



جامعہ ہمدرد JAMIA HAMDARD

(Deemed to be University)
Accredited by NAAC in 'A+' Category

Hamdard Nagar, New Delhi-110062
Phone : 011-26059688 (12 Lines)
Website: www.jamiahamdard.edu

No. Estab/LD/2025 415
Dated: 07/10/2025

NOTIFICATION

Subject: Annual subscription for Jamia Hamdard Relief and Welfare Fund (JHRWF)

The Executive Council in its 69th meeting held on 07th August 2024 vide resolution No. 69 (5) (6) resolved to approve the recommendation of 67th Finance Committee for adoption of Jamia Hamdard Relief and Welfare Fund (JHRWF) and had suggested to open a separate account for all activities of the JHRWF.

2. Ref. to the Notification F.No. JH/RO/EC-69/2024/ICOR/82 dated 27th August 2024 that annual subscription to JHRWF is voluntary for all the regular employees of Jamia Hamdard as per details given below which shall be deducted in the month of April every year.

Employee category	Subscription Rate Per Annum
Group A	Rs. 1000/-
Group B	Rs. 500/-
Group C	Rs. 250/-

3. All the subscribers of JHRWF will be entitled for ex gratia payment which shall be paid to the family of deceased on event of the death during the service of Jamia Hamdard, irrespective of places of death (on duty/in and outside campus/at home or outside/outstation/anywhere) as per details given below.

Age Group (at the time of death)	Financial Assistance
Above 50 years	Rs. 1.25 Lakh
40 to 50 years	Rs. 1.50 Lakh
Below 40 years	Rs. 1.75 Lakh

4. The undertaking regarding the submission of Jamia Hamdard Relief and Welfare Fund (JHRWF) is also enclosed for the endorsement of each employee, which may be submitted to the Establishment Section latest by 21st April 2025. Therefore, all the regular employees of Jamia Hamdard who are willing to subscribe Jamia Hamdard Relief and Welfare Fund (JHRWF) are informed to submit the undertaking /consent as per enclosed format latest by 21st April 2025.

(Dr. M. A. Sikandar)
Registrar

Copy to:

1. All regular employees of Jamia Hamdard
2. FO (Officiating) to maintain the adequate funds
3. AR/Secretary to VC & SPA to Registrar
4. Incharge HAH-CIT (for circulation and uploading on Jamia Hamdard website)
5. Guard File



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UNDERTAKING

I _____ (name of the employee) submit my consent/authorise Jamia Hamdard (Deemed to be University) to deduct Rs. _____ (Rupee _____) towards annual subscription to Jamia Hamdard Relief and Welfare Fund (JHRWF) in the month of April every year from my salary of April month with reference to Notification No. Estab/LD/2025/ _____ dated _____ so as to become eligible to receive ex-gratia payment and other benefits.

Name: _____

Employee ID: _____

Designation: _____

Department/Section: _____

School: _____

Date : _____

Place: _____