श्री अरविन्द महाविद्यालय (सांध्य)
(दिल्ली विश्वविद्यालय)
मालवीय नगर, नई दिल्ली-110017
दूरभाष: 011-41751306
ई-मेल: principal@aurobindoe.du.ac.in
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SRI AUROBINDO COLLEGE (EVENING)
(UNIVERSITY OF DELHI)
MALVIYA NAGAR, NEW DELHI-110017
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Website: www.aurobindoe.du.ac.in

Ref. No. SAC(E)/2026-27/224 Date: 07.08.2026

NOTICE

This is with reference to the University of Delhi Circular bearing File No. **CB-III/Circular/2026/74** dated **05/06 August 2026** regarding the **Group Insurance Scheme** (copy enclosed) with LIC of India, introduced to provide social security benefits to the dependants of University employees.

In this connection, all Teaching and Non-Teaching staff members who wish to avail this facility are required to fill in the **Consent Form** by 14.08.2026 for joining the Group Insurance Scheme (copy enclosed) and submit the duly filled form to the **Section Officer (Accounts)** at the earliest, so that the scheme may be implemented in a timely manner.

(Prof. Vipin Kumar Aggarwal)
Principal (OSD)
Principal
श्री अरविन्द महाविद्यालय (सांध्य)
Sri Aurobindo College (Evening)
(दिल्ली विश्वविद्यालय)
(University of Delhi)
नई दिल्ली / New Delhi - 110017

Copy to:
(i) Administrative Officer (Accounts)
(ii) Section Officer (Accounts)
(iii) All teaching staff
(iv) All non-teaching staff
(v) College Website

दिल्ली विश्वविद्यालय
UNIVERSITY OF DELHI
महाविद्यालय शाखा - तृतीय
College Branch-III
कमरा नंबर-215, नया प्रशासनिक खंड, दिल्ली-110007
Room No. 215, New Administrative Block, Delhi- 110007
Ph: 011-27001162, 27667725 Extn. 1162

File No. CB-III/Circular/2026/ 74

August 05, 2026
06

(Through E-mail)

The Principals/Directors/Provosts
All Colleges/Institutions/Hostels-Halls
University of Delhi
Delhi/New Delhi

Sir/Madam,

The University of Delhi vide Notification Ref. No. FO/GIS/2025/Estab.II(i)/1327 dated 16.10.2025 (copy enclosed) has implemented the Group Insurance Scheme with LIC of India to provide social security benefit to the dependants of the employees of the University. This scheme is providing Death Relief to the employees during the course of employment in University of Delhi with a coverage of ₹20 Lakh, shall be payable to the nominee in the event of employee's death during service, after depositing a month contribution of ₹500 + GST only. There is no survival benefit and the said amount is payable only to the eligible family members/nominee in case of death of employee in service.

2. In this connection, I am directed to request you to coordinate and explore directly with the Life Insurance Corporation of India (LIC) for the implementation of similar Scheme for your Non-teaching Staff (Permanent & Contractual) and Teaching Staff, without any liability on the University.

3. This issues with the approval of the Competent Authority.

Enclosures: As above.

Yours sincerely,

06/08/2026

Joint Registrar (Colleges)

दिल्ली विश्वविद्यालय
University of Delhi

कुलसचिव | Registrar

Ref. No. FO/GIS/2025/ Estab II(C)/827
16th October, 2025

NOTIFICATION

IMPLEMENTATION OF GROUP INSURANCE SCHEME

In accordance with the approval of the Competent Authority, the University has decided to implement **Group Insurance Scheme with LIC of India** to provide social security benefit to the dependants of the employees of the University of Delhi.

This scheme is for providing Death Relief to the employees during the course of employment in University of Delhi with a **coverage of Rs.20.00 lakhs** after depositing a **monthly contribution of Rs.500/- + GST only**. There is no survival benefit and this amount is payable only to the eligible family members/nominee in case of death of the employee in service.

Those employees, who wish to join and want to avail this Scheme, may submit their consent in prescribed form enclosing their duly certified copy of Aadhar Card, nominee details & copy of their Aadhaar Card with the office of **Dy. Registrar (Estab.-N/T).**

16/10/25
REGISTRAR

The Dean of Colleges,
All Dean of the Faculties,
All Head of the Departments,
All Office-in-Charge of the Offices/Branches,
University of Delhi,
Delhi-110007.

दिल्ली विश्वविद्यालय, उत्तरी परिसर, दिल्ली - 110007, भारत
University of Delhi, North Campus, Delhi-110007, India
दूरभाष Tel.: +91-11-27667853 | फैक्स Fax: +91-11-27666350 ई मेल Email: registrar@du.ac.in

SRI AUROBINDO COLLEGE (EVENING)

(UNIVERSITY OF DELHI)

MALVIYA NAGAR, NEW DELHI-110017

Consent From to join Group Insurance Scheme

Employee Code	Name of Employee (in Capital)	Date of Birth (dd/mm/yyyy)	Date of Appointment (dd/mm/yyyy)	Monthly Salary (Basic plus DA only)	Aadhar Card No.	Email Id	Mobile No.	Department where working	Father's Name / Spouse's Name	Whether appointment Regular / Contractual	Name of the Nominee – Specify whether Wife/Husband/Son/Daughter/Father/Mother/Other dependant	Date of Birth of Nominee	Aadhar Card of Nominee

I hereby give my consent for join "**Group Insurance Scheme**" by contributing a sum of **Rs. 500 + GST** amount for taking **Group Insurance Scheme** for a sum assured of **Rs. 20 Lakh** only in case of death. Relief to my eligible family Member/Nominee. **I am fully aware that there is no survival benefit**.

I hereby give my consent to Deduct the Contribution amount from my Salary per month for depositing with the LIC of India.

I confirm that I have read and fully understood the "**Group Insurance Scheme**" benefits, terms and condition.

The rates are tentative as Provided by LIC of India may change from time to time as per LIC Policy..

Date : _____

Full Signature of Employee