# Check List of Documents required for grant of Pension Gratuity and Commutation on Superannuation of a Govt Servant.

S.No.	FORM NO.	DESCRIPTION	REMARKS
1.	Form- 8	Letter to the Account Officer	INCINIMINA
		regarding Forwarding of	
		Pension Papers	
2.	Form-I	Nomination form for grant of	
0		Gratuity GPF and CGEIS	
3.	Form –A	Nomination for Arrear of	
		Pension and Commutation of	
4.	Farm 4A	Pension	
4.	Form - 1A	Application for commutation o	
	Part-II &III	pension percentage of	
		superannuation of pension	
		without medical examination if	
		not applied in Form-5 of	
5.	Course 2	CCS(Pension) Rule 1972.	
6.	Form-3 Form-4	Details of family	
7.	Form-5	CGEIS	
1.	Form-5	Particulars of retiring Govt	
8.	Commo 7 mont II	servant	
0.	Form-7 part-II	For assessing Pension/Family	
9.	Domeion colonistics Of the	pension and Gratuity	
10.	Pension calculation Sheet		
11.	Personal Identification		
12.	Annexure-XI	Undertaking by the Pensioner	
12.	Form-24	Certificate of Verification of	
13.	Form 20	service	
14.	Form-26	<u>Undertaking</u>	
14.	Option for Medical card or Medical		
15.	Allowance		
15.	Annexure –XI	Payment of Pension under A/c	
		No through your	
16.	Undoutoking	bank.	
10.	Undertaking regarding handover the PPO		
17.	Certificate by the Bank Manager		
18.	Specimen signature		1
	X		
19.	Undertaking regarding Excess payment		-

### FORM 8

[See rule 61 (1)]

[Form of letter to the Accounts Officer forwarding the pension papers of a Government servant)

THE GAZETTE OF INDIA: EXTRAORDINARY Sir,

> No..... Government of India Ministry of Department/Office

> > Dated the

To The Controller of Finance authorization of pension. Sir, I am directed to forward herewith the pension papers of Shri/Smt/ Kumari.....of this Ministry/ Department/Office for further necessary action. 2. The details of Government dues which will remain outstanding on the date of retirement of the Govt. servant and which need to be recovered out of the amount of retirement gratuity are indicated below-(a) Balance of the house-building or conveyance advance Rs. (b) Overpayment of pay and allowances including leave salary Rs. (c) Income Tax deductible at source under the Income Tax Rs. Act, 1961 (43 of 1961) (d) Arrears of license fee for occupation of Government Rs. accommodation (e) The amount of license fee for the retention of Rs. Government accommodation for the permissible period beyond the date of retirement (f) amount to be withheld as per intimation of the Rs. Directorate of Estates under rule 72(5), if any (g) Any other assessed dues and the nature thereof Rs. for authorization of

- 3. Your attention is invited to the enclosures forwarded herewith.
- 4. The receipt of this letter may be acknowledged and this Ministry/Department/Office informed that necessary instructions for the disbursement of pension have been issued to disbursing authority concerned, under intimation to the retiring Government servant/pensioner.
- 5. The retirement gratuity will be drawn and disbursed by this Ministry/Department/Office on receipt of authority from you. The outstanding Government dues as mentioned in paragraph 2 will also be recovered out of the retirement gratuity before making payment.

Your Faithfully,

Registrar

### List of enclosures

- (1) Form 5 and Form 7 duly completed, along with enclosures and checklists.
- (2) Service Book (date of retirement to be indicated in the service book).

### NOTES

- When initials or name of the Government servant are or is incorrectly given in the various records consulted, this fact should be mentioned in the letter.
- 2. If a Government servant is compulsorily retired from service and delay is anticipated in obtaining Form 5 from the Government servant, the Head of Office may forward the pension papers to the Accounts Officer without Form 5. The Form 5 may be sent as soon as it is obtained from the Government servant.

### Form 1

### Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme

[See Rule 53 of CCS (Pension) Rules, 1972, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees' Group Insurance Scheme, 1980]

I, ......, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

any gratuity the payment of which may be authorised under rule 50 of CCS (Pension) Rules

amount that may stand to my credit in the General Provident Fund i.

any amount that may be sanctioned by the Central Government under the Central Government ii. 111. Employees Group Insurance Scheme, 1980

Name, date of birth (DOB) and address of the nominee	Relation-ship with employee/ pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee/ pensioner	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
	2	3.	. 4 .	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant Telephone No.

Note 1: Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i), (ii) and (iii) above

Note 2: The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

# (To be filled in by the Registrar/authorized Officer)

received the nominations, dated, under the following Rules:-
1. Central Civil Services (Pension) Rules, 1972 for Gratuity
2. General Provident Fund (Central Services) Rules, 1960
3. Central Government employees Group Insurance Scheme, 1980
made by Shri/Smt./Kumari
Designation
Office
(Strike out which nomination is not received)
Entry of receipt of nomination(s) has been made in pageVolume of Service Book.
Name, Signature and Designation of Registrar/authorized Officer with seal
Date of receipt

The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on both pages of this Form.

### Form A

## (Common Nomination Form for Arrears of Pension and Commutation of Pension)

[See Rule 5 of Payment of Arrears of Pension (Nomination) Services (Commutation of Pension)	Rules, Rules, 19	<u>1983 and Ri</u> 9811	ile 7 c	of Central Civil
I;	hereby	nominate	a se para to d	person/persons

mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

- i. Arrears of Pension
- Commuted Value of Pension payable under Central Civil Services (Commutation of Pension)
   Rules, 1981

Name, date of birth (DOB) and address of the nominee	Relationship with employee/ pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB and address of alternate nominee in case the nominee under Column (1) predeceases the employee/ pensioner	Relationship with empl- oyee/ pensi- oner	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3.	4	5	-6.	7 .	. 8

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant/Pensioner Telephone No.

Note 1: Completely strike out the benefit for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i) and (ii) above.

Note 2: The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

# (To be filled in by the Registrar/authorized Officer)

Received the nominations, dated, under the following Rules:-
1. Payment of Arrears of Pension (Nomination) Rules, 1983
2. Central Civil Services (Commutation of Pension) Rules, 1981
made by Shri/Smt./Kumari
Designation
Office
(Strike out which nomination is not received)
Entry of receipt of nomination(s) has been made in pageVolume of Service Book.
Name, Signature and Designation of Registrar/authorized Officer with seal
Date of receipt

The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on both pages of this Form.

### FORM I-A

# FORM OF APPLICATION FOR COMMUTATION OF A PERCENTAGE OF SUPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION IF NOT APPLIED FOR IN FORM 5 OF CENTRAL CIVIL SERVICES (PENSION) RULES, 1972

[see Rules 5(2), 12,13(3), (3A), (3B), 14(1) and 15(3)] (To be submitted in duplicate at least three months before the date of retirement)

	(10 be submitted in authorise at least titles maring proofs me date of formal
	PARTI
To	The
	(Here indicate the designation and full address of the Head of Office)
Subje	ect:- Commutation of pension without medical examination.
	I desite to commute a percentage of my pension as indicated below in accordance with the sions of the Central Civil Services (Commutation of Pension), Rules, 1981. The necessary ulars are furnished below—
1,	Name (in Block Letters)
2.	Father's/husband's name
3:	Designation at the time of retirement —
4	Name of Office/Department/Ministry in which employed
<b>S</b> .	Date of birth (by Christian era)
6.	Date of retirement
7.	Class of pension on which retired
8	Percentage of monthly pension proposed to be commuted
	(indicate percentage, equal to or less than 40%)
9.	Details of Bank account to which monthly pension shall be credited:
	(i) Name of Bank and Branch
	(ii) Account No.
	(iii) BSR Code

Place Date: Signature Postal Address

### PART II ACKNOWLEDGEMENT

(Design applicat with/wi	ed from Shri/Smt
examina	ation.
Place:	Signature
Date:	Registrar
Form an acknowl applican been put	If the application has been received by the Registrar at least 3 months before the retirement on superannuation, this acknowledgement should be detached from the detached over to the applicant. If the form has been received by post, it has to be edged on the same day and the acknowledgement sent under registered cover to the t. In case it is received after the specified date, it should be accepted only if it has to the post on or before that date subject to the production of evidence to the or the applicant.
	PART III
(i) (ii) (iii) (iv) (v) 2. Th	the Controller of Finance with the remarks that - the particulars furnished by the applicant in Part I have been verified and are correct; the applicant is eligible to get a percentage of his pension commuted without medical examination; Amount of pension authorized. [In case final amount of pension has not been authorized, indicate the amount. of provisional pension sanctioned under Rule 64 of the Central Civil Services (Pension) Rules, 1972] the commuted value of pension determined with reference to the Table applicable at present comes to Rs the amount of residuary pension after commutation will be Rs
da	Ministry/Department/Office Letter No
3. Th	e receipt of Part I of the Form has been acknowledged in Part II which has been warded separately to the applicant on
Place:	Signature
Date:	Registrar



### FORM 3

# [See Rule-54 (12)]

	Designation			* 1		
	The second secon	Arman et de la	7	**************************************		
	Date of appointment	er va ta ôv				
SI.	AILS OF THE MEMBER OF FAN Names of the members of family*	Date of birth	Relationship with the	Marital Status	Remarks	Dated sign. of Head of
No.		1	Officer 4	6	6	Office
1.	2		· · · · · · · · · · · · · · · · · · ·			
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·9.	The state of the s					
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<u>IL</u>						
12.						
I her	t eby undertake to keep the above parti	iculars up-to-date by	notifying to the I	Head of Office	any addition or	alteration.
Plac	<u>Q (saaraanan mananana</u>			From	inge of Govern	meni Servant
Date	ed the		Ę.			
i desert	<u> </u>	<del> </del>				
in this	<ol> <li>The original Form submitted by I s Form under the signature of Head of roment, servant should authorit the det</li> </ol>	Office m Col / No I	IGM ROTH WITT ZHE	surme me origi	is/alterations ar nal Form: How	e to be recorded eyer, the retiring

Note 3.—The Head of Office shall indicate the date of receipt of communication regarding addition or alterations in the family in the 'Remarks' column. The fact regarding disability or change of manifal stams of a family member should also be indicated in the 'Remarks' column.

Note 4 - Wife and husband shall include indicially separated wife and



# Form-4 [See Para, 11.1] (GROUP INSURANCE SCHEME)

To .	
¹Ţhė	The second secon
NAME OF THE PROPERTY OF THE PR	
Sub: - Application for payment of accumula	tion under Central Government Employees! Group
Insurance Scheme, 1984	
Sir,	
I have been a member of the Central Gover	nment Employees' Group Insurance Scheme, 1984 since
² . I have retired	from service after attaining the age of
years/I have ceased to be in employment with the C	entral Government with effect from
I was holding the post of	before retirement/cessation of employment
with the Central Government. I request that the amo	ount due to me under the Central Government Employees'
Group Insurance Scheme may be paid to me.	
	Yours Faithfully,
Place :	Name of the Employee
uale.	Designation

- 1. Designation and address of the Head of Office.
- 2. Month & the year of becoming a member of the scheme may be indicated here.

FORM 5.

[See rules 59 (1) (c) & 61(1)]

[Also see rules 5 (2), 12, 13 (3), 14 (1) and 15 (3) of Central Civil Services (Communicion of Pension) Rules, 1981]

Particulars to be obtained by the Head of Office from the retiring Government servant six months before the date of his retirement

1.	Name	······································
2.	(a) Permanent Account Number for Income Tax	× (PĀN)
15. 1	(b) Aadhaar No.; if available	
ä.	Specify a few marks of identification, not less it	nan two, if possible
80		
		Andrich dinapulation and an analytic and an anticome and an analytical and an analytical and an analytical and
4.	Height	AND THE RESERVE OF THE PROPERTY OF THE PROPERT
5.		r future correspondence:
	Tan Silver Silve	······································
6.		editéd:
	(Joint account, either or survivor, with the spou	se)
	(In case the Head of Office is satisfied that it is account for reasons beyond his/her control, this	s not possible for the retiring Government servant to open a joint is requirement may be relaxed)
7.	Name of the Branch of Bank through which per	nsion is to be drawn
	(a) BSR code of the branch	was a second and the
E.	(b) IFSC code of the branch	epperature and a constructive and a
8.	Indicate whether family pension is also admissit Public Sector Undertaking/Autonomous body/Li	ble from any other source - Military or State Government and/or a ocal Fund under the Central or a State Government
		ti i 1885 ji tangahar santah kada matan na kada maka maka maka maka maka maka mak
9.	I desire to commute	y superannuation pension in accordance with the provisions of the 1) Fluies, 1981.
grai	I am aware that future good conduct of the part of pension/family pension and its continuance	pensioner/family pensioner shall be an implied condition for every it.
Enc	losures as per check-list are enclosed.	Signature:
		Designation
Pla	ce : Minist	fry/Department/Office:
		Mobile No:
Dat	e:	Emall ID:
vai	S 2 Minimum and Market Commence	
<u> </u>	<u>ئىيىن بىدۇرۇپ بىلىنىڭ</u>	25.5
Not	desire to commute a percentage of pensic	
Not	(Commutation of Pension) Rules, 1981 is	if superannuation pension in Form 1-A of Central Civil Services required to be submitted in ease the retiring Government servant in after submission of this form but three months before retirement.
Not	e 3: It is in the interest of the Government serva	nt to provide E-mail ID and Mobile number, which facilitates future
9.	sold by : AMIR BOOK DEPOT. 4	070, Nai Sarak, Delhi-06. 含 23918707. 23918826

### Check List of Documents to be submitted with Form 5

S.No.	Description of documents to be enclosed	Whether enclosed
1.(a)	Two specimen signatures (to be furnished in a separate sheet)	
(p)	Additional information (Only in case of an illiterate or disabled Government servant):	
	Two slips each bearing the left hand thumb and finger impressions duly attested may be furnished by a person who is not literate and cannot sign his name. If such a Government servant on account of physical disability is unable to give left hand thumb and finger impressions of the right	
	hand. Where a Government servant has lost both the hands, he may give his toe impressions.	
	Impressions should be duly attested by a Gazetted Government servant.	
2.	Three copies of passport size joint photograph with wife or husband. Where it is not possible for a Government servant to submit a photograph with his wife or her husband, he or she may submit separate photographs.	
	The photographs shall be attested by the Head of Office.  Three copies of passport size photograph of disabled child/siblings/dependent parents, if applicable. (To be attested by the Head of Office)	· · · · · · · · · · · · · · · · · · ·
3	Details of the family in Form 3.	
4.	Undertaking in Form 26, for those who served in Security-related or Intelligence: Organisations referred to in rule 8 of the CCS (Pension) Rules, 1972	and the second s
5.	Written statement for counting of period of service under rule 59(1) (a), if any	
6.	Undertaking for refunding any excess payment made by the pension disbursing. Bank	
7,	Nemination for gratuity, CGEGIS and GPF in Common Nomination Form	
8.	Nomination for arrears of pension and commuted value of pension (if applied for commutation of pension) in Common Nomination Form	
9.	Option for availing Fixed Medical Allowance or Health Scheme (DGEHS)	
10.	Bank A/C Details for Payment of Commutation of Pension, Gratting.	

# Form-7 (See rules 58, 60, 61 (1) & (3) and 65 (1)]

# FORM FOR ASSESSING PENSION/FAMILY PENSION AND GRATUITY (To be sent six months before the Date of Retirement to the PAO)

1.	Name of the retiring Govt. Employee
2.	Father/ Husband's name
3.	PAN No.
-4:	Height & Marks of Identification
5.	Date of Birth
6.	Service to which belongs
	(Indicate name of organised service, if any, otherwise say, General Central Service)
7.	Particulars of post held at the time of retlrementi-
3	(a) Name of the Office
	(b) Post Held
*	(c) Scale of pay/Pay Band & Grade pay of the post
*	(d) Basic Pay / pay in the Pay Band & Grade pay
*	(e) Whether the appointment mentioned above was under Government:
34	or outside the Government on foreign service ferms, pro-
	(f) If on foreign service, scale of pay/ pay band, pay in the pay band &
	grade pay of the post in the parent department
8.	Whether declared substantive in any post under the Central Government
9.	Date of beginning of service
10.	Date of ending of service
1.1	
	(a) Superannuation (Rule 35)
*	(b) Voluntary retirement on being declared surplus (Rule 29-A)
(41	(c) Voluntary/ premature retirement at the initiative of the
	Government servant under rule 48, 48-A and FR-56-K
	(d) Premature retirement at the initiative of the Government (rule 48 or 56 (ii)
	(e) Permanent absorption in public Sector undertaking/
	autonomous body (Rule 37 or 37-A/97-B)
	(f) Invalidment on medical ground (Rule 38)
	(h) Compulsory retirement (Rule 40)
	(i) Removal/dismissal from service (Rules 24 and 41)
	(I) Death
12.	In the case of compulsory retirement the orders of the competent authority whether pension may be allowed at full rates or at reduced rates and in case of reduced related, the percentage at which it is to be allowed.
13.	In case of removal/ dismissal from service whether orders of competent authority have been obtained for grant of compassionate allowance and it so; at what rate: (Please see Rule 41)
70.	

(d) If answer to (c) above as in the affirmative, we the terminal benefits have been refunded			the second second	
		1,5		
15. Particulars relating to service in autonomous bo	and the second of the		5 TOTAL OF THE STREET	
(a) Particulars of Service:	· · · · · · · · · · · · · · · · · · ·	na anglishingar		
Name of Organisation	Post held	From	Period of Ser To	vise Period
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its pensionary liability to the Central Govt	*******************	*************		and the second state of the second state of the second
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<ol> <li>Whether any departmental or judicial proceedings in te</li> </ol>	ims of instille isional fill the	итреци <del>ч</del> аны		camanang came;
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mulars relating to military service, if any

Note	If the officer was on foreign service immediately preceding retirement, the notional emoluments which
147,654	he would have drawn under Government but for being on foreign service may be mentioned in items
	(a) and (b) above (Note 7 below Rule 33)
600	A remark amount of Pule 24)

- Emoluments or average emoluments (whichever is higher) (d) to be reckoned for pension (Rule 49)
- Emoluments reckoned for retirement granuity/death grainity (Rule 50) (e)
- (f) Pay reckoned for family pension (Rule 54)
- Amount of retirement gratuity/death gratuity (Rule 50) 19, (Refer S. No.9 of Calculation Sheet)
- 20. Details of Government dues recoverable out of gratuity -
  - Licence fee for Government accommodation [see sub-rules (2), (3) and (4) of Rule 72]
  - Dues referred to in Rule 73 and the second s (b)
  - Amount indicated by Directorate of Estates to be (c) syntheid under sub-rule (5) for Rule 72
- Proposed pension/service gratury (Rult 49) 21. (a)

13

- Proposed dearness relief on pension (as on the date of refirement)

22. Rate of Family pension-
(a) Enhanced rate [Rule 54(3)]  (6) Period for which family pension will be payable at enhanced rate  (c) Ordinary rate [Rule 54(2)]  (d) Date from which and its continuous conti
(d) Date from which ordinary rate of family pension will be payable
23. Commutation of pension-
<ul> <li>(a) Whether simultaneously applied-for-commutation of pension with the pension application (applicable only in the case of those who retire on superannuation pension).</li> <li>(b) The percentage of pension commuted.</li> <li>(c) Amount of monthly pension commuted.</li> <li>(d) Commuted value of pension.</li> <li>(e) Amount of residuary pension after deducting.</li> <li>(f) Date from which reduced pension is payable.</li> <li>(g) Date from which commuted pension is to be restored.</li> </ul>
24. Post-retirement address of the retiree

Cond.....FORM No. 7

Signature of the Registrar

# PART - II

<ol> <li>Date of receipt of pension papers by the Accounts Officer from Head of Office</li> <li>Entitlements admitted.</li> </ol>
A. Length of Qualifying service.  B. Pension-  (i) Class of Pension.
(ii) thought of monthly pension
(iii) Date of commencement
o. John dation of Fension-
(i) Portion of pension commuted, if any
(") sommuted if any
(iii) Residually perision after commutation
(17) Bate from which realized pension is navable
(*) Bate of restoration of commuted portion of pension
subject to the pensioner continuing to live.
5. Notifement Death Gratuity
(i) Total amount of gratuity
(ii) mind to be adjusted towards affeats of license fee for
Government accommodation and licensee fee for retention of
Govt. accommodation beyond retirement [Rule 72(1) and 72(4)  Amount intimated by Directorate of Estes for being withheld
(iii) on account of unassessed license for Chile 40/5
(iii) on account of unassessed license fee Chile 12(5)
those pertaining to Government accommodation (Rule 73)
(v) Net amount to be released immediately
· anniy pension-
(i) Al enhanced rate
( ) - 1.10 in Willott I allilly Delision at enhanced rate is navelle
(III) At Horman fale
or retirement/
death gratuity and family pension are to be debited

**Deputy Finance Officer** 

e'	17 CHECK LIST FOR HEAD OF OFFICE FOR TIMELY PROCESSING OF R	ETIREMENT DUES
	L whether returing employee is an allottee of Government accommodation	harden de la companya
2	2. If retiring employee is not an allottee of Government accommodation,	
	date on which 'No demand certificate' issued by the office	ana na manana
1	Le The date on which action initiated to obtain the No demand	
	certificate from the Directorate of Estates as provided in rule 57-	. Louis composition agriculturing
2	Date of receipt of 'No demand certificate' from Directorate of Estates	ahaalahaaaa.aa
	Date on which intimation regarding any recovery/withholding of	
	amount from gratuity received from Directorate of Estates	princes out in the constant of
6	Date on which action initiated to assess the service and	
	emoluments-qualifying for pension as provided in rule 59	· · · · · · · · · · · · · · · · · · ·
7	Date on which action initiated to assess the Government dues other than the dues	5 5 5 5 5 8
	relating to allotment of Government accommodation as provided in rule 73 (1)	proving the state of the state
. 8		***
	a certificate regarding the length of qualifying service and the emoluments/ average	
	emoluments proposed to be reckoned for retirement gratuity and pension.	www.nonanananananananananananananananananan
9		
10		
1.1	And the same of th	
	(i) death gratuity/retirement gratuity	Township to the property of th
	(ii) payment under CGEGIS	wenness synchrists - waste stores
	(iii) amount of GPF, if applicable	Here with the state of the stat
	(iv) arrears of pension	www.singanones.singanones.
	(v) commuted value of pension (if applicable)	or the second
12.	<ul> <li>Has the retiring Government servant worked in any of the organisations mentioned in sub-rule 3A of rule 8 of the CCS (Pension) Rules, 1972.</li> </ul>	
	(ii) If yes, whether an undertaking in Form 26 has been obtained along with Form 5 and placed on record	
13	Whether Details of family in Form 3 attached	desirentalista de la companya de la
14.		·eatericalisticalisticalistics
15.	Whether Medical certificate of incapacity (for invalid pension) attached.	Arriginal management of the
190	with confidence with the confidence of the confi	
16:	be found elsewhere attached (if claim is for compensation pension or gramity).	www.compounds.compounds.com
÷0.	Whether the Orders of the competent authority regarding grant of pension in the cases of compulsory retirement/dismissal/removal against frem No. 12 or 13 placed on record.	
17.	Whether a statement indicating the reasons for delay in case the pension papers are not	<del>direction</del> de la compansión de la compa
***	forwarded before six months of the refreement of Government servant attached	
18.	Whether brief statement leading to reinstatement of the Government servant attached	Same of the second
٠٠,	(In case the Government servant has been reinstated after having been suspended	
1	compulsorily retired, removed or dismissed from service.)	
	sawkamacal tenteri' temoked of cipitiisserkitoin.setAiceil	······································

11 AP 1

# PENSION CALCULATION SHEET

	1.	Name
	2.	Designation.
	3.	Scale of pay/Pay Band & Grade pay.
	4.	Date of birth.
	5.	Date of entry in the Government service.
	6.	Date of retirement
	7.	Length of qualifying service reckoned for pension/gratuity
		(as indicated in PPO).
	8.	Emoluments drawn during the last ten months
	9.	(1) Emoluments or Average emoluments, whichever is more
		beneficial for pension (as indicated in PPO)
		(2) Pension admissible (if qualifying service is ten years or more).
		Calculations to be shown as follows:-
		Emoluments or Average Emoluments/2
	10.	(1) Emoluments for gratuity (as indicated in PPO)
		(2) Retirement gratuity admissible
		Calculation to be shown as follows:-
		Emoluments/4 x Qualifying Service (In completed
		six monthly period, not exceeding 66.).
	11.	(1) Pay for Family Pension (as indicated in PPO)
		(2) Family Pension admissible
		Calculations to be shown as follows:
		(a) Ordinary Family Pension
		ray x 50% subject to prescribed minimum and maximum
		(b) Enhanced Family Pension:
		Pay+2.
		[Subject to prescribed minimum and maximum as per Rule 54].
		Registrar
		Countersigned by
		Demote Figure 000
		Deputy Finance Officer
Cop	y to	:- Shri/Smt/Kumari
retir	ing	Govt. Servant

	PERSONAL I	DENTIFICATION OF	San	
	Reti	ring onon su	perannuation.	
12				a " v
	HEIGHT:-	* * * * * * * * * * * * * * * * * * * *		
	IDENTIFICATION:-	* * *		
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		Residential Address:-		
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ANNEXURE-XI (See para 12.3 page 6)

# SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

То		Date
The Branch Manager	2 PA 4	
	(Bank)	
	(Branch & address)	
Dear Sir,	( × 22 22 23 23)	
Payment of pension unde	r P.P.O. No.	through your office.
refund or make good any amount to my account in excess of the undertake and agree to bind my indemnify the bank from and agrey pension to my account under the count under the	It to which I am not entitled amount to which I am o yself and my heirs, successainst any loss, suffered or the scheme and to forthwice.	eed to make payment of pension due undersigned agree and undertake to or any amount which may be credited or would be entitled. I further hereby ssor, executors and administrators to incurred by the bank in so crediting th pay the same to the bank and also by debit to my said account or any of the bank.
		Yours faithfully,
		Signature:
		Name:
		Address:
Vitnesses:		
1) Signature:	(0)	
Name:	(2)	Signature;
Address:		Name:
Date:		Address:
		Date:

### Form 24 (See Rule 32) FORM OF CERTIFICATE OF VERIFICATION OF SERVICE FOR PENSION.

### Certificate

It	is	clarified,	in	consultation	with	the	Account	officer	that
Shri		********************					1 2000 00010	Design	ation
of		year	· · · · · · · · · · · · · · · · · · ·	has co	mpleted month	a and	qualify davs a	ying as on (c	service
and verif	in ac icatio	ccordance with on of service	th the under	service has been rules regarding r sub rules (1)	qualifying and (2)	ng serv	ice in force	e at prese	ent. The
when	ices/( i nec	Pension) Rule essitated by a	es, 197 subse	2 shall be treat quent change in les for pension.	ed as fina	al and s	shall not be	re-onened	excent
			DET	AILS OF OUA	TEVINO	CEDY	TCE		

S. No.

From S. No.

Period

Period

To Period

То	
	Shri
	(Name and Designation)

Signature of Registrar

### FORM-26 [See Rule 8 (3-A)]

## UNDERTAKING

4. L.		, dipunentaj gradista kan en e	er ek ek ku sayang baran bang sagat bara	who	have worked in
					er sembles i
international contraction		ificiki nasambana	and the second second second second in	***************************************	anijitangaisilitasis
	ition, [Organization as in	aludad in the Co	econd Schedule fo	ine Right to Inform	nation Act 2005I)
(Name of the Organiza	inon, jurganization as in	ičinneniu rije o	ecotto éculegalo-re	rate ragin to mond	i <del>dezit iizi</del> i Ezzan
in the post of	<u>anner spanning op er bleger fil kingsport</u>	for the period	from	tö:io	ingerijasiyasiyasiyasi
					<del></del>
hereby solemnly declar	ire that, save with prior a	approval of the (	Competent Author	ify, I shall not publis	sh in any manner
while in service or after	er my retirement from ser	rvice, any inforn	nation which I have	e obtained by virtue	of my working in
*	ation and which is likely		4 5		
			18		
security, (iii) strategic,	(iv) scientific, or (v) econ	ornic interests o	f the State, or (vi)	in refation with a for	eign State, or (vii
which would lead to in	ncitement of an offence.	This declaration	n is notwithstandi	ng my responsibiliti	es and flability, in
	*				8 H 32 VS04 W 188
terms of the relevant (	Conduct Rules, Pension I	Hules, Laws dea	aling with offences	relating to official s	ecreis of Halloria
security and the Intellig	gence Organisation (Res	triction of Right)	Act, as the case m	ay be. I further agre	e that in the even
of any failure of the ab	ove undertaking by me, th	he decision of th	e Government as	to whether it was lik	ely to prejudicially
		F4			
affect any of the seve	n aspects stated above	shall be binding	on me.		
	eren	dia inanggarangan	and the second	- tama aftha dàlàira	nt Dánsinn Dúlac
2. Lan aware tha	t the pension which may l	be granted to me	eauerremene, n	TIGITIE OF DIG LEIGAG	IIEI-enstati i-tates
can be withheld or wi	thdrawn, in full or part, fo	or any failure of	this undertaking o	liven.	
		€,			
		- 1		2 2 2 2	
		tei	Signa	ture of the Govern	ment Servant
		7 99 99 90		teration of the so-	E general and the state of
*	*	47:10		75 76	
Place	-manuscript			, - ; - ;	
Dated	en Visite		e de e e		** :
				*	
					## T

### "OPTION FOR MEMBERSHIP OF DELHI GOVERNMENT

### RETIRED EMPOYEES HEALTH SCHEME

I hereby opt for the	he membership of Delhi G	overnment Retired	Employees Health	Scheme	w.e.f.
and the second s	for availing the medic	al facilities for which	Lshall deposit sub	scription in	lump
			Character at a second second second		
sum (equal to 10 years of	f subscription) for the life ti	me membership.	#		

Designation

To,		
The Branch Manager	Date:	· · · · · · · · · · · · · · · · · · ·
(	Bank)	
	(Branch & Address)	And the second s
- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
Dear Sir,	# # # # # # # # # # # # # # # # # # #	
Payment of pension u	ınder A/C Nothr	ough your Bank.
due to me every month and undertake to refund amount which may be cor would be entitled. I heirs, successors, execuagainst any loss, suffere account under the scheurevocably authorize the	r having, at my request, agreed to make by credit to my account with you, I, the or make good any amount to which I are redited to my account in excess of the are further hereby undertake and agree to I utors and administrators to indemnify ed or incurred by the Bank in so crediting the and to forthwith pay the same to Bank to recover the amount due by debit posits belonging to me in the possession of Yours far	e undersigned, agree n not entitled or any mount to which I am bind myself and my the Bank from and g my pension to my the Bank and also t to my said account
	Signature:	
	Name:	
ere y a communicación y estable y es	Address:	
WITNESS		
1) Signature :	2) Signature :	
Name :	Name :	
Date	Date	
Address :	Äddress	

article No. 911 C.S.R.	
	or received any pension or gratuity in respect of any pension of the service
	on or gratuity as claimed herein, nor shall I submit any application, hereaft
ut quoting a reference to this application and to the	orders which may be passed thereon.
ATTESTED	
	Signature
	Thumb impression of the Pensioner
	Mumb impression of the rensioner
eclaration under Articles 920 (i) CSR to be sign	ned by the retiring Govt. Servant.
Whereas the	has consented to grant me
	2 30
ne sum of Rs.	per month as the amount of mu pension with effect from as the amount of my gratuity/death-cum-
and/or the sum of Rs.	as the amount of my gratuity/death-cum-
etirement gratuity. I hereby acknowledge that in acc ension/gratuity/death-cum-retirement gratuity, is so	repting the said amounts (s). I fully unders and that the ubject to revision and the same being found to be in excess of that I am
etirement gratuity. I hereby acknowledge that in acc ension/gratuity/death-cum-retirement gratuity, is so	cepting the said amounts (s). I fully unders and that the ubject to revision and the same being found to be in excess of that I am ection in such revision. I further promise to refund any amount paid to me
etirement gratuity. I hereby acknowledge that in acc ension/gratuity/death-cum-retirement gratuity, is so ntitled under the rules and I promise to base no obje	cepting the said amounts (s). I fully unders and that the ubject to revision and the same being found to be in excess of that I am ection in such revision. I further promise to refund any amount paid to me
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etirement gratuity. I hereby acknowledge that in acc ension/gratuity/death-cum-retirement gratuity, is so ntitled under the rules and I promise to base no object excess of that to which I may be eventually found ent Signature	cepting the said amounts (s). I fully unders and that the ubject to revision and the same being found to be in excess of that I am ection in such revision. I further promise to refund any amount paid to me titled.  Signature of Govt. Servant  Name
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### FORM 26 [See Rule 8 (3-A)]

### UNDERTAKING

Organization, [Organizations as included in the Second Schedule to the Right to Information Act, 2005]), in the post of foit the period from to hereby solemnly declare that, save with prior approval of the Competent Antibority, I shall not publish in any manner, while in service or after my religement from service, any information which I have obtained by virtue of my working in the aforesaid Organization and which is likely to prejudicially affect the (2) sovereignty and integrity of India, (3) the security, (34) strategio, (34) selectific, or (4) economic interests of the State, or (41) in relation with a foreign State, or (42) which would lead to incliement of an offence. This declaration is nonvithstanding my responsibilities and hability, in terms of the relevant Conduct Rules, Pension Rules, Laws dealing with offences relating to official secrets or national security and the Intelligence Organizations (Restriction of Right) Act; as the case may be. I further agree that in the event of any failure of the above undertaking by me, the decision of the Government as to whether it was likely to prejudicially affect any of the seven aspects stated above shall be binding on me.

2. I am aware that the pension which may be granted to me after retirement, in terms of the relevant Pension Rules, can be withheld or withdrawn, in full or part, for any failure of this undertaking given.

-Signature of the Government Servant

Place Dated



# DECLARATION REGARDING REFUND OF EXCESS PAYMENT

1	do hereby declare that the amount
Pension/Gratuity as authorized by the Pay and Accou	nts officer if afterwards found to be :
excess of the amount by which entitled under the rules	to be in
excess of the amount by which entitled under the rules months.	, I refund such excess on demand within two
	Signature :
	Name in full :
	Address:



Certif	ied	that	the	BSR	code	No	of
this		is	b	eing	provided		to
		for transfer	of his/her pen	,Designa sionary benefi	tionts in this bank.	*********	******
The	Bank	220			in	this	bank
• • • • • • • •							

Manager



# OPTION TO AVAIL MEDICAL ALLOWANCE/MEDICAL FACILITY

1.		opt to	o dra	w Me	dical Allov	wance as per the
	existing rates with my pension on mon	th to r	moni	h basi	S.	
2.	facility after retirement under DGEHS.					Reimbursement
Note :	Strike out which is not applicable.					
		070				
	\$					
		Sigr	natur	e:		
		Nan	ne :			
		Des	igna	tion:		



Sub: Undertaking from pensioner regarding to handover Pension Payment Order(PPO) (Pensioner's portion) him/her at the time of retirement alongwith other retirement dues.    Designation   Designation
account No
In compliance of Office Memorendum No.1/27/2011-P&PW(E), Govt of India, Ministry of Personnel,PG&Pensioner,Department of Pension& Pension's Welfare dated 07.05.2014, do hereby undertake that:
My Pension Payment Order (PPO)(Pensioner's Portion) may be handedover to me through DDO/HOO at the time of my retirement alongwith other retirement dues.
( Signature of the Pensioner)
Name :
Designation:

SHEET FOR SPECIMEN SIGNATURE OF THE CLAIMANT/GUARDIAN Specimen signature of Shri/SmL/Km  Designation  1.  2.  SHEET FOR SPECIMEN SIGNATURE OF THE CLAIMANT/GUARDIAN Specimen signature in Shri/SmL/Km  SHEET FOR SPECIMEN SIGNATURE OF THE CLAIMANT/SUARDIAN Decimen signature of Shri/SmL/Km  SHEET FOR SPECIMEN SIGNATURE OF THE CLAIMANT/SUARDIAN Decimen signature of Shri/SmL/Km  Beignation	Designation	Shri/ Smt./Km	!*************************************	***************************************	~-! *
2.  Thumb/finger impression of Shri/Smt./Km  SHEET FOR SPECIMEN SIGNATURE OF THE CLAIMANT/GUARDIAN  Specimen signature of Shri/ Smt./Km  1.  2.  Thumb/finger impression of Shri/Smt./Km  SHEET FOR SPECIMEN SIGNATURE OF THE CLAIMANT/GUARDIAN  pecimen signature of Shri/ Smt./Km  segnation		***************************************			
Sheet for specimen signature of Shri/Smt./Km  Sheet for specimen signature of Shri/Smt./Km  Designation  1.  Sheet for specimen signature of Shri/Smt./Km  Sheet for specimen signature of Shri/Smt./Km  Sheet for specimen signature of The CLAMANT/GUARDIAN  Sheet for specimen signature of Shri/Smt./Km  Sheet for specimen signature of Shri/Smt./Km  Sheet for specimen signature of Shri/Smt./Km  Sheet for specimen signature of Shri/Smt./Km	1.				
SHEET FOR SPECIMEN SIGNATURE OF THE CLAIMANT/GUARDIAN  Specimen signature of Shri/SmL/Km  1.  2.  Thurrib/finger impression of Shri/SmL/Km  SHEET FOR SPECIMEN SIGNATURE OF THE CLAIMANT/GUARDIAN  SHEET FOR SPECIMEN SIGNATURE OF THE CLAIMANT/GUARDIAN.  Pocimen signature of Shri/ SmL/Km  signation	*				
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