



To

25 November, 2010

The Regional Executive Director
Airports Authority of India
NR/SR/WR/ER/NER
Delhi/Chennai/Mumbai/Kolkata/Guwahati

The Executive Director(RCDU)
Airports Authority of India
New Delhi

All Airport Directors/Airport Controllers
Airports Authority of India

The Executive Director (Trg)
NIAMAR, AAI, New Delhi

The Principal
CATC
Allahabad

The General Manager (CRSD)
Airports Authority of India
New Delhi

The Executive Director (FIU)
Airports Authority of India
New Delhi

The General Manager
E&M Workshop, AAI
New Delhi

Corporate Personnel Circular No.28/2010

Subject:-Notice on retirement or superannuation - common procedure.

It has been decided to streamline the existing procedure and follow a common methodology for issuing retirement intimation to all the employees of AAI. The revised procedure will be effective from 1st January 2011. The forms which are required to be filled by such employees are enclosed as Annexure-I.

2. To ensure that the CPF payment is to be released within one month of his/her retirement at various regions/airports, it has been decided that following ten Nodal Officers from Personnel Department at Regions/Airports are nominated to ensure the settlement of CPF dues:

Sl. No.	Name of the nodal officer (Shri/Smt)	Designation	Station
1.	K. Nagaraj	Assistant GM(Pers)	CHQ *
2.	K.S. Dalal	Sr Manager(Pers)	NR
3.	R. Prabhu	Dy GM(Pers)	Chennai Airport
4.	B. Muralidharan	Sr Manager(Pers)	SR
5.	Maya Lavania	Dy GM(Pers)	WR
6.	A.K. Malik	Jt GM(Pers)	ER
7.	J.K. Goel	Jt GM(Pers)	NSCBI, Kolkatta
8.	V. Sharan	Dy GM(Pers)	NER
9.	Anoop Kumar Mishra	Sr Manager(Pers)	CATC
10.	O.P. Sharma	Sr Manager(Pers)	IAU(FIU/RCDU)

* Shri K. Nagaraj, Assistant GM(Pers) will coordinate with all nodal officers at Region/Airports. On retirement/transfer of these Nodal Officers, RED/APD (Chennai/Kolkatta)/ Office Heads will appoint a suitable replacement.

3. **The forms prescribed at Annexure-I are for the employees who retire on attaining the age of superannuation. The employees who separate on account of voluntary retirement, resignations etc necessary modification may be carried out by the respective units. The benefits on retirements are to be disbursed as per the entitlement of the employees which are in vogue and may undergo change as per the policy of the organization.**

4. **The contents of the circular may please be brought to the notice of all concerned.**

5. **This issues with the approval of the Competent Authority.**


(K.K. JHA)
MEMBER(P&A)

Encls:- as stated above (2 pages + 23*pages being sent on mail)

Copy to:

- (i) **Chairman/ Member(Fin)/ Member(Plg)/ Member(OPS)/ Member(ANS)/ CVO**
- (ii) **All HoDs at CHQ, Operational Office, New Office Complex / Nodal Officers**
- (iii) **ED(CA & CS)/ ED(P)/ ED(A)/ GMs – RNS, VB, KCM, BS, RSM**
- (iv) **GM(IT) for uploading this order along with policy on the website**
- (v) **All officers Associations – AAOA(I)/ IAAOA/ ACOA(I)/ ATC Guild(I)
AAI Engineers Guild (I)/ AAI SC & ST Employees Welfare Association**
- (vi) **The President, AAEU**
- (vii) **Notice Board**
- (viii) *** Available on AAI Website (AAI Employees → Serving AAI
Employees →Circulars/Orders)**



AIRPORTS AUTHORITY OF INDIA

Retirement on Superannuation-Intimation

1. Name : _____
2. Employee No. : _____
3. Designation : _____
4. Current Place of Posting : _____
5. Scale of Pay : _____
6. Date of Birth : _____
7. Date of Superannuation : _____

Instructions

1. Shr/Smt _____ will be entitled to transfer TA (including transfer grant) from the station of posting to her/his declared home town or to the selected place of residence. In the later case, traveling allowance shall be admissible to her/him accordingly subject to the above being limited to what would have been admissible to her/him, had s/he proceeded to her/his declared home town. This is applicable as per rules of the Authority.
2. S/he will be paid the arrears of her/his pay and allowances, the balance of credit in her/his Contributory Provident Fund Account together with interest thereon and also the service gratuity, if any, admissible, and due to her/him, within a period of 30 days from the date of her/his retirement. However, this is subject to her/his producing "Clearance Certificate" from the authority concerned, to the Department of Personnel, surrendering her/his Identity Card and subject to the provision of AAI (Gratuity) Regulations and CPF Rules.
3. The following forms may also be filled and submitted for further action:
 - i. Personal Data (Form A)
 - ii. No Dues certificate (Form B)

- iii. Gratuity Application (Form C)
 - iv. Provident Fund (Form D)
 - v. Leave Encashment (Form E)
 - vi. Employee Benevolent fund (Form F)
 - vii. Group Savings & Linked Insurance Scheme (Form G)
 - viii. Retirement Medical Benefit Scheme (Form H)
 - ix. Accommodation Handover Letter (Form I)
4. For the benefits on superannuation the Rules / Regulations in vogue applicable in AAI will be followed.
5. S/he is requested to settle all the outstanding dues, if any, and submit the application form mentioned in Para – 3 above, for timely settlement of dues.

Head of the Personnel Deptt.

Encl: As above.



FORM- A

AIRPORTS AUTHORITY OF INDIA
PERSONAL DATA FORM

PART-1

Personal Details:

Affix a recent
passport size
photo.

1	Employee no	
2	Name	
3	Fathers / Husbands Name	
4	Designation	
5	Dept/ Sec	
6	Station of last posting	
7	Date of joining IAAI/NAA/AAI	
8	Date of Birth	
9	Date of Superannuation	
10	Marital status	
11	Name of Spouse	Date of Birth:
11(a)	If spouse is working, the Name of the Employer & Address	
12	Home town	
13	Address for communication	
14	Email Id	
15	Tel/ Mobile	

PART-2

Bank Details:

1	Bank Name / Branch	
2	Bank Account No.	
3	Bank Address	

PART – 3

Details of one known employee in the Authority

1	Employee no	
2	Name	
3	Designation	
4	Dept / Sec	
5	Address & Tel no.	

Signature:

Name:

Date:

Place:

[Changes if any, in Address or Tel may be informed to the Heads of Personnel Dept.]

**FORM-B**

AIRPORTS AUTHORITY OF INDIA
Clearance Certificate

Application for obtaining *Clearance Certificate*, on account of Superannuation.

I, request you to kindly issue me Clearance Certificate on Account of my _____ vide letter no. _____ dated _____.

My particulars are submitted as under. I declare that nothing is outstanding against me.

Emp No : _____
Name : _____
Designation : _____
Deptt / Section : _____
Station : _____
Signature : _____

Sr.	Deptt / Sec *	Details of outstanding	*Certifying Authority	Signature with Office Stamp.
1	Outstanding dues. - Car advance - HAB (house building advance) - Any other.		Cash Section.	
2	Return of Identity Card.		DGM (Admin) / Mgr (Store)	
3	AAI Library		In charge	
4	Return of stationary - Key to the drawers - Confidential boxes, Almirahs.		Superior Officer, whom s/he reports.	
5	Return of - Telephone Inst. - Mobile Phone.		Communication (Ops)	
6	Return of Computer Accessories - Laptops - Cd's etc		IT dept.	
7	Handover of Company Accommodation EMC.		DGM (Aero) SAP	

8	Return of ICAO documents taken from AIS Section		AIS section ATM Deptt.	
9	Return of Drawing Instruments.		Chief Draughtsman	
10	Engg. Library			
11	Theft & Credit Society (Hqrs) IGIA Airport			
*12	Any other Dept / Section			
13				
14				

*The list of clearances to be obtained by the employee is only indicative and may add / alter any of the section / Dept as per requirement of the Region / Airport / Establishment.

Shri / Smt /Km _____ having obtained Clearance from all concerned, the dues on retirement may be released

Signature: _____

Name: _____

Dep: _____

Date:
Place

To,

EH Section.



FORM - C

AIRPORTS AUTHORITY OF INDIA

APPLICATION FOR GRATUITY BY AN EMPLOYEE

[See Regulation 6 (1) of AAI (Gratuity) Regulation 2003]

To,
The Secretary,
Airports Authority of India,
Employees Gratuity Fund,
New Delhi - 110003

Sir,

I hereby apply for the payment of gratuity to which I am entitled under sub-regulation (1) of regulation 3 of the Airports Authority of India (Gratuity) Regulations 2003 on account of my superannuation / retirement / resignation after completion of not less than five years of continuous service / total disablement due to disease with effect from _____. Necessary particulars relating to my appointment in the Authority are given in the statement below:-

1	Name in full:	
2	Address in full:	
3	Department / Branch / Section where last employed	
4	Post held, with employee Identification Number	
5	Date of appointment in IAAI/NAA/AAI	
6	Date & cause of Separation (Superannuation / Retirement / Resignation etc.)	Cause : _____ Date: _____
7	Total period of service	
8	Last drawn Basic pay + DA of retirement.	Basic Pay : _____ DA : _____
9	Amount of Gratuity claimed	

(7 of 23)

II. The payment may be made by cheque to the applicant.

Yours faithfully,

Signature / thumb impress of the applicant employee

Place:

Date:

Contact Tel / Mob. (nos):

STATEMENT

1	Employee No.	
2	Name	
3	Designation	
4	Department / Branch / Section where employed	
5	Whether Unmarried / married/ widow/ widower	
6	Date of appointment in CAD/IAAI/NAA/AAI	
7	Permanent Address	

Signature / Thumb impression of the employee

Declaration by witness

Nomination signed / thumb impression before me.

Details of witness:

Sr.	Emp No.	Name & Designation	Communication Address	Signature with Date

Place:

Date:



FORM- D

AIRPORTS AUTHORITY OF INDIA

Employees Provident fund scheme

Application by a member of the Employees Provident Fund Scheme, for claiming the employees provident fund dues, as applicable in AAI.

Personal Details:

Employee No	
PF ID A/c No	
Name	
Fathers/ Husbands Name	
Designation	
Date of Birth	
Date of Joining CAD/IAAI/NAA/AAI	
Date of separation	
Region	
Station	
Permanent Address	
Present / Postal Address	
Ph E mail	

Details of posting held by the member since his date of appointment:

Sr. No	Old CPF No.	Period		Region	Station	Post Held
		From	To			

I certify that the particulars furnished above are true to the best of my knowledge.

Signature:

Name:

Date:

Place:



Declaration of Non – Employment

I declare that I have not been employed in any factory / establishment to which the Act applies for a continuous period of not less than 2 months immediately preceding the date of my application for final withdrawal of my provident fund money.

Signature:

Certified that the above information filled by the applicant is correct as per the office record.

Signature: _____

Name: _____

Designation: _____

(Station in charge)



AIRPORTS AUTHORITY OF INDIA

Leave Encashment form.

To,
*General Manager (Pers)
Airports Authority of India,
Rajiv Gandhi Bhawan,
New Delhi-110003

Sub: Application for Leave Encashment.

Dear Sir / Madam,

I hereby apply for the payment of Leave Encashment of _____ number of Earned Leave and Half Pay Leave available in my leave account. The date of my superannuation from the service of AAI is _____.

Type of leave	No of days
Earned Leave	
Half Pay Leave	

2. My salary details on my date of superannuation are as follows:

- Basic Pay: _____
- Dearness Allowance: _____

Signature:

Name:

Designation:

Date:

Place:

NOTE: The application may be addressed to the concerned Heads of Personnel at Regions/Airports (Chennai/Kolkatta), CHQ etc.



FORM- F

AIRPORTS AUTHORITY OF INDIA

EMPLOYEES BENEVOLENT FUND

**REQUEST FOR GRANT OF MONTHLY BENEFIT ON RETIREMENT /
VOLUNTARY / RETIREMENT / DEATH / RESIGNATION UNDER AAI EBF
SCHEME**

1. Name & Designation of Employee : _____
2. Employee No. : _____
3. Date of Birth : _____
4. Date of Joining IAAI/NAA/AAI : _____
5. Date of absorption (in case of deputationist) : _____
6. Date of Joining AAI EBF Scheme : _____
7. Date of Retirement / Voluntary Retirement / Death / Resignation / Compulsory Retirement due to disability : _____
8. Name of beneficiary / family in case of Death : _____
9. Relationship of Nominee with the member and Correspondence Address : _____
10. In case of refund after completion of 5 years i.e. on Resignation – date of acceptance of Resignation (attach copy) : _____
11. Details of Bank, A/c No. and Branch Address (**Joint Account with Spouse**) : _____

Date: _____

Contact Tel/Mob nos.: _____

(Signature of employee / beneficiary)



VERIFICATION BY P & A DIRECTORATE

The details in respect of the above employee have been verified. It is certified that the above mentioned employee is a member of AAI EBF Scheme w.e.f. _____ and is eligible for grant of benefit under the Scheme. It is also certified that the employee has completed qualifying service for the purpose of the benefit.

Date :

(Signature): _____
Designation :

**VERIFICATION BY FINANCE DIRECTORATE OF THE AIRPORTS /
STATION / UNIT**

It is certified that as per office order no. A.60011/70/04/PP/822 dated 22.05.2007 vide which AAI EBF Scheme has been implemented an amount of Rs. 26/- (rupees twenty six only) has been deducted on monthly basis w.e.f. 21.07.2006 from the salary of Shri..... on account of contribution to the above scheme upto the month of Copy of salary slip for the month of is attached.

Date :

(Signature) : _____
Designation



AIRPORTS AUTHORITY OF INDIA

LIFE INSURANCE CORPORATION OF INDIA
CLAIM FORM CLAIMING BENEFITS UNDER
GROUP SAVINGS LINKED INSURANCE SCHEME

- 1. Name of the Institution : AIRPORTS AUTHORITY OF INDIA
- 2. Master Policy No. : 321835*
- 3. Name & Designation of the
Insured Member : _____
- 4. Employee No./SI. No. In the list : _____
- 5. Category/ Salary Grade : _____
- 6. Amount of Insurance Cover : _____
- 7. Date of Birth : _____
- 8. Date of entry into the Scheme : _____
- 9. Amount of monthly contribution : _____
recovered from the Insured Member
- 10 If there has been a change : _____
in the monthly contribution during
his Membership indicate date of
change and the revised contribution.
- 11 Due date for payment of the : _____
first contribution (Indicate day,
month & year)
- 12. Date of exit from scheme : _____
- 13. Due date for payment of the : _____
last contribution (Indicate day,
month & year)

14. The date on which the last contribution was paid to the corporation. : _____
15. Mode of exit (Death/retirement/ Resignation/termination of Service) : _____
16. Cause of death (in case of exit by death) : _____
17. Was the member absent on grounds of ill-health on the date of entry into the Scheme (If so, give details of leave) : _____
18. Name of the beneficiary and relationship to the Member (in case of death) : _____
19. Whether any premium remains unpaid during Membership (If so, give details) : _____
20. Correspondence Address and Telephone/Mobile nos. : _____

We declare that the above particulars are true and correct & above Member was an Insured Member covered under the scheme on the date of his exit and that all premiums have been paid to the Corporation on his behalf.

We confirm that the beneficiary mentioned above is the person appointed by the Member to receive the benefit under the Scheme.

Date at _____ the _____ Days of _____

Encl: As above

Signature of the HOD
(APD/RED/Section Incharge)

Note: Present No. of Policy which is with LIC. This may vary / change in future.



DISCHARGE RECEIPT

Received a sum of Rs. (Rupees _____)
From the Life Insurance Corporation of India in a full and final settlement of all our
claims and demands in respect of Shri _____ under GSLI Scheme,
GSLI Policu No. _____ expired/left service/retired on _____.

Contact Tel/Mob. Nos. : _____

Cross Rs. 1/-
Revenue
Stamp

Authorised
Signatory



UNDERTAKING

It is certified that Sh./Smt. _____
Emp. No. _____ is the member of the GSLI Scheme under GSLI Policy
No. _____ and fulfills the eligibility conditions to be member of the
scheme. The details of the premium made is as follow:-

1. Rs. _____ from _____ to _____
2. Rs. _____ from _____ to _____
3. Rs. _____ from _____ to _____
4. Rs. _____ from _____ to _____
5. Rs. _____ from _____ to _____

The above premium have been recovered from the salary of the employee as verified by the drawing and disbursing officer and deposited with L.I.C of India and no contribution is outstanding.

Officer

Signature of Nodal

Date : _____

(Finance Department)

Place : _____

Note : If for any reasons the recovery of GSLI could not be made and remains unrecovered, the same may be indicated by DDO in the LPC on transfer of the officer.



FORM- H

AIRPORTS AUTHORITY OF INDIA

AAI (RETIRED EMPLOYEES) MEDICAL BENEFIT SCHEME

Spouse)

Affix joint or separate
Photograph of (Self &

--	--

APPLICATION FORM

1	Employee no	
2	Name	
3	Fathers / Husbands Name	
4	Designation	
5	Dept/ Sec	
6	Station of posting	
7	Date of joining CAD/IAAI/NAA/AAI	
8	Date of Birth	
9	Date of Superannuation	
10	Scale of pay on the date of Retirement	
11	Marital status	
12	Present Address	
	Email Id	
	Tel/ Mobile	

1. Details of service (Furnish details of minimum 10 years of service prior to the date of retirement)

PERIOD OF SERVICE	POST HELD	NAME & ADDRESS OF THE ORGANISATION

2. If Employed / doing Business anywhere please provide the details:

Name of the organization	
Address of the organization	
Monthly salary	
Whether any medical Scheme/ Benefit in force in the organization if so, the details thereof	

3. Details of Spouse:

1	Name of Spouse	
2	DOB(Date of Birth)	
3	If the spouse is employed, state the name of employer, monthly income and details of medical facilities available to the spouse.	

4. Payment details:

Drawee Bank	DD No.	Date	Amount

(Payment may please be made by DD drawn in the favor of AAI)

I request that I and my spouse may be registered at _____
(Airport Station) for the purpose of Medical Re-imburement.

I am aware of the terms and conditions governing the grant of medical facilities to retired employee and hereby undertake to abide the same.

I hereby declare that the information stated above is true and to the best of my knowledge. In case any of the above information / declaration is found to be wrong or false, the benefit will immediately be withdrawn apart from facing any other action which the Authority may deem fit to take.

Signature / Left Thumb
impression of the Application

NOTE:

Joint or self/ Spouse Passport Size Photographs (Three Copies) and lump sum contribution must accompany the application.

Contribution rate: _____
(for Group D – Rs.1000/-,
Group C – Rs.1350/-,
Group B & Above Rs.1750/-
DGMS and above Rs.2000/- and
ED and above Rs.2500/-
plus a nominal fees of Rs.50/- (RUPEES FIFTY ONLY) is payable once in THREE YEARS for renewal of membership, issue of fresh Identity Card etc.



FORM- I

AIRPORTS AUTHORITY OF INDIA

Handover/ Retention of the AAI Accommodation

To,
DGM (Aero)*
Airports Authority of India,
Rajiv Gandhi Bhawan,
New Delhi – 110003

Sub: Surrender/ retention of the accommodation.

Dear Sir/ Madam,

I have been allotted the AAI quarter no _____ vide letter
no _____ dated _____ (copy attached). I am resigning / superannuating
from AAI on _____ as such I would like to surrender / retain the
said accommodation to AAI w.e.f. _____.

I oblige the terms quoted in the circular no. _____

Thanking You,

Name: _____

Designation: _____

Emp No.: _____

Place of work: _____

Place:

Date

- NOTE:
- (1) The retention of accommodation after retirement, the rules, recovery etc. shall be followed as applicable in Authority.
 - (2) * The Authority may change as per the place of posting of the employee