

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान

NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE

न्यू महरौली रोड मुनीरका, नई दिल्ली-110067

New Mehrauli Road, Munirka, New Delhi-110067

पेंशनभोगी द्वारा प्रस्तुत किए जाने वाला प्रमाण-पत्र

Certificate to be submitted by Pensioner

वचन-पत्र

Undertaking

मैं बिना किसी दबाव के एतद्वारा सहमति देता हूँ/देती हूँ कि सरकारी देयताओं/किरी गलतीवश मुझे किए गए अतिरिक्त भुगतान की वसूली मुझे अनुज्ञेय मेरी पेंशनराशि/ तथा मृत्यु-सह-निवृत्ति उपदान (डेथ-कम-रिटायरमेंट ग्रेचुटी) राशि में से कर ली जाये।

I hereby give my consent without pressure that the recovery of Government dues/excess payment due to any bonafied error may be made from the Pension/& DCRG admissible to me.

स्थान/Place.....

तिथि/Date.....

पेंशनभोगी के हस्ताक्षर/Signature of Pensioner

पता/Address...

दूरभाष/Tel.No

जीवन प्रमाण-पत्र

Life Certificate

प्रमाणित किया जाता है कि पेंशन भुगतान आदेश संख्या:.....
के धारक श्री/श्रीमती..... को मैंने देखा है तथा वह निम्नलिखित
तिथि को जीवित है।

Certified that I have seen the Pensioner Shri/Smt..... holder of Pension
Payment Order No..... and that he/she is alive on this date

स्थान/Place.....

तिथि/Date.....

हस्ताक्षर/Signature

(राजपत्रित अधिकारी द्वारा हस्ताक्षर किए जायेंगे)

(To be signed by Gazetted Officer)

पुनरविवाह करने/विवाहित न होने संबंधी प्रमाण-पत्र
Certificate of Re-Marriage/Non Marriage

मैं एतद्वारा घोषणा करता/करती हूँ कि मैं विवाहित नहीं हूँ/ मैंने विगत छह माह की अवधि में पुनरविवाह नहीं किया है।

I hereby declare that I am not married/have not been re-married during the past six months.

मैं एतद्वारा घोषणा करता हूँ/करती हूँ कि मैंने पुनरविवाह नहीं किया है तथा वचन देता हूँ/देती हूँ कि ऐसा करने की स्थिति में मैं लेखा अधिकारी, राष्ट्रीय स्वास्थ्य और परिवार कल्याण संस्थान को सूचित कर दूंगा/दूंगी।

I hereby declare that I have not been re-married and I undertake to report such an event to Accounts Officer, NIHFV.

स्थान/Place.....

हस्ताक्षर/Signature

तिथि/Date.....

पेंशनभोगी का नाम.....

Name of the Pensioner

पेंशन भुगतान आदेश संख्या:.....

P.P.O. No.

मैं प्रमाणित करता हूँ कि मेरे ज्ञान तथा विश्वास के अनुसार उपरोक्त घोषणा सही है।

I certify to the best of my knowledge and belief that the above declaration is correct.

राजपत्रित अधिकारी, तहसीलदार

अथवा जिला मजिस्ट्रेट के हस्ताक्षर

Signature of a Gazetted Officer

Tehsildar or Distt. Magistrate

स्थान/Place.....

तिथि/Date.....

नाम/Name.....

पदनाम/Designation.....

DETAILS TO BE SUBMITTED BY THE PENSIONER

1. Name of Pensioner/Family Pensioner : _____
Spouse name
2. P.P.O. No. : _____
3. Date of Birth of Pensioner : _____
4. Date of joining of Govt. service : _____
5. Retired from Office : _____
6. Date of Retirement : _____
7. In case of family pensioner/Date of:
Death of pensioner : _____
8. Date of Birth of family pensioner : _____
9. Saving Bank A/C No : _____
10. Present Address : _____
: _____
11. Mobile/Tel. No. of Pensioner\F. Pensioner: _____
12. E-mail ID of pensioner/Pensioner : _____

Signature of Pensioner/Family Pensioner

FORM 14

(See Rules 72(4); 74(3) and 76(2))

**Form of Application for the Grant of Family Pension on the death of
Government Servant /Pensioner
(Introduced in G.O.Ms.No.830 Finance, dated 3.12.93)**

1. Name of the applicant:

(i) Widow/Widower:

(ii) Guardian if the deceased Government Servant/ :
Pensioner is survived by Minor child

2. Name and age of surviving widow/widower and children of the deceased Government Servant/Pensioner.

Serial Number	Name	Relationship with deceased person	Date of birth by Christian era
(1)	(2)	(3)	(4)
1.			
2.			
3.			
4.			
5.			
6.			

3. Name of the deceased Government Servant/Pensioner :

4. Pension Pay Order No. of the deceased Pensioner, if any :

5. Date of death of the deceased Government Servant/Pensioner :

6. Office/Department in which deceased Government Servant/pensioner served last. In the case of Educational Institution whether it is Government/ Aided/ Panchayat/Municipal School and the District in Which the Institution falls may also be stated.

7. If the applicant is guardian, his date of birth and relationship with the deceased Government Servant/ Pensioner

8. i) If the applicant is widow/widower the details of the amount of service pension, if any which she/he may be in receipt on the date of death of the husband/wife.

ii) if the widow/widower or the son/daughter is employed the details of such employment.

9. Full address of the applicant

10. Name of the Treasury or Sub Treasury at which payment is desired.

11. Indicate whether Family Pension is admissible from any other source
(Military/Government of India/Local Body)

12. Signature or left hand thumb impression of the applicant**

13. Enclosures:

- (a) Two specimen signature of the applicant duly attested
(to be furnished in two separate sheets)
- (b) Two copies of passport size photograph of the applicant duly attested.
- (c) Two slips each bearing left hand thumb and finger impressions of the applicant, duly attested
- (d) Descriptive Roll of the applicant duly attested indicating
 - (i) Height and
 - (ii) Personal marks if any, on the hand, face, etc,(to be furnished in duplicate).
- (e) Certificate (s) of age (in original with two attested copies) showing the date of birth of the children. The certificate should be from the Municipal Authorities or from the Local Panchayat or from The Head of a recognized school if the child is studying in such school.

14. Attested by: ***

Name

Full address

Signature

15. Witnesses:

1.

2.

NOTE:

1. Proof for Death (Original or attested copy) should be attached
2. Heir ship Certificate (Original or attested copy) issued by Tahsildar/Court of Law should be furnished
3. Where claim is made by guardian, a guardianship certificate issued by Court of Law should be furnished

4. In case of claim by a widow who happened to be the second wife of the deceased, the information whether the first wife is alive or not, whether the second marriage had taken place after the demise of the first wife, whether the children are through the first wife or second wife etc., should be furnished against column 2.
5. In case where a passport size of Joint Photograph of the pensioner with wife or husband, as the case may be is already available, there is no need to obtain the photograph of the wife or husband as the case may be, again while applying for family pension on the death of the pensioner. (Introduced in G.O. Ms.No.838, Finance, date 7.10.94)

** To be furnished in case the applicant is not literate enough to sign his name.

*** Attestation should be done by one Gazetted Government Servant or one or more persons of respectability in the town or village in which the applicant resides.

SPECIMEN SIGNATURE OF

1.

2.

3.

DESCRIPTIVE ROOL OF

1. Height :

2. Personal Mark :

FORM - 1- A
FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION WHEN APPLICANT DESIRES THAT THE PAYMENT OF THE COMMUTED VALUE OF PENSION SHOULD BE AUTHORIZED THROUGH THE PENSION PAYMENT ORDER

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

PART - 1

The

(Here indicate the designation and full address of the Head of Office)

Subject: Commutation of Pension without Medical Examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below:

1. Name (in BLOCK letter)

2. Father's name (and also husband's name in case of female government servant)

3. Designation

4. Name of Office/Department/Ministry in which employed

5. Date of Birth (by Christian era)

6. Date of retirement on superannuation or on the expiry of extension in service granted under FR 56(d)

7. Fraction of superannuation pension proposed to be commuted.

8. Disbursing authority from which pension is to be drawn after retirement:

(a) Treasury/Sub-Treasury (Name and complete address of the treasury/ Sub-treasury to be indicated)

(b) (i) Branch of the nominated nationalized Bank with complete postal address

(ii) Bank Account No. to which monthly pension is to be credited each month (Bank Account should be in single name with nomination)

(c) Accounts Office of the Ministry/Department/Office

Signature
Present Postal Address

Postal Address after retirement

.....
.....

Place: New Delhi.

Date:

Form for Assessing Pension and Gratuity
[See Rule 58, 60, 61(1) and (3) and 65(1)]

(To be duplicate if payment to be desired in a different circle of accounting unit)

PART 1

1. Name of the retiring Government employee.
2. Father's/Husband's Name
3. Height
4. Mark of Identification
5. Date of Birth
6. Service to which belongs (indicate name of organized service, if any, otherwise say, General Central Service)
7. Particulars of post held at the time of Retirement
 - (a) Post held
8. Whether declared substantive in any post under the Central Government?
9. Date of beginning of service.
10. Date of ending of service
11. Cause of ending of service:
 - (a) Voluntary retirement or being declared Surplus (Rule 35)
 - (b) Permanent absorption in Public Sector Undertaking/ Autonomous Body (Rule 37-A).
 - (c) Due to abolition of post (Rule 59)
 - (d) Superannuation (Rule 35)
 - (e) Invalidment on medical ground (Rule 38)

- (f) Voluntary/premature retirement at the Initiative of the Government servant [under Rule 48, 48-A and FR 56(K)]
 - (g) Premature retirement at the initiative of the Government (Rule 48 or FR 56(f))
 - (h) Compulsory retirement (Rule 40)
 - (i) Removal/dismissal from service (Rules 24 and 41)
 - (j) 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 rates 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 if so, at what rate.
14. Particulars relating to military service, if any:
- (a) Period of military service
 - (b) Terminal benefits drawn/being drawn for Military service
 - (c) Whether opted for counting of military service towards civil pension?
 - (d) If answer to (c) above is in the affirmative, whether the terminal benefits have been refunded?
 - (e) In case of Ex-Servicemen who are Eligible for family pension under the Armed Forces Rules, whether opted to retain family pension under the Armed Forces Rules or to draw family pension under the Civil Rules.

15. Particulars relating to service in outside the institute, if any –

(a) Particulars of Service:

Name of Organization	Post held	Period	
		From	To

(b) Whether the above service is to be counted for pension?

(c) Whether the Autonomous organization has discharged its pensionary liability to the Central Government?

16. Whether any departmental or judicial proceedings are pending against the retiring employees?

17. Qualifying service –

(a) Details of omission, imperfection or deficiencies in the Service Book which have been ignored [under Rule 59(1) (b)(ii)]

(b) Period not counted as qualifying service –

- i. Boy Service (2nd proviso to Rule 13)
- ii. Extraordinary Leave not counted as qualifying service (Rule 21)
- iii. Periods of suspension not treated as Qualifying service (Rule 23)
- iv. Interruptions in service [rule 27 (I)(b) and Rule 28(C)]
- v. Period of foreign service with United Nations bodies for which United Nations pension has been availed.
- vi. Any other period not treated as qualifying service (give details)

(c) Additions to Qualifying service:

- i. Military service (Rule 19)
- ii. War service (Rule 20)
- iii. Weightage on voluntary retirement on being declared surplus (Rule 29).
- iv. Weightage under Rule 30
- v. Benefit of service in an Autonomous Body (Rule 37)
- vi. Weightage under Rule 48-B.

(d) Net Qualifying service

- (e) Qualifying service expressed in terms of completed six monthly periods (period of three months and over is treated as completed six monthly period)

18. Emoluments:

- (a) Emoluments drawn during 10 months preceding retirement –

From	To	Rate of Pay	Amount

- (b) If the officer was on foreign service immediately preceding retirement, the notional emoluments which he would have drawn under Government but for being on foreign service.
- (c) Average emoluments reckoned for pension
- (d) Emoluments reckoned for family pension.

19. Date on which the retiring employee submitted his application for pension in form 5.

20. Complete and up-to-date details of the family as given in Form 3.

Sr. No.	Name of the Members of the Family	Date of Birth	Relation with the Government Servant

21. Whether nomination made for death Gratuity/retirement gratuity?
22. The date on which action initiated to
- (a) Obtain the 'No Demand Certificate' from the Directorate of Estate as provided in Rule 57.
 - (b) Assess the service and emoluments qualifying for pension as provided in Rule 59 and
 - (c) Assess the Government dues other than the dues relating to the allotment of Government accommodation as provided in Rule 73 (1).
23. Details of Government dues recoverable out of Gratuity
- (a) Licence fee for Government accommodation [see sub-rules (2), (3) and (4) of Rule 72]
 - (b) Dues referred to Rule 73
24. (a) Proposed pension/service gratuity
(b) Proposed dearness relief on pension (as on the date of retirement)
(c) Date from which pension is to commence.
25. Rate of Family Pension
- (a) Enhanced rate
 - (b) Period for which family pension will

- be payable at enhanced rate
- (c) Ordinary rate
 - (d) Date from which ordinary rate of family pension will be payable.
26. Amount of retirement gratuity/death gratuity.
27. Commutation of pension
- (a) Whether simultaneously applied for commutation of pension with the pension application (applicable only in the case of those who retire on superannuation pension)?
 - (b) The portion of pension commuted
 - (c) Commuted value of pension
 - (d) Amount of residuary pension after deducting commuted portion
 - (e) Date from which reduced pension is payable.
28. Name and address of Bank/Pension Accounting Office from where pension is to be drawn.
29. Head of Account to which pension and Gratuity are debitible.
30. Post-retirement address of the retiree

Signature of
Dy. Director (Admn.)
(Head of Office.)

FORM 1

[See Rule 53(1)]

Nomination for Retirement Gratuity/Death Gratuity

(When the Government servant has a family and wishes to nominate one member or more than one member, thereof).

I, hereby nominate the person/persons mentioned below who is/are member(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity and payment of which may be authorized by the Central Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me at retirement may remain unpaid at my death -

Original Nominee(s)				Alternate Nominee(s)	
Name and address of nominee/nominees	Relationship with the Government Servant	Age	Amount of share of gratuity payable to each ¹	Name, Address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee pre-deceasing the government servant or the nominee dying after the death of government servant but before receiving payment of gratuity	Amount or share of gratuity payable to each ²
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nomination made by me earlier on if any which stands cancelled.

- Note (i) The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.
- (ii) Strike out which is not applicable.

Date this day of 20..... at

Witnesses to signature:

1.
2.

Signature of Government Servant

Nomination by

Date

Designation

Designation

Office

Accepted by
Dy. Director (Admn.)

FORM 3
[See Rule 54 (12)]
Details of Family

Name of the Government Servant

Designation

Date of Birth

Date of Appointment

Details of the members of my family
*as on

Sr. No.	Name of the members of family*	Date of birth	Relationship with the officer	Initials of the Head of Office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration.

Signature of Government Servant

Place

Dated the

Attested by DD(A)

*Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.

NOTE: Wife and husband shall include respectively judicially separated wife and husband.

FORM 4
 [See Rule 55 (7)]
 Nomination for Family Pension 1950

I hereby nominate the persons mentioned below, who are members of my family to receive in the order shown below the family pension 1950 which may be granted by the Central Government in the event of my death after completion of ten years qualifying service.

Name and Address of nominee	Relationship with the Government Servant	Age	Whether married or unmarried.

This nomination supersedes the nomination made by me earlier on which stands cancelled.

NOTE – The Government servant should draw lines across blank space below the last entry to prevent the insertion of any name after he/she has signed.

Dated this Day of 20
 at

Witnesses to signature

1. _____ Signature of Government servant
2. _____ Designation

(To be filled in by the Head of Office)

Nomination by _____
 Designation _____
 Office _____

Signature of DD(A)

FORM 5

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

1. Name:
2. (a) Date of birth
(b) Date of retirement
3. Two specimen signature (to be furnished in a separate sheet) duly attested by a Gazetted Government servant.
4. Three copies of passport size joint photographs with wife or husband (To be attested by the Head of Office).
5. Two slips showing the particulars of height and personal identification marks duly attested by a Gazetted Government servant.
6. Present address:
7. Address after retirement
8. Name of the treasury or the Branch of Public Sector Bank or the Pay and Accounts Office through which the pension is to be drawn.
9. Details of the family in Form 3.
10. Indicate whether family pension is admissible from any other source – Military or State Government and/or a Public Sector Undertaking/Autonomous Body/Local Fund under the Central or a State Government.

Place: New Delhi

Dated:

Signature

Designation _____

SPECIMEN SIGNATURE OF

1.

2.

3.

DESCRIPTIVE ROLL OF

1. Height -
2. Personal Mark -