

FORM OF APPLICATION FOR FAMILY PENSION

Application for a family pension for the family of Late

_____ in the Office/
Department of _____

1. Name of the applicant :-
2. Relationship to the deceased :-
Government Servant/Pensioner
3. Date of retirement, if the :-
deceased was a pensioner.
4. Date of death of the Government :-
servant/pensioner.
5. Names and ages of surviving kindres of the deceased-

	Name	Date of birth by Christian era.
Widow/Widower-		
Sons.	1.	
	2.	
	3.	
Unmarried daughters	1.	
	2.	
	3.	

6. Name of Treasury/Sub-Treasury:-
at which payment is desired.
7. Descriptive Roll of Sri/Smti _____

Widow/Widower/Guardian of the minor Children of Late

- i) Date of birth (by Christian Era) :-
 - ii) Height :-
 - iii) Personal marks, if any on hand or face. :-
 - iv) Signature of the left hand thumb and finger impressions
- | | | | | |
|--------------|-------------|---------------|--------------|-------|
| Small finger | Ring finger | Middle finger | Index finger | Thumb |
|--------------|-------------|---------------|--------------|-------|

8. Full address of the applicant :-

9. The following documents are also :- enclosed.

i) Death certificate :-

ii) Three copies of passport size photograph duly attested by a gazetted officer.

iii) Guardian certificate where pension is admissible to the minor children.

10. Signature or left hand thumb impression in the case of those who are not literate enough to sign their names.

ATTESTED BY :

WITNESS :

1) _____

1) _____

2) _____

2) _____

Note :- The Descriptive Roll (Column 7) and signature or left hand, thumb and finger impressions accompanying application for family pension should be in duplicate (in two separate sheets) and attested by two gazetted officers or persons of respectability in the town, village, or pargana in which the applicant resides.

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F O R M NO. 11
(Pension)

FORM FOR SANCTIONING FAMILY PENSION
(Under the Family Pension Scheme, 1964)

1. Name of the Government servant :-
2. Father's name (and also husband's:-
name in the case of a woman
Government Servant)
3. Religion and Nationality :-
4. Last appointment held including :-
name of establishment.
5. Date of beginning of service :-
6. Date of ending service :-
7. Substantive appointment held :-
8. Pension Rules opted/eligible :-
9. Length of continuous qualifying :-
service prior to death.
10. 'Pay' (as defined in Note 1 below:-
rules 141 Family Pension Schemes
1964).
11. Amount of family pension admissible:-
12. Date from which pension is to :-
commence.
13. Period up to which the family :-
pension is to continue.
14. Place of payment (Government :-
Treasury or Sub-Treasury)

The undersigned having satisfied himself of the above particulars of late Shri/Shrimati hereby orders the grant of a family pension of Rs. _____ P. only (Rupees only) per mensem to Shri/Shrimati Address which may be accepted by the Audit Officer as admissible under the Rules.

Signature

(Designation of the Sanctioning Authority)

FORM NO. -3

FORM OF APPLICATION FOR THE GRANT OF THE DEATH CUM RETIREMENT GRATUITY ON THE DEATH OF A GOVERNMENT SERVICE.

(TO BE FILLED IN SEPARATELY BY EACH APPLICANT)

1. Name of the Applicant :-
- 2.i) Name of the guardian in
Case of the applicant is a minor. :-
- ii) Date of Birth :-
3. Name of the deceased Govt.
Servant :-
4. Date of death of the Govt.
Servant. :-
5. Office/Deptt. In which the
Deceased served last :-
6. Relationship with the
Deceased Govt. servant. :-
7. Date of birth of the applicant :-
8. Name of the Treasury or Sub
Treasury at which payment is
Desired :-
9. Full address of the applicant :-
10. Signature/Thumb impression of :-
The applicant

(TO BE FURNISHED IN A SEPARATE SHEET DULY ATTESTED)

11. Attested by

<u>Name</u>	<u>Full Address</u>	<u>Signatures</u>
i.		
ii.		
iii.		

12 Witnesses

- i.
- ii.

Attention should be done by two gazette Govt. servant or more persons of responsibility in the town village or permanent in which the applicant resides.

FOR ASSESSING AND AUTHORISING THE PAYMENT
OF FAMILY PENSION AND DEATH-CUM-RETIREMENT
GRATUITY WHEN A GOVERNMENT SERVANT DIES
WHILE IN SERVICE.

(To be sent in duplicate if payment is
desired in a different circle of accounting unit).

P A R T - I

S E C T I O N - I

1. Name of the deceased Govt. Servant :
2. Father's name (and also husband's name :
in the case of female Government servant)
3. Date of Birth (by Christian era)
4. Date of death (by christian era)
5. Religion.
6. Office/Department, in which last :
employed.
7. Appointment held last
(i) Substantive
(ii) Officiating.
8. Date of beginning of service :
9. Date of ending of service :
10. (i) Total period of military
service for which pension
gratuity was sanctioned and
(ii) Amount and nature of any
pension gratuity received for
the Military service.
11. Amount and nature of any pension :
received for previous civil
service, if any.
12. Department under which service :
has been rendered.
13. The date on which intimation :
regarding the death of Govt.
servant was received by the
Head of Office.
14. The date of which action
initiated to :-
(i) Obtain claim or claims from
the claimants in the appro-
priate form for death-cum-
retirement gratuity and
family pension.
(ii) Obtain the 'No demand certi-
ficate from the Estate Officer/
Executive Engineers etc.

SECTION- II

DETAILS OF PROVISIONAL FAMILY PENSION AND GRATUITY.

Provisional family pension	: Rs.
Gratuity (the amount mentioned in item 18(b) of part I)	: Rs.
Less	
(a) Licence fee/Rent recoverable :- from gratuity for occupation of Government accommodation (as in item 21(i) of Part I)	
(b) Amount of gratuity to be held over pending receipt of information from the Estate Officer as in item 21 (ii) of Part I.	:-
(c) Other Govt. dues as mentioned in item 21 (iii) of Part I.	:- Rs.
(d) Total of (a), (b) and (c)	:- Rs.
Total	:-
Place	:-

Signature of Head of Office.

Dated the

PART - II
SECTION I

Audit Enfacement.

1. Total period of qualifying Service which has been accepted for.	:-
(i) Death-cum-retirement gratuity.	:-
(ii) Family pension 1964	:-
2. Net amount of gratuity after adjustment Govt. dues	:-
3. Amount and the period of tenability of family pension 1964. If death took place.	:- <u>Amount</u> <u>Period of enability</u>
	Rs. from to
(i) beforð seven years service	:-
(ii) after seven years service	:-

Contd.....2/-

Full postal address :

21. Details of Govt. dues recoverable :
out of gratuity.

(i) Licence/rent fee for :-
occupation of Govt.
accommodation.

(ii) Amount of death-cum-retirement :-
gratuity to be held over
pending receipt of information
from the Estate Officer/
Executive Engineers etc.

(iii) Dues other than those :-
pertaining to Govt.
accommodation.

22. Date of which claims received :-
from the claimants.

23. Name of guardian who will :-
receive payment of death-cum-
retirement gratuity and family
pension in the case of minors.

24. Place of payment (Treasury :-
Sub-Treasury or Branch of Public
Sector Bank.

25. Head of account, to which death :-
cum-retirement gratuity & family
pension are debitable.

Place _____

Rate _____

SIGNATURE OF HEAD OF OFFICE

- 4. Date from which family pension is admissible. :-
- 5. Head of Account to which death-cum-retirement gratuity and family pension are chargeable. :-

SECTION - II

- 1. Name of the deceased Govt. servant :-
- 2. Date of death of the Govt. servant :-
- 3. Date on which pension papers received by the Audit Officer. :-
- 4. Amount of family pension authorised :-
- 5. Amount of gratuity authorised :-
- 6. Date of commencement of family pension :-
- 7. Date on which payment of family pension and gratuity authorised. :-
- 8. Amount recoverable from gratuity :-
- 9. Amount of gratuity held over pending receipt of 'No demand certificate. :-

Place

Date the

Audit Officer.

FORM NO. 21

FORM OF LETTER TO THE FORWARDING PAPERS FOR THE GRANT OF FAMILY PENSION AND DEATH
CUM RETIREMENT GRATUITY TO FAMILY OF A GOVERNMENT SERVANT WHO
DIES WHILE IN SERVICE.

No. GOVERNMENT OF ASSAM
DEPARTMENT/ OFFICE

Dated the :-

To,
The Accountant General, (A & E) Assam,
Maidamgaon, Beltola, Guwahati-29.

Sub :- Grant of family pension and death cum retirement gratuity.

Sir,

I, am directed to say that Srhi
Designation died on . His/her family has become eligible for the hrant of
family pension and death cum retirement gratuity. Form 20 duly completed is forwarded herewith
for further necessary action.

2. Govt. dues in respect of the deceased Govt. servant will be recovered out of
the death cum retirement gratuity as indicated in section II of part Form No. 20.

3. Your attention is invited to the list of enclosures which is forwarded herewith.

4. The receipt of this letter may be acknowledged and this Deptt/ Office informed
that necessary instructions for the disbursement of family pension and death cum retirement
gratuity have been issued to the disbursing authority concerned.

List of enclosures
Should be mentioned.

Yours faithfully,

Head of the Office

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ANNEXURE - A

DEPARTMENTAL DATA SHEET

10 digit DDO code Type of Pension

Name	Surname	First Name	Middle Name	Sex

Designation Group/Class

a. Address before retirement

--

b. Address after retirement

--

Date of submission of Pension Papers by the Pensioner

Pension Paper forwarding department	
Office last serve	

DDO	<input type="text"/>	Telephone No.	Mobile No.
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T.O for Pension T.O for DCRG

Bank details

a) Bank Name	
b) Bank Branch	
c) Bank A/C No.	

GPF /PF account number allotted by A.G office.

Date of birth		Date of appointment	
Date of commencement of Pensionable service		Date of retirement	
		Date of death	

Date of medical certificate invalidating Govt. servant	
Date of lodging FIR in absconding cases	

Period of foreign service	From	to
Whether contribution received for the above periods	Yes / No.	

	Year	Month	Days
Gross service			
Non Q.S			
Weightage			
Net Q.S			

(21) / 5

Average Emoluments	Rs.
Last Pay	Rs.
Other Allowances [DA,DP,CCA,HRA etc.]	Rs.

Applied for commutation	Yes	No.
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Family details

Name	Relation	Date of birth	Status

Date of confirmation	
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Provisional Pension sanctioned and authorized	Rs.
Provisional D.C.R.G sanctioned and authorized	Rs.

Outstanding Govt. dues

HBA	Motor Car	Licence fee for Govt. Quarter	Others
Rs.	Rs.	Rs.	Rs.

DESCRIPTIVE ROLL OF

Wife of Late.....

- a] Descriptive Roll of
- b] Full Address

- c] Height.....
- d] Colour.....
- e] Age.....
- f] Personal mark of identification.....
- g] Signature and left hand thumb and finger impression

.....

Little
Finger

Ring
Finger

Meddle
Finger

Index
Finger

Thumb
Finger

Attested by two or more person of respectability in the Town / Village or Pargana
where the applicant reside

1.

2.

3.

Attested by

Officer -

Designation.

Signature attested in a separate sheet by the Gazatted Officer

11. Attested by

Name

Full Address

Signature

1.

2.

12. Witnesses

1.

2.

LAST PAY CERTIFICATE FOR NON-GAZETTED OFFICERS

1. Last Pay Certificate of _____
to Join the appointment of _____
proceeding to _____ to officiate as _____
on duty _____

2. He has drawn pay as _____ at the rate of Rs. _____ a month, and acting allowance as _____ at the rate of Rs. _____ a month, less the deduction shown below up to the 200 .

3. He made over charge of his duties on the _____ noon of the _____ 200

4. His General Provident Fund Account No. _____ is maintained by the account General.

5. No recoveries _____ are to be made from the pay of this officer.

The recoveries noted on the reverse

6. He is entitled to draw the following -

7. He is also entitled to joining time for _____ days

8. He finance the Insurance policies below from the Provident Fund --

Name of the Insurace company No. of policy Amount of the date premium for the payment premium.

9. The details of the Income-tax Super tax recovered from him up to the date from the beginning of the current year are noted on the reverse.

DATE AT

Name and designation of head of office.

The _____ 200

in which pay was last drawn

Deduction - On account of

Rs. _____

The words non required should be scored through with a pen

To be filled in, in office to which transferred.

assumed charge of his duties in my office on the _____

noon of the _____ 200

and the pay of the appointment he fills in my office is Rs. _____

DATE AT

Name and designation of Head of office to which

The _____ 200

transferred.

- Note :-**
1. Alast pay certificate should, without fail, be attached to the first bill in which a transferred man's name appears.
 2. The Last pay certificate of a Non-Gazetted Officer should be granted by the Head of the Office he is leaving and by the treasury Officer, and such a last-pay certificate does not need the countersignature of the A. G. when the Officer is transferred to an other State.
 3. If the Officer is being transferred otherwise than for the public convenience, the fact should be stated.

DETAILS OF RECOVERIES

Amount to the recovered _____

Nature of recovery _____

(In one sum or

How to be recovered _____

in balance Rs.)

Name of Months	Pay	Gratuity per etc.	Fund's and other deduction	Amount of Income tax recovered	Remarks
April	200				
May	200				
June	200				
July	200				
August	200				
September	200				
October	200				
November	200				
December	200				
January	200				
February	200				
March	200				

FORM NO. 5

To,

The Director of Library Services
Assam, Guwahati

Date :-

Sub :- Application for payment of amount due to late under
the state Govt. Employers Group Insurance Scheme, 1983.

Sir,

With reference to your letter No. I hereby request that the
full/100% percent of amount due to late Library,
Under the state Government Employees Group Insurance Scheme may be paid to
me.

Your's Faithfully

Name -

Vill-

P.O.-

Dist -

State - Assam