

Pensioners Details with Forms

Shri/Smt./Kum/Dr.

Date of Birth :-

Designation :-

Date of Retirement :-

<u>Forms</u>	<u>No. of Copies</u>
1. FORM IA	2 Copies.
2. FORM-3	4 Copies.
3. FORM-4	4 Copies.
4. FORM-5	4 Copies.
5. ANNEXURE-A	4 Copies.
6. ANNEXURE-III	4 Copies.
7. DESCRIPTIVE ROLL	4 Copies.
8. PASSPORT SIZE PHOTOS.	4 Photos attached with form
9. SPECIMEN SIGNATURE	4 Copies.
10. MANDATE FORM	1 Original 5 Xerox copy

Mandatory Documents for Pension Process

1. 2 Xerox copies of Aadhar Card of Self & Spouse.
2. 2 Xerox copies of PAN Card of Self & Spouse.
3. 2 Xerox copies of Pension Account Passbook.

New pension savings bank account in any Public Sector Bank near your house in Mumbai/Native Place to be opened for pension as per your choice.

4 copies of your photograph with your wife/husband may be affixed in the from enclosed at (8) above. These forms may please be filled up and return to this Office with in one month.

Any difficulties please contact dealing Assistant Tel. No. 22018672.

Date :

FOR ACCOUNTS OFFICER

To,
Through CMO
CGHS Dispensary.

FORM IA

(See Rule 5(2), 12, 13(3), 14(1) and 15(3))

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

(To be submitted in duplicate at least three months before the date of retirement).

PART – I

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) Rule, 1981. the necessary particulars are furnished below :-

1. Name in block letters :-
2. Father's name (and also husband's
Name in the case of female
Government Servant)
3. Designation
4. Name of Office/Deptt/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 F.R. 56(d)
7. Fraction of superannuation from
pension proposed to be commuted.
8. Disbursing authority 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 nationalised
Bank with complete postal address.
ii) Bank account No. to which monthly
pension is to be credited each month.
- (c) Account office of the Ministry/
Department/Office.

Signature
Present Postal Address

Place :
Date :

Postal address after retirement

Form – I-A

NOTE : The payment of commuted value of pension shall be made through the disbursing authority from which the pension is to be drawn after retirement. It is not open to an Applicant to draw the commuted value of pension from a disbursing authority other than the disbursing authority from which pension is to be drawn.

- The Applicant should indicate the fraction of the amount of monthly pension (subject to a maximum of one-third thereof) which he/she desires to commute and not the amount in rupees.
- Score out which is not applicable.

PART – II
(ACKNOWLEDGEMENT)

Received from Shri./Smt./Kumari _____
_____ Applicant in part I of Form
_____ IA for on commutation of a fraction of
pension without medical examination.

Signature

Place :

Date :

Head of Office

NOTE : If the application has been received by the Head of Office before the expiry of three months before the retirement on superannuation, this acknowledgement should be detached from the form and handed over to the Applicant. If the form has been received by the post, it has to be acknowledged on the same day and acknowledgement sent under registered cover to the Applicant. In case it is received after the specified date, it should be accepted only if it has been put into the post on or before that date subject to the production of evidence to the effect by the Applicant.

PART – III

Forwarded to the Accounts Officer _____

(Here indicate the address and designation _____ with the remarks that :-

- i) the particulars furnished by the Applicant in the Part I have been verified and are correct.
- ii) The Applicant is eligible to get a fraction of his pension commuted without medical examination; and
- iii) The commuted value of pension determined with reference to the Table applicable at the present comes to Rs. _____ and
- iv) The amount of residuary pension after commutation will be Rs. _____
- 1. The pension papers for the Applicant completed in all respect were forwarded under this Ministry/Department/Office Letter No. _____ date _____ it is requested that the payment of commuted value of pension may be authorised through the Pension Payment Order which may be issued one month before the retirement of the Applicant.
- 2. The receipt of Part I of this Form has been acknowledged in Part II which has been forwarded separately to the Applicant on
- 3. The commuted value of pension is debitable to Head of Account

Signature

Place :

Date :

Head of Office

NOTE : The principal Rules were introduced by the Ministry of Home Affairs, Department of Personnel Administrative Reforms Notification No. 6(4) Pen (A)/79 dated 23.3.1981 and published as S.O. 1134 in Part II Section 3, Sub-Section (ii) of the Gazette of India dated 11.04.1981.

Dy. SECRETARY OF THE
GOVT. OF INDIA

FORM 3
[See Rule 54(12)]
DETAILS OF FAMILY

1. Name of the Government servant _____
2. Designation _____
3. Date of Birth _____
4. Details of the members of family* as on _____

S. No.	Name of the members of Family	Date of Birth	Relationship with the Officer	Marital Status	Remarks	Dated signature of Head of Office
1.	2.	3.	4.	5.	6.	7.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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

Signature of Government servant

Place

Date

* Family for this purpose means :

- (a) wife, in the case of a male Govt. servant :
- (b) husband, in case of female Govt. servant :
- (c) sons below eighteen years of age and unmarried daughters below twenty one years of age including such son of daughter adopted legally before retirement.

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

[See Rule 55(7)]

I, _____ hereby nominate the person 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 event of my death after completion of ten years qualifying service.

Name and address of nominee	Relationship with the Govt.	Age	Whether married unmarried
1.	2.	3.	4.

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

Pro forms for acknowledging the receipt of the nomination from by the Head of Office

In acknowledging the receipt of your nomination, dated the _____/cancellation dated the _____ of the nomination made earlier in respect of family pension 1950 in Form _____ I am to state that it has been duly placed on record.

Dated the _____

Designation _____

Note : The Government should draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.

Dated this _____ day of _____ 8_____ at _____

Witness to signature

1. _____

2. _____

(To be filled in by the Head of Office)

Signature of Government Servant

Designation _____

Nomination by _____

Designation _____

Office _____

Signature of Head of Office

Dated _____

Designation _____

FORM 5

[See Rules 59(1)(c) and 61(1)]

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 signatures (to be furnished in a separate Sheet) duly attested by a gazetted Government Servant.
4. Three copies of passport size joint photograph 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 person 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:

Signature

Dated, the

Designation

Ministry/Deptt./Office

-
- Two slips each bearing the “Left hand thumb and finger impressions’ duly attested maybe furnished by a person who is not literate enough to sign his name. If such a Government Servant on account of physical disability is unable to give left hand thumb and finger impressions he may give 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.
 - Two copies of the passport size photograph of self only need be furnished-
 - (i) if the Government Servant is governed by the Rules 54 of the Central Civil Services (Pension) Rules, 1972 and is unmarried or a widower or widow;
 - (ii) If the Government Servant is governed Rule 55 of the Central Civil Services (Pension) Rules, 1972.
 - 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.
 - Specify a few conspicuous marks, not less than two, if possible.
 - Any subsequent change of address should be notified to the Head of Office.
 - Applicable only where Rule 24 of the Central Civil Services (Pension) Rules, 1972 applies to the Government Servant.
-

ANNEXURE –III

Application for draval of pension through Public Sector Branch

(To be submitted in duplicate)

Sub-Treasurer

To draw my pension through Public Sector Bank and give below necessary particulars
to make arrangement in this regard –

Particulars of pensioner

- a) Name :
- b) P.P.O. No. :
- c) Present Address :

Particulars of authorized PSB

- a) Name :
- b) Branch where payment desired :

Pensioner's SB/Current Account of the
Branch to which pension is to be credited :

BSR Code :

Yours faithfully,

(PENSIONER)

PENSIONER'S SPECIMEN SIGNATURE

FOR USE IN TREASURERY

Forwarded to the treasurer officer along with Disburser's half of Shri./Smt./Kumari
..... the pension has paid for the upto the month of
.....

Sub-Treasury Officer

FOR USE IN TREASURY

Forwarded to the manager Agent (link branch of PSB). The Disburse of
P.P.O. OF Shri Smt. Kum. Bearing No. is (are) sent
herewith.

The Pensioners has been paid pension for the period upto the month of
Pension due from the moth of Is to be arranged by the Bank.

ANNEXURE "A"

To be signed by the Retiring Government Servant/Claimant vide Ministry of Finance Notification No. F-24(31)-EV/60 dated 27.09.1960.

WHEREAS the _____ (here state the designation of the officer sanctioning the Pension/Service gratuity/death-cum-retirement gratuity) has consented to grant me the sum of Rs. _____ per month as the amount of my pension with effect from _____ and or the sum of Rupees _____ as the amount of my gratuity/death-cum-retirement gratuity. I fully understand that the pension/gratuity/death-cum-retirement gratuity is subject to revision. I further promise to refund any amount paid to me in excess of that to which I may be eventually found entitled.

Signature of the Claimant.

1. Signature :
 Address and occupation :
 Of witness.

2. Signature
 Address and occupation :
 Of witness.

The declaration should be witness by two persons of respectability in the town, village or Pargana in which the Applicant resides.

ANNEXURE "A"

To be signed by the Retiring Government Servant/Claimant vide Ministry of Finance Notification No. F-24(31)-EV/60 dated 27.09.1960.

WHEREAS the _____ (here state the designation of the officer sanctioning the Pension/Service gratuity/death-cum-retirement gratuity) has consented to grant me the sum of Rs. _____ per month as the amount of my pension with effect from _____ and or the sum of Rupees _____ as the amount of my gratuity/death-cum-retirement gratuity. I fully understand that the pension/gratuity/death-cum-retirement gratuity is subject to revision. I further promise to refund any amount paid to me in excess of that to which I may be eventually found entitled.

Signature of the Claimant.

1. Signature :
 Address and occupation :
 Of witness.

2. Signature
 Address and occupation :
 Of witness.

The declaration should be witness by two persons of respectability in the town, village or Pargana in which the Applicant resides.

Name of Government Servant :

Name of Spouse :

Date of Birth of Spouse :

Marks of Identification of Spouse :

Attested

1]

2]

Signature of Govt. Servant

Date

.....

Name of Government Servant :

Name of Spouse :

Date of Birth of Spouse :

Marks of Identification of Spouse :

Attested

1]

2]

Signature of Govt. Servant

Date

SPECIMEN SIGNATURE OF _____

1.

2.

DESCRIPTIVE IN RESPECT OF _____

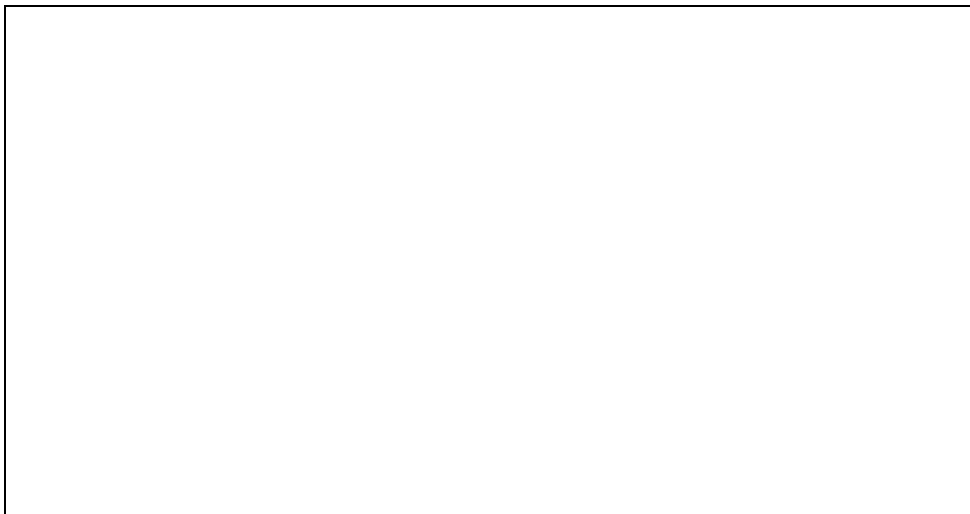
HIGHT _____ CMS.

PERSONAL MARKS OF IDENTIFICATION:

1.

2.

PASSPORT SIZE/JOINT PHOTOGRAPHS OF SHRI/SMT.KUM. _____



ANNEXURE –XI

(See para 12.3 page 6 of Scheme Booklet)

SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

Date : _____

To,

The Branch Manager,

_____ (Bank)

_____ (Branch & Address)

Dear Sir,

Payment of pension under P.P.O. No. _____ through your Office.

In consideration of your having, at my request, agreed to make payment of pension due to me every month by credit to my account with you. I the undersigned agree and undertake to refund or make good any amount to which I am not entitled or any amount, which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorise the bank to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the bank.

Yours faithfully,

Signature :

Name :

Address :

Witnesses :

(1) Signature :

Name :

Address :

Date :

2) Signature

Name :

Address :

Date :

DETAILS

Mandatory Details for Bhavishya Portal

Pensioner Name :-

Mobile No. :-

E-Mail Id :-

Blood Group :-

Pensioner Sign :-

Pensioner's Husband/Wife Sign :-

