



KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research, Belagavi)
[Declared as Deemed-to-be-University u/s 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3 (A)]
Accredited at 'A' Grade by NAAC (2nd Cycle) Placed in Category 'A' by MHRD (GoI)
Office of the Registrar, KLE University,
JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

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Ref. No.KLEU/16-17/D-3062

16th November 2016

C I R C U L A R

Sub: **Application format for refund of Staff Welfare Fund (SWF)**

With reference to the above subject, please find enclosed the application format in which the faculty / staff member is required to furnish the information for refund of Staff Welfare Fund (SWF) from the University.

The Principals of the constituent units are hereby informed to forward the applications of the faculty / staff member for refund of SWF, duly enclosing the documents, mentioned in the application.

The contents of this Circular be brought to the notice of the concerned faculty / staff members working in your Institution.




Prof. Dr. V.D.Patil,
Registrar

To

The Principals,
All Constituent Units,
KLE University, Belagavi.

The Officials and Staff Members,
KLE University,
Belagavi.

CC to: The Special Officer to Hon. Vice-Chancellor, KLE University, Belagavi.



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APPLICATION FOR REFUND OF STAFF WELFARE FUND (SWF) (To be submitted to the University through the Principal)

A. To be filled by the faculty / staff member:

1. Name	
2. Designation	
3. Department	
4. Institution	
5. Mobile No.	
6. Date of relieving (copy to be enclosed)	
7. Month and Year of joining to the SWF	
8. Month and year of last contribution to the SWF	
9. Monthly contribution for SWF	
10. Bank details	
a) Name of the Account holder	
b) Name of the Bank	
c) Branch	
d) Type of Account	
e) A/c. No.	
f) IFSC Code	
g) Copy of the face-sheet of the Pass Book	Enclosed
11. Signature of the faculty / staff member	_____

Ref. No. _____

Date: _____

To
The Registrar,
KLE University,
Belagavi

Dear Sir,

We are enclosing herewith the application of the above faculty / staff member seeking refund of the Staff Welfare Fund for your kind consideration.

Thanking you,

Yours faithfully,



Principal