

INFORMATION/DOCUMENT REQUIRED IN FAMILY PENSION CASE

1. Name of the Bank, SB Account No. with BSR code No. to draw family pension by the wife/legal heir of deceased official.
2. Copies of Aadhar card and PAN card of the wife/legal heir of deceased official.
3. Proof of dates of birth of the family pensioner and child/children of the deceased employee.
4. Form No. 12 (Form of application for the grant of Death-Cum-Retirement-Gratuity on the death of a government servant) duly filled-in with relevant documents provided in the said form.
5. Form No. 14 (Form of application for the grant of family pension on the death of a government servant) duly filled-in with relevant documents provided in the said form.
6. Option regarding to draw medical facility from CGHS or to draw medical allowance
7. Option for obtaining the PPO either from office (Delhi Police) or from concerned Bank.
8. Descriptive roll (in-triplicate) in respect of the wife/legal heirs showing her/his height, identification mark on the hand, face etc.
9. Four (4) Passport Size photographs of the family pensioner.
10. Undertaking to refund the excess payment on account of pensionary benefit if any made, duly signed (in-triplicate)/
11. Nomination form regarding arrear of pension duly filled-in.
12. Two copies of Death Certificate of the deceased employee in original.
13. Address and contact number.
14. Blood Group
15. Under Taking

TWO SPECIMEN SIGNATURE OF _____

1. _____

2. _____

OPTION

I hereby tender option to avail Medical facility from C.G.H.S. or to draw fixed Medical Allowance as per Govt. of India's Rules, being pensioner after death of my husband late Sh. _____, expired on _____.

OPTION

I hereby tender option to avail Medical facility from C.G.H.S. as per Govt. of India's Rules, being pensioner after death of my husband_____

Signature of the claimant

NAME

DATED _____

ATTESTED

In Triplicate

List of family members of late Sh. _____

Sl. No.	Name of member of family.	Date of birth.	Relationship with the deceased.	Marital status

Signature of Applicant.

Name _____

R/o _____

ATTESTED

Left hand thumb and figure impression of the applicant, _____
w/o _____

Name:- _____

w/o _____

R/o _____

Descriptive Roll of Smt./Mr./Ms. _____

w/o late _____

Date of Birth:- _____

Height :-

Personal Marks of Identification (i)

(ii)

Signature of claimant

Specimen signature/thumb impression of _____
w/o,s/o,d/o _____ expired on _____

1. _____

2. _____

3. _____

ATTESTED

OPTION

I wish to draw my family pension through

(Name of Treasury/Sub-treasury or Bank)

After death of my husband Shri _____

expired on _____.

SIGNATURES: _____

Name of Claimant _____

Dated _____

ATTESTED

OPTION

I hereby undertake to refund the excess payment on account of pensionary benefits, if any made to me, by the Deptt. (Delhi Police).

Full name & Signature of the

Claimant_____

w/o late _____

Address_____

ATTESTED

OPTION

I give my option to draw my Pension Payment Order from the office (Delhi Police)/Bank which has been opted to draw my pension.

Signature of Pensioner

NAME _____

R/o _____

DATED _____

FORM – 3

(See Rule 54(12))
Details of Family

Name of the Government Servant:

Designation :

Date of birth :

Details of the members of my family as on

Sl.No.	Name of the members of family*	Date of Birth	Relationship with the officer	Marital Status	Remarks	Signature of Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

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 _____

Note 1. – The original Form submitted by the Government servant is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Government servant should submit the details of family afresh along with Form 5.

Note 2. – The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

Note 3. – The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should be indicated in the 'Remarks' column.

Note 4. – Wife and husband shall include judicially separated wife and husband.

SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

To

The Branch Manager

_____ (Bank)

_____ (Branch & address)

Dear Sir,

Payment of pension under A/C No. _____ through your Bank.

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 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 authorize 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:-

Witness:-

(1). Signature:-

Name:-

Address:-

Date:-

(2). Signature:-

Name:-

Address:-

Date:-

FORM- A
(See Rule 5)

Pension Disbursing Authority/Head of Office
 (Name of Bank/Treasury/Post Office/Accounts Officer, etc.)
 Place _____

I, _____ (Name of the pensioner in capital letters) hereby nominate the person named below, under Rule 5 of the payment of Arrears of Pension(Nomination) Rules, 1983.

Name and address of the nominee	Relation ship with the pensioner	If nominee is minor		Name and address of other nominee in case the nominee under column(1) predeceases the pensioner	Relation ship with the pensioner	Date of birth if the other nominee is minor	Name and address of person who may receive the Pension during the other nominee's minority	Contingency on happening of which nomination shall become invalid
		Date of Birth	Name and address of person who may receive the said Pension during the nominee's minority					
1	2	3	4	5	6	7	8	9

Signature(or thumb-impression if illiterate)

Place:-

and name of Pensioner:

Date:-

Address

Witness: Signature:

Name and Address:

Signature of Pension Disbursing Authority/Head of Office

ANNEXURE – III

APPLICATION FOR DRAWL OF PENSION THROUGH PUBLIC SECTOR BANK

To

The Pay & Accounts Officer,
DPHQ, K-Block,
Vikas Bhawan New Delhi.

Sir,

I opt to draw my pension through Public Sector Bank and give below necessary particulars to enable you to make arrangement in this regard: -

1. Particulars of pensioner :

- a) Name _____
- b) PPO No. _____
- c) Present Address _____

2. Particulars of authorized P.S.B.

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

3. Pensioner's SB/Current Account No. at the branch to which pension is to be credited

A/C No. _____

Yours faithfully,

PLACE : **NEW DELHI**

(PENSIONER)

DATED _____

PENSIONERS SPECIMEN SIGNATURE _____

FOR USE IN PAY & ACCOUNTS OFFICE

Forwarded to the Manager/Agents _____ (Link Br. of PSB). The disburser's have both halves to PPO of Sh./Smt. _____ bearing No. _____ is/are sent herewith.

The pensioner has been paid pension for the period upto the month of _____. Pension due from the month _____ is to be arrange by the bank.

STATION _____

PAY & ACCOUNTS OFFICE:

DATE _____

(WITH HIS SEAL)

