

**OPTION**

I hereby tender option to avail Medical facility from C.G.H.S. as per Govt. of India's Rules after my retirement i.e. \_\_\_\_\_.

Signature of the claimant

NAME

DESIGNATION

POSTING

DATED \_\_\_\_\_

ATTESTED

**In Triplicate**

**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 \_\_\_\_\_

**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 disbursers 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)



**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 members(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity the 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 on retirement may remain unpaid at my death: -

Original nominee(s)				Alternate nominee(s)		
Names and addresses of nominee/nominees	Relationship with the Government servant	Age	Amount or share of gratuity payable to each <sup>1</sup>	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 the Government servant but before receiving payment of gratuity.	Amount or share of gratuity payable to each <sup>2</sup>	
1	2	3	4	5	6	

This nomination supersedes the nomination made by me earlier on \_\_\_\_\_, 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.

<sup>1</sup> This Column should be fill in so as to cover the whole amount of the Gratuity

<sup>2</sup> The amount/share of the Gratuity shown in this column should cover the whole amount/share payable to the original nominee(s)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2016 at Delhi

Witnesses to signature:

1. \_\_\_\_\_ **Signature of Government Servant**

2. \_\_\_\_\_

**(To be filled by the Head of Office)**

Nominated by :-

Designation :-

Office :-

**Signature of Head of Office**

**Date** \_\_\_\_\_

**Designation** \_\_\_\_\_

**UNDERTAKING**

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

Signature\_\_\_\_\_

Name

Designation

Place of Posting

**ATTESTED**

**DESCRIPTIVE ROLL AND SPECIMEN SIGNATYURE OF RETIRING OFFICIAL**

Descriptive Roll of:-

Who is due to retire w.e.f.\_\_\_\_\_

Date of Birth:\_\_\_\_\_

Height :-\_\_\_\_\_

Personal Marks of Identification (i)

(ii)

Signature of the Government Servant

Specimen signature of :-\_\_\_\_\_

Who is due to retire w.e.f.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**ATTESTED**



**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.

## 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 (Commutation of Pension) Rules, 1981]

### **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) Permanent Account Number for Income Tax (PAN)  
(b) Aadhaar No., if available
3. Specify a few marks of identifications, not less than two, if possible
  - (i)
  - (ii)
4. Height
5. Address after retirement/permanent address for future correspondence.
6. Bank Account No. to which pension is to be credited:  
(Joint account, either or survivor, with the spouse)  
(In case the Head of Office is satisfied that it is not possible for the retiring Government servant to open a joint account for reasons beyond his/her control, this requirement may be relaxed).
7. Name of the Branch of Bank through which pension is to be drawn
  - (a) BSR code of the branch
  - (b) IFSC code of the branch
8. Indicate whether family pension is also admissible from any other source – Military or State Government and/or a Public Sector Undertaking/Autonomous body/Local Fund under the Central or a Government.
9. I desire to commute.....% (up to 40%) of my superannuation pension in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981.

I am aware that future good conduct of the pensioner/family pensioner shall be an implied condition for every grant of pension/family pension and its continuance.

Enclosures as per check-list are enclosed.

Signature:

Place:

Designation:

Ministry/Department/Office:

Mobile No.:

Date:

Email ID:

Blood Group:

**Note 1:** Commutation of pension is optional. Item 9 may be struck off if the retiring Government servant does not desire to commute a percentage of pension.

**Note 2:** A separate application for commutation of superannuation pension in Form 1-A of Central Civil Services (Commutation of Pension) Rules, 1981 is required to be submitted in case the retiring Government servant desires to apply for Commutation of Pension after submission of this form but three months before retirement.

**Note 3:** It is in the interest of the Government servant to provide E-mail ID and Mobile number, which facilitates future correspondence.

**In Triplicate**

**OPTION TO DRAW PENSION AND COMMUTATION**

**.OPTION**

I wish to draw my pension through \_\_\_\_\_  
\_\_\_\_\_ (Name of  
Treasury/Sub-Treasury or Bank) after my retirement w.e.f. \_\_\_\_\_

SIGNATURE:- \_\_\_\_\_

DATED:

NAME & DESIGNATION:- \_\_\_\_\_  
\_\_\_\_\_

**In Triplicate**

**OPTION**

I wish to draw my Commutation Pension through \_\_\_\_\_  
\_\_\_\_\_ Name of Treasury/Sub-Treasury  
of Bank) after my retirement w.e.f. \_\_\_\_\_

SIGNATURE:- \_\_\_\_\_

DATED:

NAME & DESIGNATION \_\_\_\_\_  
\_\_\_\_\_

**ATTESTED**

**CERTIFICATE**

I, \_\_\_\_\_ hereby declare that no DE/PE/Judicial Proceedings is pending against me at present. In cases, the same is instituted against me before my retirement i.e. \_\_\_\_\_, I shall inform the Department.

SIGNATURE OF THE RETIRING OFFICER

DATED:

NAME & DESIGNATION

**ATTESTED**

**DESCRIPTIVE ROLL AND SPECIMEN SIGNATURE OF WIFE /HUSBAND OF PENSIONER**

Descriptive Roll of Smt. / \_\_\_\_\_

wife of Shri \_\_\_\_\_

Date of birth \_\_\_\_\_

Height \_\_\_\_\_

Personal marks, if any (i) \_\_\_\_\_  
on the hand, face etc.

(ii) \_\_\_\_\_

Signature of retiring officer

Specimen signature/thumb impression of Smt. \_\_\_\_\_

\_\_\_\_\_ wife of Shri \_\_\_\_\_.

(i)

(ii)

(iii)

**ATTESTED**

**Form-I-A**  
**(See rules 5(2), 12, 13(3), 14(1) and 15(3))**

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

[see Rules 5 (2), 12, 13, (3), 14 (1) and 15 (3)]

**P A R T - I**

TO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Service (Commutation of Pension) Rules, 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 a female Govt. 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 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 A/C No. to which monthly pension is to be credited each month.

Contd...P/2

( C ) Account office of the  
Ministry/Department/Office

PHQ (Delhi Police)

Signature  
Present Postal Address

---

---

Postal Address after retirement

---

---

**PART – II**  
**(ACKNOWLEDGEMENT)**

Received from Shri/Smt./Kumari \_\_\_\_\_(name)  
\_\_\_\_\_(designation) application in part-I of Form I-A for Commutation of a  
fraction of pension without medical examination.

**SIGNATURE**  
**HEAD OF OFFICE**

Place:

Date:

Note: If the application has been received by the Head of office before the date of retirement on superannuation, this acknowledgement should be detached from and handed over to the applicant. If the form has been received by post, it has to be acknowledged on the same day and the 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 that effect by the applicant.





**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	Relationship with the pensioner	If nominee is minor		Name and address of other nominee in case the nominee under column(1) predeceases the pensioner	Relationship 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

Place:-  
Date:-

Witness: Signature:  
Name and Address:

Signature(or thumb-impression if illiterate)  
and name of Pensioner:

Address

Signature of Pension Disbursing Authority/Head of Office

**FORM 5**  
**( See Rule 7 )**

To  
Head of Office  
(Place)\_\_\_\_\_

I, \_\_\_\_\_(Name of the pensioner in capital letters) hereby nominate the person named below, under Rule 7 of the Central Civil Services(Commutation of Pension) Rules, 1981.

Name and address of the nominee	Relationship with the pensioner	If nominee is minor		Name and address of other nominee in case the nominee under column(1) predeceases the pensioner	Relationship with the pensioner	Date of birth if the other nominee is minor	Name and address of person who may receive the commuted value of 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 commuted value during the nominee's minority					
1	2	3	4	5	6	7	8	9

Place:-  
Date:-  
Witness: Signature:  
Name and Address:

Signature(or thumb-impression if illiterate)  
and name of Pensioner:  
Address

Signature of Head of Office:



Form-I-A

**FORM OF APPLICATION FOR COMMUTATION OF FRACTION OF PENSION  
WITHOUT MEDICAL EXAMINATION**

[see Rules 5 (2), 6(1), 12, 13(1) and (2), 14(1) and (2), 15(1) and (2) and 16(1) and (2)]

(To be submitted in duplicate after retirement but within one year of the date of retirement.)

**PART - I**

TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subject: - Commutation of pension without medical examination.

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions of the Central Civil Service (Commutation of Pension) Rules, 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 a female Govt. servant)
3. Designation at the time of retirement
4. Name of Office/Deptt/Ministry in which employed.
5. Date of Birth (by Christian era)
6. Date of retirement on
7. Class of pension on which retired.
8. 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]
9. Fraction of pension proposed to be commuted.
10. Designation of the Accounts Officer who authorized the pension and the Number and date of the Pension Payment Order, if issued

11. Treasury/Sub-Treasury (Name and complete address of the Treasury/Sub-Treasury to be indicated).
- (a) complete address of the Treasury/Sub-Treasury to be indicated).
- (b)(i) Branch of the nominated nationalized bank with complete postal address.
- (ii) Bank A/C No. to which monthly pension is to be credited each month.
- (c) Accounts Office of the Ministry/Department/Office.

Signature  
Present Postal Address

---

---

Postal Address after retirement

---

---

**PART – II**  
**(ACKNOWLEDGEMENT)**

Received from Shri/Smt./Kumari \_\_\_\_\_ (name)  
\_\_\_\_\_ (designation) application in part-I of Form I for (Designation) Commutation  
of a fraction of pension without medical examination.

**SIGNATURE**  
**HEAD OF OFFICE**

Place:

Date:

Note: If the application has been received by the Head of office before the date of retirement on superannuation, this acknowledgement should be detached from and handed over to the applicant. If the form has been received by post, it has to be acknowledged on the same day and the 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 that effect by the applicant.

**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:-



