

FORM – 3
{SEE RULE 54 (12)}

DETAILS OF FAMILY

Name of Govt. Servant : _____

Designation : _____

Date of Birth : _____

Date of appointment : _____

Details of the members of my family* as on : _____

Sl. No.	Name of the Members of Family	Date of Birth	Relationship with the Officer	Initials of the Head of Office	Remarks

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

Place:

Date :

Signature of the Govt. Servant
Mobile No.:_____

*Family for this purpose means (a) wife, in the case of a male Govt. Servant, (b) husband, in the case of female Govt. servant, sons below eighteen years of age and unmarried daughters below twenty four years of age, including such son or daughter adopted legally before retirements.

Note.- Wife and husband shall include respectively judicially separated wife and husband.

PARTICULARS TO BE OBTAINED BY THE HEAD OF OFFICE FROM THE RETIRING GOVERNMENT SERVANT BEFORE EIGHT MONTHS OF THE DATE OF HIS RETIREMENT

1. Name of the Govt. Servant :
2. Date of Birth/Retirement :
3. *Two specimen signatures duly attested
(to be furnished in a separate sheet) :
4. %Three copies of passport size/joint photographs of the Govt. servant with his/her wife/husband :
5. Two slips showing the particulars of heights and personal identification marks duly attested :
6. Present address :
7. @Address after retirement :
8. Name of the Treasury/Public Sector Bank Branch through which the Government servant wants to draw his pension :
9. @@Details of the Family in Form-3 :

Signature -

Place :

Designation –

Date:

Ministry/
Department/
Office

*Two slips each bearing the left hand thumb and finger impressions duly attested, may be 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 impression, he may give the 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.

- % Only two copies of passport size photograph of self only need be furnished
- (i) If the Government servant is governed by Rule 54 of the Central Civil Services (Pension) Rules, 1972 and is unmarried or a widower or widow;
 - (ii) If the Govt. servant is governed by Rule 55 of the CCS (Pension) Rules, 1972.

Where it is not possible for a Govt. servant to submit a photograph with his wife/her husband, he/she submits separate photographs. The photographs shall be attested by the Head of Office.

@ Any subsequent change of address should be notified to the Head of Office/Audit Officer.

@@ Applicable only where Rule 54 of the CCS (Pension) rules applied to the Government Servant.

□ □ □ □ □

A. Specimen Signature of Shri/Smt./Ku. _____

Designation : _____

1. _____ Attested :

2. _____ Attested :

B. Left hand thumb & finger impression of Shri/Smt./Ku. _____

Attested:

C. Descriptive roll of Shri/Smt./Ku. _____

1. Height : _____ cms. Attested

2. Personal marks of identification on hand, face etc.

i) _____

ii) _____

Attested:

D. Specimen Signature of Spouse (Husband/Wife).

Shri/ Smt. /Ku. _____

3. _____ **Attested :**

4. _____ **Attested :**

E. Left hand thumb & finger impression of Shri/Smt./Ku. _____

Attested:

F. Descriptive roll of Spouse Shri/Smt./Ku. _____

3. Height : _____ cms Or ___ Feet _____ Inches.

Attested:

4. Personal marks of identification on hand, face etc.

i) _____

ii) _____

**G. Land line No. _____ City code, _____
Number Mobile No/s _____ PAN No. _____
E mail ID _____ Place _____ Station Pin Code
No. _____**

Attested:

FORM – IA
(IN CASE OF SUPERANNUATION)
[See Rules 5(2), 12, 13(3), 14(1) & 15(3)]

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION WHEN APPLICANT DESIRED THAT THE PAYMENT OF THE 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)

Sub: 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 letters :
2. Father's name (and also husband's name in the case of female Govt. 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 the expiry or extension in service granted under FR (56) (II) :
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 :
- c) Account Office of the Ministry/ Department/Office

Place:
Date

Signature –
Mobile No-

Present Postal Address:

Postal address after retirement:

1. Note:- The payment of commuted value of pension shall be made through the disbursing authority from which 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 40%).

**Score out which is not applicable.

2. Note:- If the application has been received the Head of Office before the expiry of three months before date of retirement on superannuation, this acknowledgement should be detached from the Form and handed over to the applicant. If the Form had been received the 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)**

Disbursing authority/Head of Office
Name of the Bank/Treasury/Post office/ _____
Accounts Officer etc.

I,

(Name of the pensioner in capital letter)
hereby nominate the person named below under Rule 5 of the payment of
arrears of pension (Nomination) Rules, 1983.

Name & Address of the nominee	Relationship with the pensioner	If the nominee is minor		Name & Address of other nominee in case in the nominee under (column (i) predeceases the pensioner
		Date of Birth	Name & Address of person who may receive the said pension during the nominee's minority	
1.	2.	3.	4.	5

Date of Birth the other nominee is minor	Name and Address of person who may receive the pension during the other nominee minority	Contingency on happening of which nomination shall become invalid	Relationship with pensioner
6.	7.	8.	9.

Place :
Date :

Signature (or thumb impression, if
Illiterate) & Name of Pensioner with
Mobile No. _____

Signature of pension disbursing authority/Head of Office acknowledgement to be sent by the pension disbursing authority/Head of Office.

Certified that application/nomination has been received from

Shri/Smt./Ku. _____
(Name of the pensioner)

whose address is _____

Place:

Date:

Signature of Pension Disbursing Authority/
Head of Office Bank/Treasury/Post
Office/Accounts Officer.

Full Address:

APPLICATION FOR DRAWAL OF PENSION THROUGH PUBLIC SECTOR BANK
(TO BE SUBMITTED IN DUPLICATE)

To

The Pay and Accounts Officer,
Indian Bureau of Mines,
NAGPUR.

Sir,

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

1. i) Name and Designation of :
 the Govt. Servant
- ii) Present Address :
- 2.. Particulars of authorized public :
 sector bank
- i) Name of Bank :
- ii) Branch :
- iii) Location & Code No. :
- iv) Account No. :
- v) District :
- vi) State :

Yours faithfully,

(Name of the Govt. Servant)
Mobile No. _____

Encl.: Bank Pass Book Xerox copy
duly attested.

To,

The Pay & Accounts Officer,
Central Pension Accounting Officer,
Government of India,
Trikoote II, Bhikaji Cama Place,
NEW DELHI – 110 066.

Sub: Pension payment of Shri _____
Indian Bureau of Mines, _____

Dear Sir,

With reference to above, it is intimated that our branch is opened on _____ & particulars of our Branch details are as under:

Name of the Branch :
Branch Code :
BSR Code :
IFC Code :
Branch Address :

Please update the branch record for your perusal.

Yours faithfully,

Place:

Date:

(Branch Manager)
Seal/Stamp

C.G.H.S. OPTION

(i) I, _____
hereby opt the medical facilities under C.G.H.S. or other similar
Health scheme namely _____

OR

(ii) I _____
hereby opt to claim fixed medical allowance of Rs. 100/- (Rs. One
hundred only) p.m. as I am residing in area where no C.G.H.S.
medical facilities are available.

Address after retirement:

Signature : _____

Name : _____

Designation: _____

Mobile No- : _____

Office in which
employed: _____

Date :

Place:

- (i) *To be scored out if not applicable.*
- (ii) *This is one time option.*

COUNTERSIGNED

APPLICATION FOR 'NO DEMAND CERTIFICATE/CLEARANCE CERTIFICATE'

(To be filled up by the applicant and sent to the Assistant Estate Manager two years before the anticipated date of superannuation)

From: Shri/Smt _____
(Permanent address)

To
The Assistant Estate Manager,
Government of India,
Old High Court Building,
Civil Lines,
NAGPUR – 440 001.

1. Accommodation occupied (since 1958)

Sl. No.	Particulars of accommodation	Period of occupation	Office in which remained employed with duration

2. Date of retirement/resignation etc.
3. Last emoluments (P.M.) under FR 45(C)
date from which drawn
4. Whether stood surety for other Govt. Servant

Particulars of Government Servant for whom stood surety

Name	Particulars of Accommodation

Signature of applicant
Mobile No- _____

(TO BE FILLED IN BY THE APPLICANT'S OFFICE)

No. _____

Dated _____

Verified

Forwarded to the Assistant Estate Manager, Nagpur.

(Signature)
Office Seal:

Copy of Memo No. 15/3/62-Acc.I dated 19th October, 1963 from the Ministry of W.H.&R., New Delhi to all the Ministries/Department etc. of the Government of India

SUB: ISSUES OF “NO DEMAND CERTIFICATE” TO GOVT. SERVANTS.

....
The undersigned is directed to state that the question of expeditious issues of “No Demand Certificate” by the Directorate of Estate to Government Servant on their transfer or retirement has been engaging the attention of Government for some time past. It was felt that in case where a Government servant has not been in occupation of any Government residential accommodation during the service, a reference to the Directorate of Estates for issue of “No Demand Certificate” to him should not be necessary and that the case should be settled by the administrative authority concerned.

2. Government of India have decided that in cases of this nature, “No Demand Certificate” should be issued by the administrative authority concerned after obtaining a declaration from the Government servant concerned in the form attached herewith and attested by a Gazetted Officer.

3. In their application to persons serving in the Indian Audit and Accounts Department, these orders issue after consultation with the Comptroller and Auditor General of India.

4. Ministry of Home Affairs etc. are requested to circulate these order to their attached/sub-ordinate offices.

Form of Declaration for final settlement of the Accounts in respect of the Government employees who were not in occupation of any Government residence, as prescribed under Memo No. 15/3/62-Acc.I dated 19.10.1963 from the Ministry of Works, Housing, New Delhi addressed to all the Ministries/Departments etc. of the Government of India.

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DECLARATION

I, Shri/Smt./Ku. _____ son/wife/widow of _____ do hereby declare as follows:

That I have not been allotted any residence by the Directorate of Estates (Ministry of Works & Housing) during the period of my service under Central Government. I have also not taken any item of furniture or electrical appliances from the Government and I am not liable to pay sum to the Directorate of Estate.

2. I further say that I have not been asked to pay nor am I liable to pay any amount to Directorate of Estates in respect of arrears relating to any other person whether as surety or otherwise.

3. I, _____ do hereby declare that the information given above is true to my knowledge and I have not concerted or withheld anything in this respect.

Signature or thumb impression of Deponent.

ATTESTED

(Gazetted Officer)
(Seal of attesting authority)

UNDERTAKING

I , the undersigned, hereby undertake that I am appointed/ my spouse has been appointed to Government Service w.e.f. _____(/N) and prior to this date I have not / my spouse has not rendered any Government Service either **Military** or **Civil** Service and have not drawn any pensionary benefits therefore.

OR

Particulars relating to Military Services, if any:

- a. period of Military Service : ____ Yrs ____ Months ____ days
- b. Termial benefits drawn/ being drawn from military service. : ₹ _____
- c. Whether opted for couting of military service towards civil pension : Yes/No
- d. If answer to (c) above is in the affirmative, whether the terminal have been refunded. : Yes/No
- e. In case of Ex-servicemen who are eligible for family pension under the Armed Rules, **whether opted** to retain family pension under the Armed Forces Rules **OR** to draw Pension under the Civil Rules.
1. Opted for Military Pension in the name of my wife in case of death.
2. Opted for Civil Family Pension.
- (Note: Family Pension can be sanctioned from any one source of the above.)** **(Please tick any of the above)**

Dated, the

(Signature)

Name : _____

Mobile No- _____

Designation: _____

Section: _____

FORM – 5
(See Rule 7)
Central Civil Service (Pension) Rules, 1972

To,
The Head of Office, IBM, Nagpur

I, _____ hereby nominate the person named below, under Rule _____ of the Central Civil Service (Commutation of Pension) Rules, 1981
(Name of the Pensioner in Capital Letters)

Name & address of the Nominee	Relationship with the Pensioner	If the Nominee is minor		Name & Address of other nominee in case the nominee under Col. 1 predeceased pensioner	Relationship with Pensioner	Date of birth if the other nominee is minor	Name & 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 & Address of person who may receive the same commuted value during the nominee's minority					
1.	2.	3.	4.	5.	6.	7.	8.	9.

Place:

Date :

Signature (or thumb impression if illiterate) & Name of Pensioner
Address

Witness : Signature

Name & Address

Signature of Head of Office:
(Stamp)

Acknowledgement to be sent by Head of Office

Certified that the nomination has been received from _____ whose address is _____

Signature of Head of Office:
Full Address

MANDATE FORM
ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

A. DETAIL OF ACCOUNT HOLDER:-

NAME OF ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
MOBILE NUMBER	

B. BANK ACCOUNT DETAILS:-

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
WHETHER THE BRANCH IS COMPUTERISED?	
WHETHER THE BRANCH IS RTGS ENABLED? IF YES THEN WHAT IS THE BRANCH'S <u>IFSC CODE</u>	
IS THE BRANCH ALSO NEFT ENABLED?	
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT) (For Pension Purpose)	
COMPLETE BANK ACCOUNT NUMBER (LATEST)	
MICR CODE OF BANK	

DATE OF EFFECT:-

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

(.....)
Signature of Customer

Date:
Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

(.....)
Signature of Bank Manager

Date:

- Please attach a photocopy of cheque along with the verification obtained from the bank.**
- In case your Bank Branch is presently not "RTGS enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.