOC |  |
| 6 | WHETHER INCENTIVE GRANTED BEFORE & WHEN | YES /NO : ON………………………  ON…………………….. |
| 7 | HIGHER QUALIFICAITON ACQUIRED NOW |  |
| 8 | UNIVERSITY/BOARD |  |
| 9 | DATE OF PASSING |  |
| 10 | AMOUNT OF INCENTIVE APPLICABLE | RS. |

Attested/true copy of the course/certificate is attached herewith.

Corporation has granted “NOC” for acquiring above qualification vide reference No………….. dated………….

I hereby declare that the above details are true and I request you to arrange payment of incentive towards acquiring the above higher/additional qualification, as per the Scheme of the Corporation.

Date:

Signature of the employee:

Forwarded for further action to:

DGM(HR/ER), ………..Region/HO

Signature of the Location-in-charge/Controlling Officer:



Mktg Divn

# **APPLICATION FOR “NOC” FOR FURTHER STUDIES**

|  |  |  |
| --- | --- | --- |
| 1 | NAME |  |
| 2 | EC NO. |  |
| 3 | DESIGNATION |  |
| 4 | DEPARTMENT/LOCATION |  |
| 5 | NAME OF THE COURSE |  |
| 6 | DURATION |  |
| 7 | UNIVERSITY/INSTITUTION |  |
| 8 | PART-TIME OR CORRESPONDENCE |  |

I intend to do the above course and as such, I request you to kindly issue “NOC” for joining the same.

As per policy, I am agreeable to the following conditions:

* That it will not affect my usual office routine;
* That I will not resist any transfer if ordered during the course period;
* That I will not seek any financial assistance from the Corporation for doing the above course.

Date:

Signature of the employee:

Forwarded for approval.

Signature of the Location-in-charge/Controlling Officer:

HOD:

SR MGR/MGR(ER):

DGM(ER/HR):



Mktg Divn

# **APPLICATION FOR SURRENDER OF LEASED ACCOMMODATION**

|  |  |  |
| --- | --- | --- |
| 1 | NAME OF OCCUPANT OFFICER |  |
| 2 | EC NO. |  |
| 3 | DESIGNATION |  |
| 4 | DEPARTMENT/LOCATION |  |
| 5 | NAME OF HOUSE OWNER/LANDLORD |  |
| 6 | ADDRESS OF HE ACCOMMODATION |  |
| 7 | AREA OF PREMISES (SQ FT) |  |
| 8 | NO. OF ROOMS |  |
| 9 | FACILITIES/AMENITIES AVAILABLE |  |
| 10 | MONTHLY RENTAL |  |
| 11 | WHETHER LIFT FACILITY AVAILABLE |  |
| 12 | WHETHER GENERATOR/ INVERTOR AVAILABLE |  |
| 13 | MAINTENANCE OF THE PREMISES DONE BY |  |
| 14 | WHETHER ANY REQUEST FROM LANDLORD FOR VACATING THE PREMISES, IF SO REASONS. |  |
| 15 | WHETHER LANDLORD’S REQUEST IS JUSTIFIABLE |  |
| 16 | WHETHER THE LANDLORD OFFERS TO SELL THE PROPERTY TO IOC |  |
| 17 | DATE PROPOSED FOR VACATING/ SURRENDERING |  |
| 18 | REASON FOR SURRENDERING |  |

I am unable to give 45 days notice to Corportion. Since I am in a huggy to vacate, I am prepared to bear one month’s rent in lieu of notice period. The same may please be deducted from my salary.

Date:

Signature of the occupant officer

Signature of the Location-in-charge/Controlling Officer:

**RECOMMENDATION OF THE COMMITTEE:**

The accommodation can be deleased on the following reasons/justification:

The accommodation is suitable and can be kept for future requirement of our incoming officer for the following reasons:-

SrMgr/Mgr(Admn/A&W)/Unit Headof Operatons/ Location in charge/

Sales/LPG/Avn. Officer from Engg Dept

(Committee Member) (Committee Member)

Date:

Recommended and forwarded to –

1. Concerned HOD
2. DGM(HR)/DGM(A&W)

Form No. AD-31

|  |  |  |
| --- | --- | --- |
| ioc1  Mktg Divn | **ISSUE OF BRIEF CASE – APPLICATION-CUM-VOUCHER** | Date: |
| Place: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Employee: |  | | Employee No.: | |  |
| Designation : | | Deptt. | | Grade | |
| Date of receiving Briefcase last | |  | | | |
| I declare that no Briefcase was issued to me during last 3 years at any unit/office of Corporation. I have purchased a new Briefcase as per entitlement and details are furnished hereunder. Admissible amount may be reimbursed.  Signature of Applicant | | | | | |
| FOR USE IN ADMINISTRATION DEPTT.  Above particulars verified and relevant entries made in record.  Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Rupees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ only) may be reimbursed.  Date DM (Admin.) | | | | | |

F O R U S E I N FINANCE D E P T T .

|  |  |  |
| --- | --- | --- |
| Voucher No. | Date | A/C Code: 539/04 |
|  |  | A/C Head |

Passed for payment for Rs. \_\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

|  |  |  |  |
| --- | --- | --- | --- |
| Asstt. | Acctt. | SACO/ACO | Received Payment  Date Signature |

# **APPLICATION FOR REPLENISHMENT /BUYING OF HOME DESKTOP PC AT THE RESIDENCE OF OFFICERS**

NAME: EMP. NO.:

**DESIGNATION GRADE:**

# **In accordance with the corporation’s scheme for Home Desktop PC at the Residence of officers, I intend to buy back, following items, at the depreciated value:**

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR USE IN OFFICE** | | | |
| **S.NO.** | **MONTH &YEAR OF ISSUE** | **DESCRIPTION** | **QUANTITY** | **AMOUNT** | **NO. OF YEARS COMPLETED** | **DR** | **NV** | **AMOUNT** |
| **1.** |  |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |  |

Necessary approval may please be accorded.

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

**Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_\_\_\_\_**

**INDIAN OIL CORPORATION LTD.**

**(MARKETING DIVISION)**

# **REIMBURSEMENT OF CABLE INSTALLATION EXPENSES**

**CLAIM-CUM –VOUCHER**

#### NAME:------------------------------------ EMPLOYEE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESIGN.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEPTT.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESIDENTIAL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I CERTIFY THAT I HAVE SPENT AN AMOUNT OF RS.2500/- (IN WORDS TWO THOUSEND FIVE HUNDERED ONL.) TOWARDS THE INSTALLATION OF CABLE CONNECTION AT MY RESIDENCE. THE SAME MAY PLEASE BE REIMBURSED TO ME. I FURTHER CERTIFY THAT I AM NOT OCCUPYIG COMPANY OWNED/COMPANY LEASED ACCOMODATION . I ALSO CERTIFY THAT I HAVE NOT CLAIMED THE SAID AMOUNT FROM MY PREVIOUS PLACE OF POSTING.

**-------------------------------------------------------------------------------------------------------------------**

**FOR USE IN ADMN, DEPTT.**

#### RECORDED AT PAGE NO.--------------------------

IT IS CERTIFIED THAT THE EMPLOYEE IS NOT OCCUPYING CO. OWNED/CO. LEASED ACCOMMODATION WITH CABLE, T.V. FACILITY PROVIDED BY THE CORPORATION.

**RECOMMENDED FOR PAYMENT OF RS. 2500/-(IN WORDS TWO THOUSEND FIVE HUNDERED ONLY.)**

**SAO/DMA.**

**FOR USE IN FINANCE DEPTT.**

#### PC VOUCHER NO.---------------------------DATE------------------------ A/C CODE 485/11

##### PASSED FOR PAYMENT RS. 2500/- I.D 04

**(IN WORDS TWO THOUSAND FIVE HUNDRED ONLY.)**

**Received the above payment.**

**ASSTT. SACO.**

###### Signature



Mktg Divn

# **CERTIFICATE BY HOUSE OWNER ON SURRENDER OF LEASED ACCOMMODATION**

This is to state that I, ………………………………………………… owner of the house at …………………………………………………………………………………………. leased to Indian Oil Corporation Limited (Marketing Division), ………………… has taken over the vacant possession of the house through Shri/Ms…………………………………….. of Indian Oil Corporation Limited, today the ………………….day of ……………….20 in good condition. I further state that I have no claim towards rental, electricity, water bill etc. against IOC or the occupant officer. The balance rental deposit of Rs……… is enclosed herewith by way of DD, drawn in favour of Indian Oil Corporation Limited, payable at ………………….

Signature of the House Owner:

Date:

Name:

Full address:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ioc1 | **CHILDREN’S EDUCATIONAL ALLOWANCE CLAIM** | | | | | | | | | | Date :  Place : | |
| Name of Employee: | | | | | | | |  | | | |
|  | |  | | | Designation : | | | |  | | | |
|  | |  | | | Employee No.: | | | |  | | | |
|  | |  | | | Deptt.: | | | |  | | | |
| Name of Children | | | | Relationship with Employee | | | Date of Birth/Age | Class of study | | Name & address of school/college Polytechnic/ Institute | | |
|  | | | |  | | |  |  | |  | | |
|  | | | |  | | |  |  | |  | | |
| Academic Session | |  | | | | Financial year for which claim & certification made | | | | | |  |
| Amount claimed (Per Month) | | |  | | | | | | | | | |

Certify that :

1. The above named child (ren) is/are fully dependent on me and actually prosecute studies in a recognized School/College/Polytechnical/Institution. They shall confirm their studies during the current financial year. In case of any gap or break in studies, the same would be communicated to the office by me.
2. The child (ren) will attend the Institution regularly and any absence exceeding period of one month (even if the name remains on roll) will be brought to the notice immediately.
3. My spouse is not availing the similar benefit from his/her employer in respect of above named child(ren).

In the event of any change in the particulars affecting my eligibility for the claim will be intimated promptly and any excess payment received will be refunded.

Signature of Employee

F O R U S E I N P & A D E P T T .

Certified that Shri/Smt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is eligible to draw Children Educational Allowance for (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . Necessary entry has been made in the records.

Signature of P & A Officer

F O R U S E I N FINANCE D E P T T .

Passed for payment for Rs. \_\_\_\_\_\_\_\_\_\_\_\_ for the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ payable at Rs.\_\_\_\_\_\_\_\_\_\_\_ per month.

Signature of P & A Officer

|  |  |  |
| --- | --- | --- |
| Asstt. | Acctt. | SACO/ACO |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mktg Divn | **CLAIM FOR HOSTEL SUBSIDY** **(Under CEA Scheme)** | | | | | |
| Name of employee | | | EC No. | | Designation | |
| Department/Location | | | Employee & Family’s residence | | Period of Claim:  **April – September 20..**  **October-March 20…** | |
| Name of child/ children | | Class of study | DOB/Age | Relation with employee | Name & address of School/ College/Poly technic/ Institute | Amount of claim (Rs) |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
| Hostel address of the child/children. (In case the child is availing hostel facility while pursuing a professional course after 10+2 at the same station where employee is posted and/or family is retained, please attach a certificate from Head of Institute that it is compulsory for the students to say in the hostel of the Institute) | | | | |  | |
| Reason for keeping child/children in the hostel: | | | | |  | |

The above named child/children is/are fully dependent on me and actually reside in he Hostel while prosecuting studies in the school/college/polytechnic/institute as per details mentioned above and shall continue to avail the Hostel facilities during the current academic session and in case of any gap or break, the same would be communicated to the office by me.

My expenditure on the Hostel facility for each child during the period of claim is not less than the amount, as claimed by me.

My spouse is not availing the similar benefit from his/her employer in respect of above named child/children.

In the event of any change in the particulars affecting my eligibility for the claim, the same will be intimated promptly and any excess payment received, will be refunded.

Place:

Date: Signature of the Employee:

**FOR USE IN EMPLOYEE RELATION DEPT**

The claimant is eligible to receive Hostel Subsidy of Rs…………. For the period April-September/October-March, 20…. @ Rs……..p.m. per child. Necessary entries have been made in the record.

Signature of ER Officer

**FOR USE IN FINANCE DEPATMENT**

PC Voucher No………………………Date………………A/C Code……………….

Passed for payment of Rs…………. A/C Head…………………

Asstt. AO Received payment.

Acctt. SAO Date: Signature:

MARKETING DIVN Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **MONTHLY STATEMENT OF COMPENSATORY OFFS ACCRUED BY PERFORMING ADDITIONAL/EXTRA HOURS**

### NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DESGN. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMP.NO. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### DEPTT. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SECTION : \_\_\_\_\_\_\_\_\_\_\_\_ PERIOD : FROM \_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SN | Date on which CO(s) accrued | Normal Working Hours | | Reasons for Additional/Extra duty | Extra Working Hours | | | Holiday/Planned Rota/Double Shift/W/Off | CO Earned | CO Availed on\* (DATE) | CO(s)to be Encashed |
| FROM | TO | FROM | TO | TOTAL HRS |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

### *\* CO(s) Can be availed in the same month or in the following two months. CO(s) can be encashed through salary thereafter only.*

### Reason for not granted CO(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### (SIGNATURE OF OFFICER)

### (Signature of Sectional Head) HOD

### Desgn. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mktg Divn | **APPLICATION FOR SANCTION OF CAR/SCOOTER MAINTENANCE ALLOWANCE** | | | | | | | | | |
| Name | | | | Designation | | | Dept/Location | | | EC No. |
| PARTICULARS OF MOTOR VEHICLE PRUCHASED | | | | | | | | | | |
| Car/M Cycle/ Scooter | Make & Model | | Regn No. | | | Date of purchase | | Date of Registration | | Insurance Registration |
|  |  | |  | | |  | |  | | Comprehensive Third Party No. Valid upto: |
| Particulars of allowance drawn previously (if any) | | | | | | | | | | |
| Date of drawal | | Amount | | | Location | | | | Remarks | |
|  | | Rs. | | |  | | | |  | |

1. I have paid the full value of the Vehicle and taken possession of the same. Receipt obtained from the party is enclosed for verification.
2. I am using the vehicle for official purpose from the date………………..
3. I have already applied to R.T.O. for transfer of registration of vehicle in my name and will produce the registration certificate duly incorporating therein the transfer of vehicle in my name for verification within two months from purchase till the date of registration to the Corporation.
4. Certify that the particulars furnished above are correct and I request for grant of allowance w.e.f………………..

Encl: RC/Insurance Copies

Date: Signature:

The allowance applied for is recommended for sanction is admissible under the rules of the Corporation.

Controlling officer:

‘-----------------------------------------------------------------------------------------------------------

Recommended……………Allowance Rs……. Per month w.e.f……………………..

Sr Mgr/Dy Mgr/Mgr(Admn/HR) DGM(HR)/(A&W)

CERTIFICATE

Certified that the registration book of Car/Motor Cycle/Scooter bearing Registration No…… has been verified and it is confirmed that registration/transfer of registration of Motor vehicle has been made in the name of Shri/Ms…………………..w.e.f………..

Sr Mgr/Dy Mgr/Mgr(Admn/HR)

|  |  |  |
| --- | --- | --- |
| Mktg Divn | **DECLARATION REGARDING PERMANENT HOME TOWN FOR LEAVE TRAVEL CONCESSION** | |
| Name: | | EC No: |
| Designation: | | Department/Location |

I,………………………………………………………. Hereby declare that my permanent Home Village is…………………………………………… and nearest Railway Station………………….. in ……………………………… District of ……………………………State and furnish the following reasons/documents, etc., in support of this declaration:

1. ………………………………………………………………………………………………
2. ……………………………………………………………………………………………….

\* Certified that I have not so far declared any other place to be my ‘Home’ for any purpose in correspondence with the Indian Oil Corporation Limited.

\* Certified that I have previously declared my Home Village as ………………………………………………. And it ma be changed as declared above.

Certified also that I would normally reside in the above mentioned town but for my absence from it for service in Indian Oil Corporation Limited.

Date: Signature of the employee:

Signature of Controlling Officer:

Encl: as above

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ioc1  Marketing Division | **APPLICATION FOR LEAVE & LEAVE ENCASHMENT** (Pl. see instructions on reverse) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_ Earned Leave  \_\_\_\_\_\_\_\_\_\_\_\_\_\_Sick Leave  \_\_\_\_\_\_\_\_\_\_\_Extra Ordinary  Leave Without pay  \_\_\_\_\_\_Other please specify | | |
| Name | | | | | | | | Employee No. | | |
| Designation | | Deptt. | | | | | | Grade | | |
| Purpose of Leave | | | | Period | | | | | | |
| From | | | To | | | Days |
|  | | |  | | |  |
| No.of days EL Encashment required: | | | | | | | | | | |
| Address during leave: | | | | | | | | | | |
| Leave Recommended  Sign. Of Line Supervisor Name & Desgn. | | | | | | Signature of Applicant Date | | | | |
| Leave sanctioned if due  Not sanctioned Dated Designation Sign. Of Sanctioning Authority | | | | | | | | | | |
| Remarks of forwarding Department Entered Regn. No.  Date Sign. Of Fowarding Authority | | | | | | | | | | |
| To be returned to Employee | | | | | | | | | | |
| To Shri/Smt./Kum. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Desgn.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emp. No. \_\_\_\_\_\_\_\_\_\_\_\_ Through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Leave sanctioned to you and balance of leave is as detailed below : | | | | | | | | | | |
| Nature of leave | Leave granted | | | | | | | | Leave Balance/ No. of days | |
|  | From | | To | | Days | | | |  | |
| Earned Leave |  | |  | |  | | | |  | |
| Sick Leave FP |  | |  | |  | | | |  | |
| Sick Leave HP |  | |  | |  | | | |  | |
| Other |  | |  | |  | | | |  | |

#### SIGN. OF SPO/PO

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| For use in Personnel Department only | | | | | |
| Nature of leave | Leave granted | | | | Leave Balance/No. of days |
|  | From | | To | Days |  |
| Earned Leave |  | |  |  |  |
| Sick Leave FP |  | |  |  |  |
| Sick Leave HP |  | |  |  |  |
| Other |  | |  |  |  |
| Leave particulars entered in Computer | | Leave Order No. | | | Signature |
| Leave particulars entered in Leave Record Card | | SIGNATURE | | | |
| INSTRUCTION : **This form should be kept in separate folder with S.No. for a period of two years after which it should be destroyed after verifying the entries in the leave record.** | | | | | |
| INSTRUCTION :   1. **Please enclose medical certificate from a registered medical practitioner if leave or extension of leave on account of illness is required.** 2. **Application for extension will be entertained only in special circumstances at the discretion of the Corporation. Such application must reach the Corporation on or before the last day of the leave.** 3. **Please send joining report to Personnel Department through proper channel immediately on resuming day. In case leave is on medical grounds for more than one day, please produce a fitness certificate alongwith the joining report.** 4. **The leave balance shown overleaf would be presumed to be correct unless any discrepancy is pointed out within a week from receipt of this leave Sanction Memo.** | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ioc1  **Mktg Divn** | **REQUEST FOR ISSUE OF ELECTRONIC ORGANIZER/DIGITAL DIARY** | **Date:** |  |
| **Place:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | | | Emp. No. | |
| Designation | Dept. | | | Grade |
| Date of Claim made last : | | | | |
| Present claim for the period: | | | | |
| I declare that I have incurred not less than Rs.\_\_\_\_\_\_\_ (Rupees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) towards the cost of Electronic Organizer/Digital Diary for the current period \_\_\_\_\_\_\_\_\_\_\_\_\_ and the same may be reimbursed to me. | | | | |
| Note: Electronic Organizer for officers in Grade A to G, once in 3 years and Digital Diary for Officers in Grade-H & above once in 4 years. | | Signature | | |

|  |  |
| --- | --- |
| FOR USE IN ADMINISTRATION DEPT. | |
| Above particulars verified and relevant entries made in record.  Rs. Rupees only) may be reimbursed. | |
| Date | DM (Admin.) |

|  |  |  |
| --- | --- | --- |
| FOR USE IN FINANCE DEPT. | | |
| Voucher No. | Date | A/C Code: 539/21 |
| A/C Head: |
| Passed for payment Rs  (Rupees | | Received Payment  Date Signature |
| Asstt.  Acctt. SACO/ACO | |

|  |  |  |  |
| --- | --- | --- | --- |
| ioc1  Mktg Divn | **REIMBURSEMENT OF ENTERTAINMENT EXPENSES** | | Date:  Location: |
| Name | | | Employee No. |
| Designation | | Deptt. | Grade |
| Address | | | | |
| I have incurred an amount of Rs.---------------------(Rs. In words) -----------------------------  Towards entertainment for the month of ------------------------. Kindly reimburse the above amount.  Signature of the Officer | | | | |
| FINANCE DEPT. | | | | |

|  |  |
| --- | --- |
| Mktg Divn | **REIMBURSEMENT TOWARDS** **“EXCURSION TRIP”** |

1. Certified that this is my first claim for Excursion Trip for the year 20.. – 20..

2. I also certify that I have incurred an expenditure of Rs…….. (Rupees………………………………………..only) on Excursion trip undertaken by me on ……………….(date/s) for visit to ……………………….. This amount may therefore, be reimbursed to me as per entitlement.

Signature:

Name:

Designation:

EC No.

Department:

Place:

Date:

|  |  |
| --- | --- |
| Mktg Divn | **APPLICATION FOR “FESTIVAL ADVANCE”** |

From: Name:………………………………..

Designation:…………………………

EC No……………………………….

Department/Location:……………….

Date:…………………………………

To:

DGM(HR/ER)

IOC,

………..Region/HO

Sir.

**Sub: Request for Festival Advance**

I may please be granted Festival Advance of Rs……….. (Rupees………………………. Only) on account of …………………………. Falling on ………………… This is the first Festival Advance during the current year and the recovery towards earlier Festival Advance has already been exhausted. A copy of latest Salary Slip is attached for perusal.

Thanking you,

Yours faithfully,

(Signature of the employee)

Encl: Salary Slip

# **DECLARATION OF PRIVATE FOREIGN VISITS**

The ERO / SERO / DM (ER)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Sub : Declaration of Private Foreign Visits

Dear Sir/Madam,

### I hereby submit the details of my private Foreign visits during the calendar year \_\_\_\_\_:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the country(ies) visited | Duration of stay | | Source of funding |
| From | To |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

Signature of employee

Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emp.No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation:\_\_\_\_\_\_\_\_\_\_\_\_

Place:

Date:

|  |  |
| --- | --- |
| ioc1  **MARKETING DIVN** | **APPLICATION FOR FURNITURE ADVANCE** |

1. Name of Employee :
2. Desgn & Emp.No. :
3. Department :
4. Date of Appointment :
5. Basic Pay :
6. Whether Permanent or

Temporary :

7. Amount of advance required :

8. Details of previous advance

taken, if any during the current

Calendar Year :

9. Other remarks, if any :

I understand that the amount of advance will be recovered from me in \_\_\_\_\_\_\_\_\_\_ equal monthly instalments.

**Signature of Applicant**

**Emp.No.\_\_\_\_\_\_\_\_\_\_**

**Forwarded**

It is certified that the applicant is likely to continue in service for the next six months.

**CONTROLLING OFFICER**

**For use in Admn. Deptt.**

The particulars have been verified. The applicant is eligible for furniture advance of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Recommended for sanction.

Sanction for payment

PAO/DMPA

|  |  |  |
| --- | --- | --- |
| Mktg Divn | **HANDING OVER/TAKING OVER REPORT OF COMPANY OWNED/LEASED ACCOMMODATION** | |
| Name: | | EC No: |
| Designation: | | Department/Location: |
| Flat No & Address : | |  |

I, Shri/Ms……………………………… have taken over/handed over the above flat with effect from …………….. alongwith the following fittings and fixtures:-

|  |  |  |
| --- | --- | --- |
| S No. | Fittings/Fixtures | Nos. |
| 1 | Pelmets |  |
| 2 | Big cupboards |  |
| 3 | Kitchen Cabinet |  |
| 4 | Shelf without glass |  |
| 5 | Intercom instrument |  |
| 6 | Acrylic mirrors |  |
| 7 | Towel Rings |  |
| 8 | Towel rods |  |
| 9 | Wash Basin |  |
| 10 | Storage type geysers |  |
| 11 | Showers |  |
| 12 | Ceiling Fans |  |
| 13 | Tube lights |  |
| 14 | CFL lights/Bulbs |  |
| 15 | Exhaust Fan |  |
| 16 | Telephone instrument(s) |  |
| 17 | Any other item |  |
|  |  |  |

Electricity Meter No……………………………………. Date of reading:…………………………

Reading…………………………….

|  |  |
| --- | --- |
| Taken over/Handed over by officer | Taken over/Handed over on behalf of Admn dept,HO/RO/SO/Unit |
| Name: | Name: |
| EC No. &Designation: | EC No. &Designation: |
| Date: | Date: |

|  |  |
| --- | --- |
|  | **APPLICATION FOR HAVING UNDERGONE STERILISATION OPERATION** |

This is to certify that I have performed Vasectomy/Tubectomy operation on Shri/Ms…………………………………(spouse of Shri/Ms…………………………….) working in Indian Oil Corporation Limited on ………… in ……………………………………………………………………Hospital/Nursing Home.

NAME OF THE DOCTOR AND SEAL

PLACE:

DATE:

Name of the employee: EC No.:

Designation: Dept/Location:

It is certified that the particulars given above are correct. Incentive as per policy may be given to me as per the Scheme approved by the Corporation/Govt. It is further certified that no claim was submitted by me earlier, on this account. I have only …………….. children. I have joined IOC on ……………………..

SIGNATURE OF THE EMPLOYEE:

SIGNATURE OF THE CONTROLLING OFFICER:

Forwarded to Sr Manager/Manager (ER) to advise incentive amount and record in the employee’s Pay Slip/Record.

Sr Manger/Manager(A&W)

Incentive of Rs…………..may please be approved with effect from……………..

Sr Manager/Manager (ER)

|  |  |
| --- | --- |
| ioc1  **Mktg Divn** | **APPLICATION FOR INTERNET ACCESS** ***( Applicable for Officer Grade - ‘A’ to ‘E’ )*** |

|  |  |  |
| --- | --- | --- |
| **Employee No** |  | *Mandatory Field* |
| **Name** |  | *Mandatory Field* |
| **Designation** |  |  |
| **Department** |  |  |
| **Location & Seat No** |  | *Mandatory Field* |
| **Contact No *(Intercom )*** |  | *Mandatory Field* |
| **Justification** |  |  |
| **PC No** |  | *Written by Marker* |
| **MAC Address** |  |  |
| **Date Of Request** |  |  |

**Signature Of The Applicant**

**Controlling Officer**

**DGM / GM**

**IS Dept ( Network Administrator)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **L U M P S U M L F A** **PAYMENT CLAIM-CUM-VOUCHER** | | | | | | | **Date:** | **/ /200** |
| **Place:** |  |
| Name: |  | | | | Emp. No: | |  | |
| Design: |  | | Grade |  | Department: | |  | |
| Date of joining in I.O.C: | | | | | | |  | |
| Block for which Lump-sum LFA payment is claimed: | | | | | | | 200………..200 | |
| Block for which lump-sum payment was received last: | | | | | | | **200………..200** | |
| \* I certify that my wife/husband is not employed in any Government Department/any other Organisation, which provides LTC/LFA facility to its employees and members of family.  OR  \* My wife/husband is employed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which provides LTC/LFA facility and /or Free/Concessional Tickets but she/he is not availing the same from her/his employer and has not preferred and will not prefer any claim from her/his employer in this respect for the Block years for which LFA claim is being made by me.(Certificate from the employer of the spouse is enclosed/already submitted)  I further certify that I have not availed of and will not avail any Free/Concessional Tickets or LTC from any other source (including Railways/Airlines) for the applicable Block Year for self, spouse and other dependent family members.  **Signature of Employee**  \* Strike out whichever is not applicable | | | | | | | | |
| LFA Payment is due to the employee for the Block 200…… 200….. ERO/SO(ER)/DM(ER)  Date: | | | | | | | | |
| FOR USE OF FINANCE DEPARTMENT | | | | | | | | |
| **P.C. Voucher No.** | | **Dated:** | | | | **A/C Code:** | | |
| **Passed for payment (in Rs.)**  (Rupees in words)  **……………………………………………..** | | | | | | **A/C Head:** | | |
| **Asstt. / Accountant:** | | | | | | Received payment: Date: Signature: | | |
| **A.O / S.A.O** | | | | | |

# **CERTIFICATION OF EXPENSES INCURRED ON LTC/LFA**

Certified that I have availed LTC/LFA for self and family for the Block Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during the leave period from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Names of the persons for whom LTC/LFA has been availed** | Relationship | **Full/Half Ticket** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

#### Last destination visited\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nearest Railway Station\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The details of journey undertaken are as under:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Place from** | **Place to** | **Date** | **Mode of travel** | **Class of travel** | **Expenditure incurred** | **Tax relief**  **(for Fin. Use)** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  | TOTAL EXPENSE CLAIMED | | |  |  |

Total LTC perks Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of encashment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of employee**

Empl. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Empl. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I-com No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| ioc1  Mktg Divn | **REIMBURSEMENT FOR WORKING ON CLOSED DAYS/EXTENDED HOURS CLAIM-CUM VOUCHER** | **Date:** |  |
| **Place:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | | | Emp. No. | |
| Designation | Deptt. | | | Grade |
| Mode of Transport  **Car / Scooter / Taxi / Others** | | **Whether receiving fixed maintenance allowance Yes / No** | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | | **Purpose** | **Amt. Claimed** | |
| **From** | **To** | **H.Days** | **Ext. Hrs** |
|  |  |  |  |  | . |
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|  | | | |  |  |
| Total Amount Claimed (in words)  Rupees | | | | Grand Total | |

I certify that no conveyance was provided by office for above job(s)

Approved

Design. Sign. Of Controlling Officer Signature

**For Use In Finance Department**

**Pettty Cash Voucher No. Date A/C Code 539/01**

**Passed for Payment Rupees**

**Received above Payment**

**Asstt. Acctt.. ACO/SACO Signature**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ioc1 | | **REIMBURSEMENT OF MOBILE** **HAND-SET PROCURED FOR OFFICIAL PURPOSE** | | | | | | | | Date  Place |
| Name | | | | | | | | Emp. No. | | |
| Designation | | | | Department | | | | Grade | | |
| In accordance with the Corporation's Scheme for provision of Mobile phone facility to officers, I request you to reimburse me the cost incurred on purchase of mobile hand-set or the ceiling prescribed for my grade, whichever is lower. | | | | | | | | | | |
| Sl. No. | Make & Model | | | | Name & Address of vendor | Receipt/Bill No. & Date | | | Amount | |
|  |  | | | |  |  | | |  | |
| Date : Signature | | | | | | | | | | |
| **For use of HR Dept.**  The details of the Mobile hand-set purchased by the officer has been entered in the record. Finance Department may process the claim for payment.  Date : Signature | | | | | | | | | | |
| **For use of Finance Dept.** | | | | | | | | | | |
| P.C Voucher No. | | | Dated: | | | | A/C Code: | | | |
| Passed for payment of Rs.\_\_\_\_\_\_\_\_  (Rupees in words……………………………………………….) | | | | | | | A/C Head: | | | |
| Asstt. / Accountant | | | | | | | Received payment  Date: **Signature** | | | |
| A.O./SAO | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR OFFICE FURNITURE/EQUIPMENTS** (under office at residence scheme for Senior Executives) | | | | | | |
| **Name:** | | | | | **Emp. No:** | |
| **Designation:** | | **Deptt:** | | | **Grade:** | |
| **\_/ Tick mark the items to be procured** | | | | | | |
| **Note Book/Desk-Top**  **Make**  **Printer**  **Make** | **AC Type**  **Tonnage**  **Make** | | | **Inverter**  **Capacity** | | **Furniture Items** |
| **Name & address of the vendor/dealer**: | | | **Details of the Proforma Invoice attached**.  No: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Cost of item Rs.\_\_\_\_\_\_\_\_\_  ***Total:* Rs.\_\_\_\_\_\_\_\_\_\_** | | | |
| I, would like to procure /have procured \_\_\_\_\_\_\_\_\_\_\_\_\_\_ along with the attachments mentioned above under the Office at residence scheme for senior executive for which I am submitting the required Proforma Invoice/Invoice giving details as per above. I undertake to follow all the terms & conditions of the Office furniture/equipments under the said scheme.    **Date: Signature:**\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| For use in HR Department **No: Date:**  Shri/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would/have procured \_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the provision of office furniture/equipments under office at residence scheme for senior executives. Payment as per the Proforma Invoice/Invoice limited to a maximum of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be released.  **DM(Admn.)**  **Finance Deptt.** | | | | | | |

|  |  |
| --- | --- |
| Mktg Divn | **DECLARATION FOR CLAIMING “PACKING-CUM- LOADING/UNLOADING CHARGES”** |

1\* I have been transferred from ……………………. To. ………….. vide Order No………………….dated……………..

2. \*I have superannuated/voluntary retired from the services of the Corporation w.e.f. …………… and would like to settle down at ………………(address given below).

3. Consequent to my transfer/superannuation/voluntary retirement\* I have shifted my personal household effects from ………….. to…………..

4. In this connection, I have actually incurred not less than Rs……………. Towards packing-cum-loading/unloading charges, which may please be reimbursed to me.

Date: Signature:

Name:

Designation:

EC No.

Grade:

Department/Location:

\*Strike out whichever is not applicable

**Re-settlement address:**

# **APPLICATION FOR DESK TOP PC/NOTE BOOK**

***(Under Home Desk-Top/Note Book PC Scheme)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | | **Emp. No:** |
| **Designation:** | **Deptt:** | | **Grade:** |
| * **Tick the brand of PC to be procured:** * IBM * HP * HCL * WIPRO * DELL * ACER * TOSHIBA * LG * APPLE * ZENITH * SONY * SAMSUNG | **Please specify the other attachments/ adds-on, being procured with the PC:**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | * **Tick the Software(s), other than the pre-loaded, to be installed on the PC :** * MS works (if not pre-loaded) * MS Office 2000 (Standard) * MS Office 2000 (SBE)   Other Softwares out of the list (please specify)   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name & address of the vendor/dealer**: | | **Details of the Proforma Invoice attached**.  No: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Cost of PC: Rs.\_\_\_\_\_\_\_\_\_  Cost of attachment(s): Rs.\_\_\_\_\_\_\_\_\_  Cost of Software(s): Rs.\_\_\_\_\_\_\_\_\_  ***Total:* Rs.\_\_\_\_\_\_\_\_\_\_** | |
| I would like to procure a Desk-Top PC/Note Book PC along with the attachments & Softwares mentioned above under the Home Desk-Top PC Scheme, for which I am submitting the required Performa Invoice giving details as per above. I undertake to follow all the terms & conditions of the Home Desk-Top/Note Book PC Scheme.  **Date: Signature:**\_\_\_\_\_\_\_\_\_\_\_ | | | |
| For use in HR Department **No: Date:**  Shri/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ meets the selectivity criteria and is eligible to procure a Desk-Top/Note Book PC under the Scheme. Payment as per the Performa Invoice limited to a maximum of Rs.55,000/- may be released.  **DM(Admn.)**  **Finance Deptt.** | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mktg Divn | **PERMISSION TO SELL MOTOR VEHICLE** **(MOTOR CAR/MOTOR CYCLE/SCOOTER)**  **NOTE: TO BE SUBMITTED IN TRIPLICATE** | | | | | | |
| Name | | | Designation | | Dept/Location | | EC No. |
| PARTICULARS OF MOTOR VEHICLE HELD | | | | | | |  |
| Car/M Cycle/ Scooter | Make & Model | Regn No. | | Advance Drawn  (Rs) | | Date of Advance  (Rs) | Expected Sales Proveeds  (Rs) |
|  |  |  | |  | |  | : |

I request permission to sell the above vehicle.

Purpose to sell existing vehicle:

* I intend to sell the vehicle because of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The sale proceeds will be utilized for repayment in full the balance amount of advance with interest thereon

**OR**

* I intend to acquire new/old vehicle, I have been offered a vehicle by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I intend/do not intend to apply for a new advance for purchase of Motor Vehicle.

**I UNDERTAKE**

1. to intimate DGM(HR)/DGM(A&W) \_\_\_\_\_\_\_\_\_\_\_\_ the name of the purchaser and amount of sale proceeds of vehicle as soon as the sale transaction is completed.

2. Not to sell the vehicle to any member of my family (viz. wife, children, husband, parents etc.). I declare that I do not have or likely to have any official dealings with the purchaser of motor vehicle.

DATE: SIGNATURE

**FOR USE OF HR/ADMINISTRATION DEPARTMENT**

Ref.No: Date:

1. The permission to sell above Motor vehicle is granted subject to the following terms and conditions:
2. You will have to complete the sale of the vehicle within one month from the date of this letter,
3. Before the sale of your motor vehicle, you will have to execute immediately a Demand Promissory Note as per Form No.PA-64 as security for the amount of advance outstanding from you.

**(A) IN CASE ANOTHER VEHICLE IS NOT INTENDED TO BE PURCHASED:**

1. You will have to repay in full the balance amount of advance together with interest accrued thereon, immediately after the sale of motor vehicle is completed.

**(B) IN CASE ANOTHER VEHICLE IS INTENDED TO BE PURCHASED WITHOUT NEW ADVANCE:**

1. The amount of advance outstanding shall continue to be repaid at the rate previously fixed when the advance had been granted.
2. The cost of the new vehicle should in no case be less than the amount of advance outstanding.
3. If the cost of new vehicle is more than the amount of outstanding but less than the sale proceeds of old vehicle, then the difference between the sale proceeds and the proceeds and the purchase price must be refunded to the Corporation towards the repayment of outstanding advance.
4. You will purchase another vehicle within one month from the date of sale of your existing motor vehicle.
5. After the sale of your existing vehicle and purchase of another vehicle, you will complete the Deed of Assignment for Motor Vehicle (Form No.PA72B).

**(C) IN CASE ANOTHER VEHICLE IS INTENDED TO BE PURCHASED WITH NEW ADVANCE**:

1. You should sell your existing vehicle and repay in full the balance amount of previous advance together with interest accured thereon before a new advance could be granted.

**IN CASE OF (B) AND (C) ABOVE:**

1. The new motor vehicle must be insured and hypothecated to the Corporation as required under the rule.
2. All stamp charges for execution of Demand Promissory Note and the Deed of Assignment will be borne by you.

DGM(A&W)/DGM(HR)

Encl: Form No. PA-64 & PA-72(B)

Cc: DGM(F)/CFM – Please ensure that Shri\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ completes all the formalities as per rules on the subject.

RECOMMENDATIONS OF A&W DEPT:

# **OUT STANDING PF WITHDRAWAL FOR RESIDENTIAL PURPOSE**

Dated\_\_\_\_\_\_\_\_\_\_\_\_

Undersigned has withdrawn Non-Refundable amount Rs.\_\_\_\_\_\_\_\_\_\_\_\_ for purchase of Residential unit Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from INDIAN OIL CORPORATION LTD (RD) EPF TRUST along with HBA from Indian Oil Corporation for the above mentioned Residential accommodation .

Kindly confirm the amount as per EPF Trust records.

( )

Signature

Name of the Employee

Employee No.

SACO (PF)

As per records of the IOCL (RD) EPF, an amount of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was paid for acquiring the above residential accommodation

SACO (PF)

# **INDIAN OIL CORPORATION LTD**

# **STATEMENT OF IMMOVABLE PROPERTY ON 1st Jannuary……..**

**PLEASE ENSURE THE FOLLOWING :**

* **NO COLUMN SHOULD BE LEFT BLANK.**
* **THE DATE OF FILING THE RETURN MUST BE FILLED (BELOW SIGNATURE )**

**EMPLOYEE'S DETAILS :**

|  |  |  |
| --- | --- | --- |
|  | NAME OF THE EMPLOYEE (IN FULL) |  |
|  | EMPLOYEE NO. |  |
|  | PRESENT POST HELD |  |
|  | UNIT/LOCATION |  |
|  | DATE OF PROMOTION/APPT IN PRESENT GRADE |  |
|  | PRESENT GRADE & BASIC PAY |  |

**DETAILS OF PROPERTY (Refer Rule 22 of the CDA RULES, 1980)**

**(In case of more than one property, separate sheet may be used)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Complete address of property including name of District, Taluk & village etc. in which Property is situated |  | |
| 2 | Housing & other buildings (with plinth/covered area, No. of storeys) |  | |
| 3 | Other lands (with measurement) |  | |
| 4 | Value (Rs.) (In case where it is not possible to assess the value accurately, the approximate value in relation to present condition may be indicated) | At the time of acquisition | Present |
|  |  |
| 5 | If not in own name, state in whose name held and his/her relationship to the employee |  | |
| 6 | How acquired whether by purchase, lease\*, mortgage, inheritance gift or otherwise  (\*includes short term lease also) |  | |
| 7 | Date of acquisition |  | |
| 8 | Name, address of person/  persons/establishment from whom acquired |  | |
| 9 | Mode of payment if by cheque/draft, details to be furnished |  | |
| 10 | Source of income for acquiring property |  | |
| 11 | Annual Income from property |  | |
| 12 | Remarks |  | |

**Received in Personnel Deptt on \_\_\_\_\_\_\_\_\_\_\_ Signature of the employee\_\_\_\_\_\_\_\_\_\_\_\_**

**By (Name & Design.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*See overleaf*

-:2:-

**NOTE :**

1. The declaration form is required to be filled in and submitted by every officer of the Corporation under rule 22 of the Conduct, Discipline and Appeal Rules, on first appointment and thereafter **annually on the first of January** giving particulars of all immovable property held or acquired by him or by any his family member.
2. Statement should include details of the means by which or the source such as Bank/HBA/PF, etc. from which such property was acquired. The details should also include the amount taken and date/year of sanction.
3. The details of alterations/additions made since acquisition may be mentioned.
4. If there is no matter against any column/point, “NIL”/not Applicable” should be mentioned instead of leaving the column/point blank.
5. There should not be any over-writing. If there is any need of correction, earlier matter should neatly be cut and correct matter should be written with due initial and date. No erasing fluid is to be used.
6. Entries in the format should be clear and legible. If required, the same can be typed.
7. Date of filling the return must be filled (below signature)
8. If space provided in the format is found inadequate, additional page may be used.
9. Employee should sign each page
10. Any transaction concerning immovable property including disposal would be required to be reported immediately after the same is completed.

|  |  |
| --- | --- |
| ioc1 | **REIMBURSEMENT OF EXPENSES INCURRED ON****R&M OF FURNITURE/HOUSEHOLD ON HIRE BASIS** - REIMBURSEMENT VOUCHER |

This is to certify that Furniture/Household items under the above referred Scheme have been provided to me.

I further certify that an amount not less than Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been spent by me towards repair & maintenance of the furniture items.

In accordance to the Corporation's rules, I request you to reimburse the above amount to me.

Signature of Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emp.No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Finance Deptt use only**

P.C. Voucher No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A/c Code 455/10

Passed for payment Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rupees (in words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received Payment

Asstt. Acctt. ACO SACO Signature

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ioc1 | **REIMBURSEMENT OF R & M****EXPENSES FOR SELF-LEASED ACCOMMODATION** **CLAIM-CUM-VOUCHER** | | | | | | **Date**  **Place**  **Emp.No.** |
| Mktg Divn |
| **Name** | | | | | | | **Grade** |
| **Designation** | | | | **Deptt.** | | | **Rent Entitled**  **Rs. P.M.** |
| **R & M Expenses entitled:** | | | | | | |
| **Address of Leased Accommodation** | | | | | | | **Date of taking on lease** |
| **Amount claimed previous year:**  **Year:\_\_\_\_\_\_\_\_\_\_Amoutn: Rs.\_\_\_** | | | | **Amount claimed now:**  **Rs.\_\_\_\_\_\_\_ for 20\_\_ to 20\_\_\_\_** | | | **Claim for years**  **20\_\_\_ to 20\_\_\_** |
| **Certificate** | | | | | | | |
| I certify that I have incurred not less than an amount of Rs.\_\_\_\_\_\_\_\_\_ (in words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ towards repair and maintenance of the above house leased to Corporation. The same may kindly be reimbursed to me. | | | | | | | |
|  | | | | | | | Signature of  Employee |
| Recorded Page No.\_\_\_\_\_\_\_ | | | Cumulative Amount  Including this bill | | | |
| Recommended Payment  Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In words | | | | | | | **DMCL** |
| **FOR USE IN FINANCE DEPARTMENT** | | | | | | | |
| P.C. Voucher No. | | | | | Date | A/c Code | |
| Passed for payment of Rs. | | | | | | Co.Leased 455/09/  Self Leased 455/12/ | |
| (in words) | | | | | | Received Payment  Date Signature | |
| Asstt.  Actt. | | A.O.  S.A.O. | | | |

|  |  |
| --- | --- |
| Mktg Divn | **REIMBURSEMENT FOR PURCHASE OF CALCULATOR** |

|  |  |
| --- | --- |
| NAME |  |
| EC NO. |  |
| DESIGNATION |  |
| DEPARTMENT |  |
| LOCATION |  |
| GRADE |  |
| ENTITLED AMOUNT | RS. |
| DATE OF CLAIM |  |

This is to certify that I have incurred an expenditure of Rs……….(Rupees……………………………….) towards procurement of a Calculator. The same please be reimbursed to me.

Signature of Employee

Note: Grade-wise entitlement: Gr.I & II Rs.300/-

Gr.III & IV Rs.450/-

Gr.V & VI Rs.650/-

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mktg Divn | | **REIMBURSEMENT OF JOURNEY FARE FOR CHILDREN STUDYING AT OUTSTATIONS** **CLAIM-CUM-VOUCHER**  **(Under CEA Scheme)** | | | | | | | | | | | |
| Name of employee | | | | | EC No. | | | | Designation | | | | |
| Department/Location | | | | | Employee & Family’s residence: | | | | | | | | |
| Name of child/ children | | | Class of study | | DOB/Age | | Relation with employee | | Name & address of School/ College/Poly-technic/ Institute | | | Res.address of children | |
|  | | |  | |  | |  | |  | | |  | |
|  | | |  | |  | |  | |  | | |  | |
| Period of vacation when journey was performed | | | | | Calendar year in which claim is to be adjusted | | | | Reason for keeping child/children at out-station. | | | | |
|  | | | | |  | | | |  | | | | |
| Particulars | Departure | | | | Arrival | | | Class/Mode of travel | | Concession at fare paid | Ticket NO. | | Amount claimed |
| Station | | | Date | Station | Date | |
| Outward journey |  | | |  |  |  | |  | |  |  | |  |
| Return journey |  | | |  |  |  | |  | |  |  | |  |

I certify that

* The above named child/children is/are fully dependent on me and actually prosecuting studies in the school/college/polytechnic/institute as per details mentioned above. They are not studying at a place where my family is residing.
* My spouse is not availing the similar benefit from his/her employer in respect of above named child/children.
* In the event of any change in the particulars affecting my eligibility for the claim, the same will be intimated promptly and any excess payment received, will be refunded.

Place:

Date: Signature of the Employee:

**FOR USE IN EMPLOYEE RELATION DEPT**

Certified that Shri/Ms…………………………is eligible to make claim for the child/children mentioned above. Necessary entries have been made in the record.

Signature of ER Officer

**FOR USE IN FINANCE DEPATMENT**

PC Voucher No………………………Date………………A/C Code……………….

Passed for payment of Rs…………. A/C Head…………………

Asstt. AO Received payment.

Acctt. SAO Date: Signature:

|  |  |
| --- | --- |
| Mktg Divn | **REIMBURSEMENT OF SUBSCRIPTION FEE TO OFFICERS FOR MEMBERSHIP OF PROFESSIONAL BODIES/ INSTITUTION/ SOCIETIES** **– CLAIM-CUM-VOUCHER** |

DATE:

PLACE:

|  |  |  |
| --- | --- | --- |
| 1 | NAME |  |
| 2 | EC NO. |  |
| 3 | DESIGNATION |  |
| 4 | DEPARTMENT/LOCATION |  |
| 5 | GRADE |  |
| 6 | WHETHER REIMBURSEMENT SOUGHT FOR ANNUAL SUBSCRIPTION FEE OR LIFE MEMBERSHIP |  |
| 7 | NAME & ADDRESS OF PROFESSIONAL BODY/ INSTITUTION/SOCIETY FOR WHICH REIMBURSEMENT OF FEE SOUGHT |  |
| 8 | AMOUNT CLAIMED (RECEIPT FROM THE PROFESSIONAL BODY/INSTITUTION/SOCEITY TO BE ENCLOSED.) |  |
| 9 | NO.OF ENCLOSURE/S |  |
| 10 | SANCTION REFERENCE (WHERE APPLICABLE) |  |

Signature of Employee

**FOR USE IN FINANCE DEPARTMENT**

**VOUCHER NO: DATED: A/C CODE:**

**PASSED FOR PAYMENT OF RS………………..(RUPEES……………….)**

**A/C HEAD**

**AO RECEIVED PAYMENT.**

**SACO DATE: SIGNATURE**



Mktg Divn

(on Rs.100 stamp paper)

# **RENEWAL OF SELF-LEASE AGREEMENT**

RENEWAL OF LICENSE OF FLAT/HOUE NO………………………………….. AT ………………………………………. SMT/SHRI/MISS……………………… (employed) for his/her own residence.

The self license agreement dated……………… earlier executed between Shri/Smt/Ms……………………………………as Licensor and the Indian Oil Corporation Limited as Licensee stands hereby renewed and extended for a further term of ………….. years commencing from ……………………. To………….. subject however to the same terms and conditions as are those contained in the said earlier Agreement date.

SIGNED AND DELIVERED by the}

Withinnamed Licensor in the }

Presence of }

SIGNED AND DELIVERED by the }

Withinnamed Indian Oil Corporation Ltd }

Through its Constituted Attorney }

In the presence of }

|  |  |
| --- | --- |
| Mktg Divn | **REQUEST FOR AIR TICKET BOOKING ON “LTC”** |

From: Date:………………

Name of the Employee :………………………..

EC No. :………………………..

Designation :………………………..

Grade :………………………..

Department/Location :………………………..

To:

Chief/Senior Manager (A&W),

RO/HO/SO **(to be routed through ER/HR dept)**

**Sub: Booking of air ticket for air travel on LTC**

You are requested to purchase Air Tickets as per details given below to enable me/my family members to avail of LTC:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Age | Relationship | Air journey | | Flight No. | Date of flight |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Yours faithfully,

Signature of the employee

**FOR USE BY ER DEPARTMENT**

**Certified that the above employee is eligible to avail of LTC as per details given above.**

**Signature of Sr/Manager(ER)**

**Certified that tickets have been purchased as above against exchange voucher No………….dated………….. Total cost of ticket/s is/are Rs…………..**

**Dy/Manager(A&W)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mktg Divn | | **APPLICATION FOR RETENTION OF RESIDENTIAL ACCOMMODATION** | | | | | | | | |
| APPLICANT’S NAME: | | | | | | | EC NO: | | | |
| DESIGNATION: | | | | | | |  | | | |
| TRANSFERRED FROM: | | | | | | | TRANSFERRED TO: | | | |
| TRANSFER ORDER NO: | | | | | | | ORDER DATE: | | | |
| RELEASE DATE: | | | | | | | JOINING DATE: | | | |
| PERIOD OF RETENTION | | | | | | | FROM: TO: | | | |
| RETENTION YEAR | | | | | | | FIRST YEAR : YES / NO  SECOND YEAR : YES / NO  THIRD YEAR : YES | | | |
| TYPE OF ACCOMMODATION | | | | | | | CORPN. OWNED : YES/NO | | | |
| CORPN. LEASED : YES/NO | | | |
| SELF LEASED : YES/NO | | | |
| ANY OTHER : YES/NO  (PL SEPCIFY THE NATURE OF ACCODMN) | | | |
| FULL ADDRESS OF FLAT/HOUSE TO BE RETAINED | | | | | | |  | | | |
| REASONS FOR RETENTION | | | | | | | CHILD/CHILDREN’S EDUCATION : YES/NO | | | |
| DEPENDENT’S ILLNESS : YES/NO | | | |
| ANY OTHER (SPECIFY): | | | |
| WHETHER SPOUSE EMPLOYED : | | | | | | | YES/NO | | | |
| IF EMPLOYED:   1. JOB TRANSFERABLE 2. WHERE EMPLOYED | | | | | | | YES/NO | | | |
| **DETAILS OF CHILD/CHILDREN’S EDUCATION: (SON/DAUGHTER):** | | | | | | | | | | |
| S.NO | NAME | | | SON/DAUGHTER | | CLASS-X (Y/N) | | | CLASS-XII (Y/N) | ANY OTHER |
| 1 |  | | |  | |  | | |  |  |
| 2 |  | | |  | |  | | |  |  |
| 3 |  | | |  | |  | | |  |  |
| **DETAILS OF DEPENDENT’S ILLNESS:** | | | | | | | | | | |
| NAME/ RELATIONSHIP | | | AGE | | DISEASE | | | TREATMENT AVAILABLE AT PLACE OF POSTING (Y/N) | | |
|  | | |  | |  | | |  | | |
|  | | |  | |  | | |  | | |
|  | | |  | |  | | |  | | |
|  | | |  | |  | | |  | | |

-: 2 :-

ANY OTHER RELEVANT INFORMATION:

Certified that the information furnished above is true. Noted that the residential telephone, if provided, shall be withdrawn as per policy.

Also request for allotment of transit accommodation at my current place of posting is subject to such accommodation being provided by the Corporation and is available. I will bear the charges as applicable.

I accept that approval of retention of accommodation has no bearing o the duration of my current posting, or on the location of my next posting.

Date:

Signature of the Applicant:

Location Incharge:

HOD:

GM,StateOffice/DGM(HR),Region:

DGM(A&W),HO:

GM(HR),HO::

ED(HR):HO



Mktg Divn

# **REIMBURSEMENT OF EXPENSES INCURRED TOWARDS SCHOOL ADMISSION ON TRANSFER**

I have actually incurred not less than Rs…………….(Rupees…………………………………. Only) in connection with the School admission of my child/children who are upto 18 years of age. The name(s) of my child/children is/are as under:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S No. | Name | Age | Dt of admission | Std/Class | Name of the School |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

I also certify that on my transfer from ……………………. To ………………., vide Order No……………… dated…………….I have shifted my family to new place of posting.

Hence, kindly reimburse a sum of Rs…………….(Rupees…………………………………….only) to me.

Date:

Signature:

Name:

EC No.

Designation:

Location:



IndianOil

Form-A

# **EMPLOYEES SUPERANNUATION BENEFIT FUND SCHEME**

To:

Life Insurance Corporation of India,

Delhi Divisional Office, New Delhi.

**Master Proposal dated 09.05.1988. Group Annuity Policy No.GA-47418**

1. **Particulars of the member on whose life annuity is to be effected:**

|  |  |
| --- | --- |
| (a) Master Policy membership No:  **GA/47418** | (b) Employee No: |
| © Full name of the Member: | (d) Sex: |
| (e) Designation & Place of Posting: | (f) Category: |
| (g) LWP/EOLWP (if any): | (h) Reason & date of separation:  (Superannuation/VR/Resignation): |
| (i) Date of Birth: | (j) Notional date of Superannuation: |
| (k) Date of entry into the SABF Scheme: | (l) Date of joining IOC: |
| (m) Date of promotion from Non-Officer to Officer & Designation: | (n) Bank details: |
| (o) Address for Correspondence: | |
| (p) Last Drawn salary: (BP:\_\_\_\_\_\_\_+ DA\_\_\_\_\_\_+ VDA\_\_\_\_\_\_\_\_+PP\_\_\_\_\_\_+ SI\_\_\_\_\_\_= Total:\_\_\_\_\_\_\_\_\_\_ ) | (q) Salary as on 01.01.03: (BP:\_\_\_\_\_\_\_+ DA\_\_\_\_\_\_+ VDA\_\_\_\_\_\_\_\_+PP\_\_\_\_\_\_+ SI\_\_\_\_\_\_= Total:\_\_\_\_\_\_\_\_\_\_ ) |

2. Particulars of Spouse (For Joint Life Options only):

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | Address |
|  |  |  |

3. Particulars of the Nominee(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date of Birth | Relationship | Address for Communication | Share % age |
|  |  |  |  |  |
|  |  |  |  |  |

4. Particulars of Guardian of Minor/Spastic Children/Alternative Nominee

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S No. | Name of minor/ spastic/major nominee | Status\* | Name, age/ add. Of guardian, alternative nominee | Status\* | Alternative Nominee/ Guardian’s relationship with | |
| \*MAN/MN/ SN/AN/G | Employee |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**\*Satus: MAN-Major Nominee;MN-Minor Nominee;SN-Spastic Nominee;AN-Alternative Nominee;G-Guardian.**

|  |  |
| --- | --- |
| 5. Description of option as opted by member: | Option No:\_\_\_\_\_\_ |
| 6. Stae whether 1/3rd purchase price of annuity is to be commuted (tick the appropriate choice) | YES / NO |
| 7. Benefit payable | Yearly / Half yearly / Quarterly / Monthly |
| 8. Due date of first payment of benefit |  |

(Signature of Witness) (Signature of Employee)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verified by (PO/SPO/DMP)

Emp No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Purchase Price of Annuity:\_\_\_\_\_\_\_\_\_\_\_\_\_Interest:\_\_\_\_\_\_\_\_\_\_Total:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Particulars of cheque No:\_\_\_\_\_\_\_\_\_\_\_\_dated\_\_\_\_\_\_\_\_\_paid to LIC.

12. LIC D.O.C. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dated\_\_\_\_\_\_\_\_\_\_\_\_.

13. Discharge of Ass.No.\_\_\_\_\_\_\_\_\_\_\_\_Under Master Policy No.GA-47418.

On the life of Shri/Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby acknowledge receipt from the Life Insurance Corporation of India, of the sum of Rs.\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_only) in settlement and discharge of all my/our claims and demands in respect of Monthly/Quarterly/Half Yearly/Yearly instalment(s) of annuity Rs.\_\_\_\_\_\_\_\_\_ due from\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in respect of the above Assurance.

Dated at \_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_- day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_.

Revenue stamp of Re.1/-

Signature of Shri/Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee/beneficiary

**ATTESTED:**

CH/Trustee, Indian Oil Corporation Limited Employees’ Superannuation Benefit.

\* Period should be one year from first due date of payment.

We do hereby propose for Annuities on the lives of the above mentioned members/beneficiaries in accordance with the Rules of the fund and confirm the accuracy of the above particulars and agree that the said particulars shall form the basis of the annuities to be effected by the Corporation.

Dated:\_\_\_\_\_\_\_\_\_

Place:\_\_\_\_\_\_\_\_\_\_

Signature of the proposer (Trusees) for self & on behalf of the

Co-Trustees of IOCL – Employees’ Superannuation Benefit Fund

**NOTES:**

1. **Option No. description is to be written by member in his own handwriting.**
2. **Income Tax from Superannuation Benefit will be deducted as per Income Tax Act/Rules in force from time to time.**
3. **An attested copy of documentary evidence in support of age proof of spouse (incase of joint life option) is to be attached in the form of School Leaving Certificate, Birth Registration Certificate, Pass Port on in the absence of all the above documents an Elder Family member’s declaration in affidavit form on Rs.100/- stamp paper is to be attached.**
4. **It is mandatory for members to submit the Existence Certificate (Copy attached) as indicated below:**

***Option Nos. 5 & 8 : Once in 3 years (by the month of June).***

***Other options : Every year in the month in which the member superannuated****.*

**DESCRIPTION OF RECURRING BENEFIT OPTIONS:**

|  |  |
| --- | --- |
| Option No.1 | For life time of member only. No benefit shall accrue to family after death of member. |
| Option No.2 | Life time of the member with a guaranteed period for 5 years. |
| Option No.3 | Life time of the member with a guaranteed period for 10 years. |
| Option No.4 | Life time of the member with a guaranteed period for 15 years. (Standard Option) |
| Option No.5 | Life time of the member with refund of principal annuity amount to the beneficiary at the time of death of the member. |
| Option No.6 | Joint life time of the member as well as his/her spouse. |
| Option No.7 | Life time of the member with guaranteed benefit for 20 years. |
| Option No.8 | Joint life and last survivor pension with return of capital. |

**DESCRIPTION OF REHABILITATION OPTIONS:**

|  |  |
| --- | --- |
| R/1 Option | 40% of last salary \*\* drawn (Basic + DA + Ad-hoc+ NPA\*\*\*) guaranteed for 15 years or life time whichever is longer |
| R/2 Option | Full salary last drawn (Basic+ DA+ Ad-hoc+\*\* NPA\*\*\*) till attaining the notional age of superannuation and thereafter normal superannuation benefit based on actual years of service. PF accumulation, and amount of Gratuity, Leave Encashment, Group Insurance Scheme (PF) shall be deposited with the Corporation. |
| R/3 Option | Employment of eligible, suitable dependent son/daughter alongwith benefit under Superannuation Benefit Scheme based on actual year of service. |

\*\* Ad hoc relief to be computed only in case of officers

\*\*\* NPA to be computed only in case of Medical Officers.



Indian Oil Corporation Limited

**Form-B**

**EMPLOYEES SUPERANNUATION BENEFIT FUND SCHEME**

To:

Life Insurance Corporation of India,

Delhi Divisional Office, New Delhi.

**Master Proposal dated 09.05.1988. Group Annuity Policy No.GA-47418**

1. **Particulars of the member (Deceased/Disabled employee):**

|  |  |
| --- | --- |
| (a) Master Policy membership No:  **GA/47418** | (b) Employee No: |
| © Full name of the Member: | (d) Sex: |
| (e) Designation & Place of Posting: | (f) Category: |
| (g) LWP/EOLWP (if any): | (h) Date of Death/Permanent disablement: |
| (i) Date of Birth: | (j) Notional date of Superannuation: |
| (k) Date of entry into the SABF Scheme: | (l) Date of joining IOC: |
| (m) Date of promotion from Non-Officer to Officer & Designation: | (n) Bank details: |
| (o) Address for Correspondence: | (p) Rehabilitation Option exercised: |
| (q) Last Drawn salary: (BP:\_\_\_\_\_\_\_+ DA\_\_\_\_\_\_+ VDA\_\_\_\_\_\_\_\_+PP\_\_\_\_\_\_+ SI\_\_\_\_\_\_= Total:\_\_\_\_\_\_\_\_\_\_ ) | (r) Salary as on 01.01.03: (BP:\_\_\_\_\_\_\_+ DA\_\_\_\_\_\_+ VDA\_\_\_\_\_\_\_\_+PP\_\_\_\_\_\_+ SI\_\_\_\_\_\_= Total:\_\_\_\_\_\_\_\_\_\_ ) |

1. Particulars of Beneficiary

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Relationship | Address |
|  |  |  |  |

3. Particulars of the Nominee(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date of Birth | Relationship | Address for Communication | Share % age |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

4. Particulars of Guardian of Minor/Spastic Children/Alternative Nominee

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S No. | Name of minor/ spastic/major nominee | Status\* | Name, age/ add. Of guardian, alternative nominee | Status\* | Alternative Nominee/ Guardian’s relationship with | |
| \*MAN/MN/ SN/AN/G | Employee |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**\*Satus: MAN-Major Nominee;MN-Minor Nominee;SN-Spastic Nominee;AN-Alternative Nominee;G-Guardian.**

|  |  |
| --- | --- |
| 5. Description of option as opted by member: | Option No:\_\_\_\_\_\_ |
| 6. Stae whether 1/3rd purchase price of annuity is to be commuted (tick the appropriate choice) | YES / NO |
| 7. Benefit payable | Yearly / Half yearly / Quarterly / Monthly |
| 8. Due date of first payment of benefit |  |

(Signature of Witness) (Signature of Employee)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verified by (PO/SPO/DMP)

Emp No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Purchase Price of Annuity:\_\_\_\_\_\_\_\_\_\_\_\_\_Interest:\_\_\_\_\_\_\_\_\_\_Total:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Particulars of cheque No:\_\_\_\_\_\_\_\_\_\_\_\_dated\_\_\_\_\_\_\_\_\_paid to LIC.

12. LIC D.O.C. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dated\_\_\_\_\_\_\_\_\_\_\_\_.

13. Discharge of Ass.No.\_\_\_\_\_\_\_\_\_\_\_\_Under Master Policy No.GA-47418.

On the life of Shri/Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby acknowledge receipt from the Life Insurance Corporation of India, of the sum of Rs.\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_only) in settlement and discharge of all my/our claims and demands in respect of Monthly/Quarterly/Half Yearly/Yearly instalment(s) of annuity Rs.\_\_\_\_\_\_\_\_\_ due from\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in respect of the above Assurance.

Dated at \_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_- day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_.

Revenue stamp of Re.1/-

Signature of Shri/Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee/beneficiary

**ATTESTED:**

CH/Trustee, Indian Oil Corporation Limited Employees’ Superannuation Benefit.

\* Period should be one year from first due date of payment.

We do hereby propose for Annuities on the lives of the above mentioned members/beneficiaries in accordance with the Rules of the fund and confirm the accuracy of the above particulars and agree that the said particulars shall form the basis of the annuities to be effected by the Corporation.

Dated:\_\_\_\_\_\_\_\_\_

Place:\_\_\_\_\_\_\_\_\_\_

Signature of the proposer (Trusees) for self & on behalf of the

Co-Trustees of IOCL – Employees’ Superannuation Benefit Fund

**NOTES:**

1. **Option No. description is to be written by member in his own handwriting.**
2. **Income Tax from Superannuation Benefit will be deducted as per Income Tax Act/Rules in force from time to time.**
3. **An attested copy of documentary evidence in support of age proof of spouse (incase of joint life option) is to be attached in the form of School Leaving Certificate, Birth Registration Certificate, Pass Port on in the absence of all the above documents an Elder Family member’s declaration in affidavit form on Rs.100/- stamp paper is to be attached.**
4. **It is mandatory for members to submit the Existence Certificate (Copy attached) as indicated below:**

***Option Nos. 5 & 8 : Once in 3 years (by the month of June).***

***Other options : Every year in the month in which the member superannuated****.*

**( Application for Option No.8 only )**

FORM - ‘C’

**FORM OF APPOINTMENT OF BENEFICIARY UNDER**

**THE RULES OF INDIANOIL EMPLOYEES SUPERANNUATION SCHEME**

-------------------------------------------------------------------------------------------------------------------

The Trustees,

Indianoil Employees Superannuation Scheme,

(Marketing Division), HO, Mumbai.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a member of Indianoil Employees Superannuation Scheme, having exercised the option to receive a Joint Life and Last Survivor Pension with return of capital payable on the death of the survivor of myself and my spouse, hereby appoint in term of the Rule headed “APPOINTMENT OF BENEFICIARY” in the Rules governing the Scheme my (relationship) \_\_\_\_\_\_\_\_\_\_\_ named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_aged\_\_\_\_\_\_\_\_\_\_\_\_\_\_years and whose address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the alternative beneficiary to whom the monies payable under the Rules of the Scheme (i.e. the return of capital) as per the above option, shall be paid.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_200 .

( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Name & Signature of Member

WITNESSED BY :-

1. Signature :

2. Name :

3. Address :

1. Signature :

2. Name :

3. Address :

**Form-D**

**(FORMAT TO BE FILLED IN CASE RETENTION OF**

**PROVIDENT FUND AMOUNT TO THE CORPORATION. )**

-------------------------------------------------------------------------------------

From : - Place :

Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emp.No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To,

The Trustees of Provident Fund for the Employees

of Indian Oil Corporation Limited,

(Marketing Division),

Indianoil Bhavan,

G-9, Ali Yavar Jung Marg,

Bandra (East),

MUMBAI – 400 051.

**Sub.: Retention of my PF amount, Account No.\_\_\_\_\_\_\_\_\_.**

-------------------------------------------------------------------------------------------

Sir,

I will be retiring from the services of the Corporation with effect from \_\_\_\_\_\_\_\_\_\_\_\_\_(A/N) on attaining the age of superannuation. I would like to retain my P.F. amount with the Corporation for the time being till further advice from me.

I am aware that as per PF Trustees’ decision, I am allowed to retain PF with the Indian Oil Corporation Limited only for 8 years, on superannuation. After 8 years, if the balance PF is not withdrawn, the same will be transferred to ‘Ceased Members Account’, which not earn any interest thereafter.

Yours faithfully,

( ------------------------------------------------------- )

**Name in Block letters & Signature**

**Correspondence address after superannuation:**

**Form-E**

**(LETTER FOR PF SETTLEMENT)**

From : Place : MUMBAI.

Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emp.No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To,

The Trustees of Provident Fund for the Employees

of Indian Oil Corporation Limited,

(Marketing Division),

Indianoil Bhavan,

G-9, Ali Yavar Jung Marg,

Bandra (East),

MUMBAI – 400 051.

Sir,

**Sub :** **Request for settlement of my PF A/c No. .**

I will be retiring from the services of the Corporation with effect from \_\_\_\_\_\_\_\_\_\_

on attaining the age of superannuation. I therefore, request you to kindly settle my PF Account at the earliest. I am enclosing herewith a Blank Advance Receipt duly signed and witnessed.

Yours faithfully, ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Name in Block letters & Signature

Encl. : Advance Receipt.

**Form-F**

**ADVANCE RECEIPT**

DATE :

STATION :

RECEIVED FROM THE TRUSTEES OF PROVIDENT FUND FOR THE

EMPLOYEES OF INDIAN OIL CORPORATION LIMITED ( MARKETING

DIVISION) A SUM OF RS.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (RUPPES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ONLY) IN FULL &

FINAL SETTLEMENT OF MY PROVIDENT FUND ACCOUNT NO.\_\_\_\_\_\_\_\_.

Rs.1.00

Revenue

Stamp

# **NAME IN BLOCK LETTER &**

# **SIGNATURE ON REVENUE STAMP.**

WITNESS SIGNATURE :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME :**

**OCCUPATION :**

ADDRESS :

--------------------------------------------------------------------------

---------------------------------------------------------------------------

**Form-G**

**(LETTER FOR SETTLEMENT OF GRATUITY / EL / SICK LEAVE)**

Place :

From :

Shri/Smt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :

Emp.No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To,

Executive Director(HR),

GM(HR)/Dy.GM(HR),

Indian Oil Corporation Limited

(Marketing Division)

HO/NR/ER/WR/SR.

------------------------------

Sir,

**Sub. : Request for settlement of my Gratuity / Earned Leave / Sick Leave.**

I will be retiring from the services of the Corporation with effect from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (A/N) on attaining the age of superannuation. I therefore, request you to kindly settle and arrange to pay my Gratuity / Encashment of my Earned Leave and Sick Leave as may be due to me, as per the rules of the Corporation.

I hereby undertake to settle the dues of the Corporation, if any and also vacate the Corporation’s leased / owned / allotted flat which I am presently occupying on or before the date of my retirement. In case I am unable to vacate the Corporation’s leased / owned / allotted accommodation before the date of my retirement, payment of my Gratuity / Leave Encashment may be withheld till I vacate the same and handover the vacant possession to the Corporation.

Yours faithfully,

**(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**Name in block letters & Signature**

**Form-H**

**APPLICATION FOR ENROLMENT UNDER IOC POST-RETIREMENT MEDICAL ATTENDANCE FACILITY**

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The HR Deptt.

Indian Oil Corporation Ltd.

Unit. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir,

I would like to avail of the benefit under the Corporation's Scheme for Post-Retirement Medical Attendance Facility and request that I may please be enrolled as a member. I give below the required information for enrolment. (unfilled columns to be filled up by the Applicant).

1. Details as on last day of employment in IOC:

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  | DESIGNATION | EMP.NO. |
| DEPT/UNIT |  | GRADE | BASIC PAY |
| DATE OF  BIRTH |  | DATE OF  SEPARATION | REASON FOR  SEPARATION |

1. Details of continuous employment in IOC/Public Sector/Government Service:

|  |  |  |
| --- | --- | --- |
| NAME & ADDRESS OF THE ORGANISATION | PERIOD OF EMPLOYMENT | |
|  | FROM | TO |
|  |  |

1. Address for correspondence & Telephone No., if any:

|  |
| --- |
|  |

1. Details about the beneficiaries:
2. Spouse

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Spouse | Date of Birth | Specimen Signature | Whether Spouse employed in IOC | |
|  |  |  | Yes | No |

In case the spouse is/was employed in IOC

|  |  |  |  |
| --- | --- | --- | --- |
| Post | Grade | Unit | Date of Superannuation |
|  |  |  |  |

1. Dependent Parents

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Date of Birth | Specimen Signature |
| Mother |  |  |  |
| Father |  |  |  |

5. Rate of Contribution (one time non-refundable):

Officers: (One Time Lumpsum Contribution)

For Self : Rs.6375/- for Chairman & Functional Directors

Rs.6000/- for Grade ‘G’ to ‘I’

Rs.5500/- for Grade 'D' to ‘F’ and above

Rs.4625/- for Grade 'B' & 'C'

Rs.3750/- for Grade 'A'

For every additional eligible beneficiary (Spouse/Father/Mother) - Rs.1875/-.

Non-Officers: (One time lumpsum Contribution)

For Self : Rs.2250/- for Grade 'VI'

Rs.1875/- for Grades 'I' to 'V'

For every additional eligible beneficiary (Spouse/Father/Mother) - Rs.950/-.

1. Option for Reimbursing Unit:

Please indicate the name of the unit viz. HO, NRO, ERO, SRO, WRO or any State Office, Ref. HQ, PL HQ,

|  |
| --- |
|  |

7. Declaration:

1. In case any free/ reimbursable, medical attendance facility is/ will be received in respect of myself and/ or other eligible beneficiaries from any other source, I shall make a prompt disclosure of the same to the Corporation.
2. I understand that Management may in its sole discretion terminate my membership if it is satisfied that the benefits under the Scheme is misused.
3. I also understand that the Scheme and/ or the benefits thereunder shall be liable to be withdrawn and made in-operative at any time and shall not deemed to be matter of right or contract or term/ condition of employment.
4. I have further to say that I have read & understood the Scheme and shall abide by its rules and regulation in force and as amended from time to time.
5. I certify that my spouse (as an ex-employee) is not a member under the Corporation's Scheme for Post-Retirement Medical Attendance Facility for Officers/Non-officers.
6. I certify that my parents are fully dependent on me as per the Rules of IOC.
7. I hereby attach herewith cheque No.\_\_\_\_\_\_\_\_\_\_\_\_\_ dated\_\_\_\_\_\_\_\_\_\_\_ for Rs.\_\_\_\_\_\_\_\_, drawn on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Bank)/\*authorise deduction of Rs.\_\_\_\_\_\_\_\_\_\_\_\_on account of contribution towards membership for self, spouse, mother & father under Post Retirement Medical Scheme from the final settlement of my dues.

* Delete/strike out whichever is not applicable.

(Signature of the Applicant)

**===========================================================================**

**(FOR USE IN PERSONNEL DEPARTMENT)**

Certified that Shri /Smt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ alongwith his/her spouse, mother, father is eligible to be enrolled as a member in Group \_\_\_\_\_\_\_\_\_\_\_ of the Scheme w.e.f.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. An amount of Rs.\_\_\_\_\_\_\_\_\_\_\_\_ may be deducted from the dues as requested by the employee.

The enrolment letter is being issued separately.

SPO/PM/SPM

=======================================================================

(FOR USE IN FINANCE DEPARTMENT)

The amount of Rs.\_\_\_\_\_\_\_\_\_has been deducted from the dues payable to Shri/Smt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is credited to A/C Code

A/C Head

**Form-I**

**CERTIFICATE FOR AVAILING MEDICAL FACILITY IN RESPECT OF SPOUSE UNDER POST RETIREMENT MEDICAL ATTENDANCE SCHEME**

1. **THIS IS TO CERTIFY THAT MY SPOUSE IS NOT AVAILING MEDICAL FACILITY IN CASH OR KIND OR BOTH FROM ANY OTHER SOURCE.**
2. **THIS IS TO CERTIFY FURTHER THAT MY HUSBAND STAYS WITH ME UNDER THE SAME ROOF. \***

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emp.No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* APPLICABLE IN CASE OF FEMALE EMPLOYEE ONLY**

**Form-J**

IDENTITY CARD

(FOR AVAILING POST-RETIREMENT MEDICAL ATTENDANCE FACILITY)

VALID FOR A PERIOD OF FIVE YEARS FROM THE DATE OF ISSUE

(A) Name of the (former) Employee :

Employee No. :

Date of Birth :

Identification Mark :

Date of Superannuation/Separation :

Grade/Designation :

(as on the date of superannuation)

Blood Group :

(Stamp Size photograph of Employee-to be attested by dealing officer of "ER/HR" Deptt/Gazetted Officer)

(B) Name of the spouse :

Date of Birth :

Identification Mark :

Blood Group :

(Stamp Size photograph of Spouse-to be attested by dealing officer of "ER/HR" Deptt/Gazetted Officer)

(C) Name of the Dependent Father :

Date of Birth :

Identification Mark :

Blood Group :

(Stamp Size photograph of Dependent Father-to be attested by dealing officer of "ER/HR" Deptt/Gazetted Officer)

(D) Name of the Dependent Mother :

Date of Birth :

Identification Mark :

Blood Group :

(Stamp Size photograph of Dependent Mother -to be attested by dealing officer of "ER/HR" Deptt/Gazetted Officer)

(E) Full Address :

Present :

Permanent :

(F) Date of Issue of Identity Card :

Place :

Signature & Designation of Issuing Authority

=========================================================================

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Specimen signature of employee |  |  |
| 2 | Specimen signature of spouse |  |  |
| 3 | Specimen signature of dependent father |  |  |
| 4 | Specimen signature of dependent mother |  |  |

Certified that the above signatures are those of the employees, his/her spouse and his dependent father & mother.

Signature & Designation of dealing officer of ‘ER/HR" Deptt.

NB. :- Self – 4 , Spouse –3 and Dependent Parents/Childrens-2, coloured Photographs (size 1 ” x 1 ”) to be attached alongwith this Format.

**Form-K**

**(FOR RETIRED EMPLOYEE’S IDENTITY CARD)**

INDIAN OIL CORPORATION LTD.

MARKETING DIVISION

Name of the Employee :

Employee No. :

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth :

Address :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Retirement/ :

Voluntary Retirement

Notional date of Retirement :

Blood Group : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form-L**

#### FURNITURE/HOUSEHOLD ITEMS ON HIRE – PURCHASE.

From : PLACE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emp.No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To,

General Manager(A&W)/

Dy.General Manager(HR),

Indian Oil Corporation Ltd.,

(Marketing Division)

HO/NR/ER/WR/SR.

------------------------------

Dear Sir,

**Sub.: Furniture/Household Items on hire – purchase.**

----------------------------------------------------------------------------------

I had availed of the Furniture Loan facility for purchase of various items of furniture/ household items, listed below:-

|  |  |  |  |
| --- | --- | --- | --- |
| SL.No. | Items of Furniture | Date of Purchase | Cost |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Since I am retiring from the services of the Corporation, I wish to purchase the above mentioned items of furniture/household items at the book value as worked out on the basis of revised depreciation rates subject to minimum residual value as per the Corporation’s rules.

Yours faithfully,

( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

##### Name in block letters & Signature

**Form-M**

**RETENTION OF HOUSING ACCOMMODATION**

From : Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emp.No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place : \_\_\_\_\_\_\_\_\_\_\_\_

Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_

Location :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To,

Executive Director(HR)/

Dy.General Manager(HR),

Indian Oil Corporation Ltd.,

(Marketing Division)

HO/NR/ER/WR/SR.

------------------------------

Dear Sir,

I am superannuating from the services of the Corporation w.e.f.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Presently I am occupying Corporation owned/leased flat at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Since I am not in a position to vacate the Corporation leased/owned/allotted accommodation due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on or before the date of my retirement, I hereby submit my undertaking on Rs.100/- Stamp Paper, as desired by you, indicating the date on which I will be able to vacate the Corporation leased/owned/allotted accommodation, allotted to me.

Yours faithfully,

( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

##### Name in block letters & Signature

Encl.: As above

**ANNEXURE-1**

**(ON RS. 100/- NON-JUDICIAL STAMP PAPER)**

**UNDERTAKING**

THIS DEED OF UNDERTAKING given on this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ 200

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an employee of Indian Oil

Corporation Ltd.(hereinafter referred to as **“the employee”**) in favour of Indian Oil Corporation Limited having its Registered Office at G-9, Ali Yavar Jung Marg, Indianoil Bhavan, Bandra(East), Mumbai-400 051(hereinafter referred to as **“the Corporation”.)**

**WHEREAS :**

1. The employee in accordance with the service conditions is retiring from the Corporation on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. The said employee had been allowed the use of the Corporation leased/owned flat situated at Flat No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereinafter called the **“the said flat”**, during the tenure of his employment in accordance with the rules and regulations of the Corporation, which the employee is fully aware.

1. The employee has now requested the Corporation to permit him/her to occupy the said flat till \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which the Corporation had agreed to do upon the employee executing this Undertaking in favour of the Corporation.

NOW THIS DEED WITNESSETH that the employee hereby agrees, declares, convenants and undertakes to the Corporation that he shall without any protest or objection surrender and hand over peaceful and vacant possession of the said flat to the Corporation on or before \_\_\_\_\_\_\_\_\_\_\_\_\_ , and to remove himself and his/her belongings and effects and all his dependants or family members staying with him/her in the said accommodation and the employee further declares and assures the Corporation that he shall hold the said occupation only in trust and for and on behalf of the Corporation and as the absolute property of the Corporation and in the event of the employee violating any of the provisions of this Undertaking, the Corporation shall without prejudice to all its rights and remedies be entitled to take proceedings under Section 630 of the Companies Act, 1956 and/or under the provisions of the Indian Penal Code and in addition of the law for the time being in force.

The employee hereby agrees, declares, convenants and undertakes to the Corporation that benefits including retirement benefits due to the employee such as Encashment of Earned Leave/Sick Leave/Half Pay Leave, GSLIS, PLI, PIS or any other arrears of salary shall be settled by the Corporation only after the employee hands over the peaceful and vacant possession of the said accommodation allotted to him/her together with the fixtures and fittings, if any, after the permitted period is over.

As regards PRMAF, sthe employee agrees that only hospitalization may be permitted in case of serious sickness as notified under the Medical Rules/accidents till vacation of Company owned/leased accommodation allotted to the employee. The employee also agrees that in case of default in vacating and handing over peaceful possession to IOC of the said accommodation after retention period is over, he/she will not be continues as a member under PRMAF.

The employee further confirms that he/she has signed this Undertaking voluntarily and that it shall be irrevocable and shall bind also his/her heirs, executors, administrators and legal representatives.

SIGNATURE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF THE EMPLOYEE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESIGNATION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE NO. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITNESSES :**

(Signature, Name & Address )

1. ---------------------------------------------------------------

**---------------------------------------------------------------**

**---------------------------------------------------------------**

**---------------------------------------------------------------**

1. ----------------------------------------------------------------

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**BEFORE ME.**

**Form-N**

**( LETTER FOR REFUND OF SAVING PORTION OF GSLI )**

**---------------------------------------------------------------------------------------------**

**FROM:-** PLACE **:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emp.No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE :\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO :**

General Manager(A&W),

IOC Ltd., HO, Mumbai.

**Sub.: Refund of Group Savings Linked Insurance.**

Dear Sir,

As I will be Superannuating/Vol.retiring/Resigning from the services of this Corporation w.e.f. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, kindly arrange refund of the savings portion of the amount standing to my credit under the Group Savings Linked Insurance Scheme, at the address given below:-

**I give below my particulars to enable you to arrange the refund :-**

1) Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Employee No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) Residential Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(After Retirement)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Yours faithfully,

**( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )**

Name in Block Letters & Signature

**Form-O**

**INDIAN OIL EMPLOYEES’ WELFARE COOPERATIVE SOCIETY LTD.**

**Regd.Office : G/9, Ali Yavar Jung Marg, Bandra(East), Mumbai – 400 051.**

**------------------------------------------------------------------------------------------------------------------**

DATE :

To,

The Secretary,

Indian Oil Empoyees’ Welfare Co.Op.Soc.Ltd.,

G-9, Ali Yavar Jung Marg,Bandra(E),Mumbai-400 051.

Sub.: Refund of Share Money/Subscription.

Dear Sir,

Consequent to my retirement/resignation/Vol.Retirement from the servicess of the Indian Oil Corporation Limited with effect from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(A/N), I hereby tender my resignation from your Society. Please arrange to refund the amount to my credit being the Share Money and Monthly Subscriptions accumulated on the following address and oblige. Necessary Advance Stamped Receipt for the amount payable to me is also enclosed herewith to meet your legal and audit requirements.

Yours faithfully,

Residential Address : (In Capital Letters)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emp. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PIN CODE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ADVANCED STAMPED RECEIPT**

Received an amount of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ only) from Indian Oil Employees’ Welfare Society Limited, Bandra, Mumbai towards refund of Share Money and Monthly Subscription accumulated to me.

Rs. 1/-

Revenue

Stamp

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emp.No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**FOR OFFICE USE OF THE UNIT**

Certified that Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bearing Emp.No.\_\_\_\_\_\_\_\_\_\_\_ has

resigned/retired/terminated from the services of the Corporation w.e.f. \_\_\_\_\_\_\_\_\_\_\_\_\_\_. His contribution @ Rs.10/- was recovered upto his date of cessation i.e. \_\_\_\_\_\_\_\_\_\_\_\_\_ is the last month of such recovery. No further money will be recovered or adjusted from his dues.

**OFFICER IN CHARGE OF SALARY SECTION.**

DATE :

NB : THIS FORM SHOULD BE FILLED IN AND CERTIFIED BY THE SALARY SECTION BEFORE FORWARDING TO THE SOCIETY.

**Form-P**

**REFUND OF DUES WITH THE INDIAN OIL EMP.CO.OP.CREDIT SOCIETY LIMITED.**

Date :

**To**

**The Secretary**

**Indian Oil Emp.Co.Op.Credit Society Ltd.,**

**G-9, Ali Yavar Jun Marg,**

**Bandra(East),**

**Mumbai – 400 051.**

**Dear Sir,**

Sub.: Refund of my dues with the Indian Oil Emp.Co.Op.

Credit Society Limited.

**As I will be superannuating from the services of Indian Oil Corporation Ltd., w.e.f. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(A/N), I would request you to settle my dues lying with you at the earlier. To enable you to arrange this refund, treat this letter as my resignation and send the cheque to the below mentioned address.**

**Yours faithfully,**

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

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

**Emp.No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Location : ----------------------------------------**

**Address**  : -----------------------------------------

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ADVANCED STAMPED RECEIPT

**Received an amount of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the Indian Oil Employees’ Co.Op. Credit Society Ltd., Bandra(East), Mumbai, towards refund of Share Money and Monthly subscription accumulated to me.**

Rs. 1/-

Revenue

Stamp

**Signature on Revenue Stamp**

NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emp.No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form-Q**

**SUB. : MAILING OF HOUSE JOURNAL.**

It is proposed to mail the House Journal to those retiring from the services of the Corporation. Kindly indicate your option for the same in the form given below (in duplicate) : -

a) Would you like to continue

to receive the Corporations

House Journal/Regional : Yes/No

News Journal.

1. If ‘Yes’ please indicate : 1) Indianoil News

preference. - Hindi/English.

1. Regional/Unit

News Journal.

c) Please indicate full Name & : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address to which the Journal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

should be mailed to you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emp.No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copy to : -**

* **Corporate Communication Deptt., HO.**
* **CC dept, \_\_\_\_\_\_\_\_\_Region, for necessary action please.**

**ANNEXURE-2**

**ON RS.20/- STAMP PAPER**

**UNDERTAKING AT THE TIME OF CESSATION OF SERVICE**

I, Shri/Smt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Indian Inhabitant, presently working as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Emp.No. \_\_\_\_\_\_\_\_\_\_), Indian Oil Corporation Limited, Head Office, Mumbai, do hereby solemnly affirm and undertake as follows :-

I Say that I am Superannuating/Vol.Retiring w.e.f. \_\_\_\_\_\_\_\_\_\_\_\_\_\_(A/N).

I undertake that, after leaving the employment of the Corporation on account of Retirement/Vol.Retirement, I shall not divulge the secrets of the Corporation not make use of the trade secrets or information obtained or acuired by me during the course of my employment with the Corporation.

Solemnly affirmed at Mumbai ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

this \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_ 2002. Name in Block letters & Signature

**Form-R**

**EXISTENCE CERTIFICATE**

To:

Manager (P & GS)

LIC of India,

Annuity Department,

7th floor, Jeevan Prakash,

25, KG Marg, New Delhi-110001

**ANNUITY NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

THIS IS TO CERTIFY THAT SHRI/SMT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHOSE SPECIMEN SIGNATURE IS GIVEN BELOW IS ALIVE TODAY, THE \_\_\_\_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_.

SIGNATURE OF ANNUITANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CERTIFIED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS/SEAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PS: THE CERTIFICATE IS TO BE COMPLETED BY LICI CLASS G-I OFFICER/ GAZETTED OFFICER/MEDICAL PRACTITIONER WITH REGISTRATION NO. OR BANK MANAGER WITH SEAL.**

**Form-S**

**L I C OF INDIA, PGS UNIT**

**25, K G MARG, NEW DELHI-110001**

**\*\*\* MANDATE FOR ECS\*\*\***

|  |  |  |
| --- | --- | --- |
| **ANNUITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **PARTICULARS OF BANK ACCOUNT** | | |
| **A** | **BANK NAME** |  |
| **B** | **9-DIGIT CODE NUMBER OF YOUR BANK APPEARING ON THE MICR CHEQUE ISSUED BY YOUR BANK AND A PHOTOCOPY OF CANCELLED CHEQUE MAY BE ENCLOSED.** |  |
| **C** | **YOUR BANK A/C NO:** |  |
| **D** | **YOUR BANK BRANCH ADDRESS** |  |
| **E** | **ACCOUNT TYPE (SINGLE/JOINT)** |  |

I HEREBY DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT AND COMPLETE. IF THE TRANSACTION IS DELAYED OR NOT EFFECTED AT ALL FOR REASONS OF INCOMPLETE OR INCORRECT INFORMATION, I WOULD NOT HOLD THE USER INSTITUTION RESPONSIBLE. I HAVE READ THE OPTION INVITATION LETTER AND AGREE TO DISCHARGE THE RESPONSIBILITY EXPECTED OF ME AS A PARTICIPANT UNDER THE SCHEME. **I ALSO CONFIRM THAT MY ABOVE ACCOUNT IS IN MY SINGLE NAME.**

**SIGNATURE OF ANNUITANT**

**(NAME OF ANNUITANT)**

**TEL.NO/FAX\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR USE BY BANK OFFICIAL**

WE CONFIRM THAT THIS ACCOUNT IS IN THE SINGLE NAME OF THE ABOVE ANNUITANT. IT IS ALSO CERTIFIED THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT AS PER OUR RECORDS**.**

**(BANK SEAL) SIGNATURE OF AUTHORIZED BANK OFFICIAL**

**DATED:**

**PS: 1. A XEROX COPY OF CHEQUE LEAF SHOULD BE ATTACHED,.**

**2. ALL FIELDS SHOULD BE FILLED PROPERLY.**



Indian Oil (MD)

HO HR Group

MUMBAI.

DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To,

Executive Director(HR),

GM(HR)/Dy.GM(HR),

Indian Oil Corporation Limited.,

(Marketing Division),

HO/NR/ER/WR/SR.

---------------------------

Dear Sir,

Please refer to your letter No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sent to me alongwith its enclosures, in connection with my impending retirement.

As desired, I am returning herewith the formats, duly filled by me, for your necessary action.

Thanking you,

Yours faithfully,

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emp.No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Encl. : As above.

##### IOCL/COIS/F/A1

##### Indian Oil Corporation Limited

### Corporate Office

# **APPLICATION FOR INTERNET ACCESS**

(Applicable for Officer Grade ‘A’ to ’E’

TO : **CM (IS) - CO**

Mail to : [basis@iocl.co.in](mailto:basis@iocl.co.in)

Fax : 0124-4011117

FROM :

DATE :

###### Request for Authorisations in SAP R/3 System

**Description of Requestor :**

User ID :

Employee Name :  Department :

Designation : Division :

Contact Tel. No :

Location :

Module in SAP R/3 :

Company Code in SAP R/3: Plant Code in SAP R/3 :

**Authorization Required:**

|  |  |
| --- | --- |
| **Authorisations** **( To be filled-up by Requestor )** | **Profiles to be attached** **( Filled by COIS Functional Team)** |
|  |  |
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|  |  |
|  |  |
| **Requestor Signature**  **Signature of Head of Dept. of Site**  (Name of HOD) | Signature of functional Team Member - COIS |

(Please attach additional sheets for Authorization if required.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mktg Divn | | **SPECIAL AWARDS TO MERITORIOUS CHILDREN OF EMPLOYEES** | | | | | | |
| Name | | | | | EC No. | | | |
| Designation | | | | | Department/Location: | | | |
| S No | Name of child/ren | | Exam passed | %age of marks (aggregate secured) | Board/ University/ Institution | Whether the course is recognised by Govt | Dt of declaration of result | Lumpsum award claimed |
|  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
| A true copy/attested copy of mark sheet/s attached. | | | | | | | | |

Certified that the above child/children in respect of whom the claim has been preferred is/are wholly dependent upon me and his/her age is between 5 and 25 years.

Place: Signature of employee:

Date:

Signature of Controlling Officer with Designation:

**FOR USE IN EMPLOYEE RELATIONS DEPARTMENT**

CATEGORY:………………….

Certified that Shri/Ms…………………………………………is eligible to an amount of Rs………. Towards special award in respect of his/her son/daughter……………………… Necessary entry has been made in the record.

Sr Mgr/Manager (ER)

**GM/ED Date :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ioc1 | **SUGGESTION FORM** | | | **For Office Use**  Date:  Regn. No.: | |
| **INSUTRUCTIONS**   1. USE ONE FORM PER SUGGESTION. IF NECESSARY, ATTACH ADDITIONAL SHEET 2. IF SUGGESTION ALREADY IMPLEMENTED, MENTION DATE/LOCATION OF IMPLEMENTATION. IMPLEMENTED SUGGESTIONS SHOULD BE FORWARDED WITHIN FOUR MONTHS TO CONCERNED COORDINATOR, BY HEAD OF LOCATION/DEPARTMENT, CERTIFYING THE FACTS, DATE OF IMPLEMENTATION AND SAVINGS ACCRUED. 3. IN CASE OF GROUP SUGGESTION, DATA PERTAINING TO ALL SUGGESTORS MUST BE ENTERED ALONGWITH THEIR SIGNATURES. | | | | | |
| **NAME** | | **EMP. NO.** | **DESIGNATION** | | **LOCATION** |
|  | |  |  | |  |
| **TITLE OF SUGGESTION:** | | | | | |
| **PRESENT SYSTEM:** | | | | | |
| **PROPOSED SYSTEM:** | | | | | |
| **BENEFITS/GAINS TO THE CORPORATION:**  **(SAVING IN MAN HOURS, MACHINE, TIME, MATERIALS ETC. OR ANY INTANGIBLE BENEFITS)** | | | | | |
| **ESTIMATED SAVINGS PER ANNUM**  **ONE TIME SAVINGS : RS.**  **RECURRING SAVINGS : RS.** | | | | | |
| **I AGREE TO ABIDE BY THE RULES OF THE SUGGESTION SCHEME IN FORCE FROM TIME TO TIME.**  **SIGNATURE OF THE EMPLOYEE** | | | | | |
| **PRE-EVALUATION : ACCEPTED FOR CONSIDERATION/REJECTED.**  **COORDINATOR,**  **SUGGESTION SCHEME** | | | | | |

**INDIAN OIL CORPORATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SCHEME FOR `TATKAL SAHAYATA YOJANA FOR OFFICERS’****MEMBERSHIP DECLARATION FORM**  |  |  |  |  | | --- | --- | --- | --- | | **Name** |  | **Employee No.** |  | | **Designation** |  | **Unit/Location** |  | | **Grade** |  | **Date in Grade** |  |   I hereby declare my willingness to join the scheme `Tatkal Sahayata Yojana for Officers’ w.e.f. 01.04.2008 / ………………… (date of joining in Gd. G, if after 01.04.2008)  I, hereby authorize Accounts Officer, Indian Oil Corporation Ltd. To deduct my monthly contribution under the `Tatkal Sahayata Yojana for Officers’ at the prescribed rate from salary payable to me by the Corporation from the said date of joining the scheme.  I accept that other than the benevolent lump-sum amount in the event of death during service, no other benefit including any return of monthly contribution made by me will be available to my nominees or me, under this scheme.  I also declare that I am not a member of any other scheme that seeks to provide lump-sum monetary relief to dependent family members upon death of the members for any reason whatsoever, other than Schemes of GSLI, GIS/EDLI, GPAI & SBF  Signature of Officer  Date :  **Witnesses:**   1. Signature :   Name :  Designation :  Employee Number :  Unit/Office :   1. Signature :   Name :  Designation :  Employee Number :  Unit/Office : |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLAIM FOR REIMBURSEMENT OF TOLL TAX** | | | | | | | | | | | **Date:** |  |
| **Place:** |  |
| Name: | |  | | | | | | Emp. No: | | |  | |
| Design: | |  | | | Grade | |  | Department: | | |  | |
| Mode of Conv.   * (Tick) | | Car | M. Cycle | | Scooter | | Moped | Monthly Card No., if any, issued by Toll Tax Authority: | | |  | |
| Vehicle Registration No: | | |  | | | | | Month for which reimbursement is claimed: | | |  | |
| Residential Address: | | |  | | | | | | | | | |
| Office Address: | | |  | | | | | | | | | |
| Details of Receipt(s) attached | Name of the Toll Tax Authority | | Receipt No(s)/ Transaction No. | | | Receipt Date | | | Amount  (Rs.) | | Total Toll Tax charges claimed  (Rs.) | |
|  | |  | | |  | | |  | |  | |
| **Declaration:** I hereby certify that I have incurred the above expenses on Toll Tax on to & fro travel between my residence & office on the days when I was present in the office. I further certify that Toll Tax charges have been paid on the vehicle for which I am allowed conveyance reimbursement/conveyance allowance. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| FOR USE OF FINANCE DEPARTMENT | | | | | | | | | | | | |
| **P.C. Voucher No.** | | | | **Dated:** | | | | | | **A/C Code:** | | |
| **Passed for payment (in Rs.)**  (Rupees in words) **……………………………………………..** | | | | | | | | | | **A/C Head:** | | |
| **Asstt. / Accountant:** | | | | | | | | | | **Received payment:**  **Date:** Signature: | | |
| **A.O / S.A.O** | | | | | | | | | |