ATTESTED SLIP OF SPECIMEN SIGNATURE, HEIGHT AND TWO MARKS OF INDENTIFICATION OF PENSIONER / FAMILY PENSIONER

P. P. O. No.:-

Name of the pensioner/family pensioner:-

Specimen Signature:-

1.

2.

3.

Height:-

Two Marks of Identification:-

1.

2.

FORM-A

APPLICATION FORMS FOR FINAL PAYMENT OF BALANCES IN THE PROVIDENT FUND (FOR GAZETTED OFFICERS)

Form of Application for Final Payment/Transfer to Bodies Corporate/Other Government of Balances in the .... Provident Fund Account.

To

The Accountant General,
.....
.....

(Through ..... the Head of Office/Department)

Sir,

I am to retire/have retired/have proceeded on leave preparatory to retirement for ..... for months/have been discharged dismissed/ have been permanently transferred to ..... have resigned finally from Government service under .....Government to take up appointment with ..... and my resignation has been accepted, with effect from ..... forenoon/afternoon. I joined service with .....on ..... Forenoon/afternoon.

2. My provident Fund Account No. is ..... .
3. My specimen signature in duplicate, duly attested by another gazetted officer, is enclosed.

PART I

(To be filled in when the application for final payment submitted upto one year prior to retirement)-

4. I request that the amount of Rs. ..... standing to the credit in my General Provident Fund Account as indicated in the Accounts statement issued to me for the year .....(enclosed) / as appearing in my ledger account being maintained by you, may please be arranged to be paid to me through ..... Treasury/Sub-Treasury.

5. Certified that I had taken the following advances in respect of which ..... instalments of Rs. ..... Are yet to be repaid to be fund account. I had taken the following final withdrawals :

	Temporary advances	Final withdrawals
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....

6. Certified that the following amounts were withdrawn by me to finance my Life Insurance Policy from my provident Fund Account:

1. ....
2. ....
3. ....
4. ....

7. Certified that after the payment of first installment of my Provident Fund balance, I will apply for the payment of the subsequent installments in Part II of the form immediately on retirement.

Signature of the subscriber.

Name and address

CERTIFICATION BY THE HEAD OF OFFICE/DEPARTMENT

Certified that the above information has been verified from the records being maintained in this office and is correct.

Signature of Head of Office/Department.

PART II

(To be submitted by the subscriber immediately after his retirement. This Part is also applicable in the case of subscribers who apply for final payment for the first time after the date of superannuation, discharge, resignation, etc.)

4. In continuation of my application for final payment sent to you, vide No. ..... , dated ..... I request that the balance in my Provident Fund Account may please be paid to me.

OR

I request that the entire amount at my credit with interest due under the rules may be paid to me through ..... Treasury/ Sub-Treasury / may be transferred to my Provident Fund Account. My Provident Fund Account No. is ..... .

5. A sum of Rs. ..... (Rupees .....) was last deducted as Provident Fund subscription and recovery on account of refund of advance from my pay bill for the month of ..... For Rs. ..... en-cashed on ..... at ..... Treasury/ Sub-Treasury.

6. I certify that I have neither drawn any temporary advance nor made any final withdrawal from my Provident Fund Account during the 12 months immediately preceding the date of my quitting service under ..... .

OR

Details of the temporary advances drawn by me/final withdrawals made by me from my Provident Fund Account during the 12 months proceeding the date of my quitting service under ..... Government / proceeding on leave preparatory to retirement or thereafter are given below:

	Amount of advances	Date
1.	.....	.....
2.	.....	.....

7. I hereby certify that no amount was withdrawn/the following amounts were withdrawn by me from my Provident Fund Account during the 12 months immediately proceeding the date of my quitting service under ..... Government / proceeding on leave preparatory to retirement or thereafter for payment of insurance premia or for the purchase of a new policy.

	Amount of advances	Date
1.	.....	.....
2.	.....	.....

8. The particulars of the Life Insurance Policies financed by me from the Provident Fund which are to be released by you are given below:

	Policy	Name of the Company	Sum assured
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....

Yours faithfully,

Station :

Signature .....

Date :

(Name and address) .....

Form 6-A

[See rules 50, 53, 57, 58, 59, 60, 62, 63 and 80]

A. Particulars to be obtained by the Head of Office from the retiring/retired Government Servant

Photograph(s)
2.5cm x 3.5cm

1. Detail of Government servant:

Name		Designation/ Rank	
Date of birth		Date of retirement	
Ministry/Department/Office		PAN No.	
Aadhaar No		Nationality	

2. Address after retirement for future correspondence:

Flat/House No./Bldg. Name		Street/Locality	
Village & Post Office/Block		City &District	
State		Pin Code	
Mobile No		Telephone No.(If any)	
E-mail ID		Alternate E-mail ID	

3. Details of Bank through which Pension is to be drawn:

Type of A/c	Single/ Joint with Spouse	A/c No.	
Bank's Name		Branch Address	
IFSC			

Note 1: Please attach a copy of the first page of passbook/cancelled cheque/document showing the name of Account Holder. (The name should be the same in the bank account, this form and the office records.)
Note 2: Please ensure that the Government servant is the Primary Account holder in the Joint Account
Note 3: In case 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.

4. Details of member of the family of Government servant who has been authorized under Rule 57(3) to submit this Form on behalf of the retiring/retired Government servant (if applicable):

Name		Relationship with the Government servant	
Aadhaar No.		Nationality	
Flat/House No./Bldg. Name		Street/Locality	
Village & Post Office/Block		City &District	
State		Pin Code	

Mobile No.		Telephone No.(If any)	
E-mail ID		Reason(s) for non-submission of form by government servant	

5. I desire to commute _____% (in words) of my pension under Central Civil Services (Pension) Rules, 2021 in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981.

Note: **A member of family who has been authorised under Rule 57(3) to submit this Form on behalf of the retiring/retired Government servant shall not be eligible to apply for commutation of pension.**

6. Indicate whether family pension is also admissible from any other source - Military or State Government or Public sector undertaking/ autonomous body/ local fund under the Central or State Govt: Yes/No

7. Whether any departmental or judicial proceedings pending against the Government servant? If so, the details thereof:

8. Whether the Government servant wants to receive Pension Payment Order (PPO) in Office through Head of Office?: Yes/No

Declarations
(*Tick the statement which is applicable)*

(1) I am satisfied with the length of qualifying service to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c)

OR

I am not satisfied with the length of qualifying service to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c) and I have submitted a representation in this respect separately.

OR

I have not been intimated about the length of qualifying service to be reckoned for pension and gratuity.

(2) I am satisfied with the emoluments and average emoluments to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c).

OR

I am not satisfied with the emoluments and average emoluments to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c) and I have submitted a representation in this respect separately.

OR

I have not been intimated about the emoluments and average emoluments to be reckoned for pension and gratuity.

(3) 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 list attached

***Note 1**: Commutation of pension is optional. Item 5 may be struck off if the retiring Government servant does not desire to commute 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/retired Government servant desires to apply for commutation of pension after submission of this form.*

***Note 3**: Commutation of pension after one year or for commutation of pension in case of compulsory retirementpension/invalidpension/compassionate allowance will be applied in Form-2 of Central Civil Services (Commutation of Pension) Rules, 1981.*

Note 4: *Aadhaar Number. if provided, consent to link it to bank account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.*

B.I Details of Family Members

[See rules 50 (15), 57, 58, 59, 60, 62 and 80]

1. The details of all members of family (whether eligible for family pension or not, who are alive as on date) including spouse, all children, parents/parents in law and disabled siblings (brothers and sisters) may be given.
2. The fact regarding **disability** or change of marital status of a family member should also be indicated in the 'Remarks' column.
3. Wife and husband shall include judicially separated wife and husband.

S.N.	Name	Date of Birth (DD/MM/YYYY)	Aadhaar No.	Relationship with Govt. Servant	Marital Status	Remarks
	1	2	3	4	5	6
1						
2						
3						
4						
5						
6						
7						
8						

Note:

(i) In case of new addition of name, not included in service book, proof of date of birth is to be submitted.

(ii) In the case, Form 6-A is being submitted by any person other than Government servant and spouse, the family member details already submitted by the Government servant shall be added in the details and no change in the family member details shall be allowed.

B.II Whether any member of the family (**other than spouse**), as above, is proposed to be co- authorized for family pension i.e permanently disabled child/Dependent Parents/Permanently disabled siblings [Rule 63(1) and 79(2)]: Yes/No

If yes, the details regarding co-authorised family member (s) may be given as under:

Name of the family members to be co authorized				
Photograph				

S.N	Name of the family member co-authorised	PAN	Signature/ left hand thumb impression	Personal mark of identification	Details of pension/ family pension from other sources (if any)	Address	Tel/Mob No. and email ID	Details of Bank Account (optional)	Branch Address (If Bank Account details are given)
1								A/c No- IFSC-	
2								A/c No- IFSC-	
3								A/c No- IFSC-	

B.III In case the family member(s) to be co-authorised, suffering from disorder or disability of mind, including mental retardation, details of guardian/ nominee, wherever applicable:

S. No	Name of the family member co-authorised	Name of guardian/nominee	Date of Birth of guardian/nominee	Aadhaar No.	PAN	Relationship with the Govt Servant	Relationship with mentally disabled family member	Tel/Mob No. and email ID	Address
1									
2									
3									

Note:-

(i) The name(s) of permanently disabled child/children/siblings and/or dependent parents shall be added in the PPO only if there is no other eligible prior claimant for family pension

(ii) The co-authorisation shall become invalid in case any other member of family becomes entitled to family pension prior to the co-authorised family member.

List of Documents to be submitted/enclosed.

1. Two specimen signatures (to be furnished in a separate sheet). If the member of the family cannot sign his /her name then he/she is required to put the impression of his/her left/right thumb etc. on the document in lieu of specimen signature.
2. Proof of identity.
3. Proof of relationship with the pensioner.
4. Certificate of age showing date of birth.
5. A copy of Photo ID proof of the guardian along with proof of Permanent Address.
6. Two specimen signatures of guardian (to be furnished in a separate sheet if the member of the family is minor or suffering from mental disability)
7. If the guardian cannot sign his/her name then he/she is required to put the impression of his/her left/right thumb etc. on the document in lieu of specimen signature.
8. Last Income Tax Return failing which Certificate from SDM failing which any other document regarding income in support of the claim for family pension.

C. Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme

[See Rule 46 of Central Civil Services (Pension) Rules, 2021, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees' Group Insurance Scheme, 1980]

i. any amount of gratuity, the payment of which may be authorised under rule 44 and Rule 45 of CCS (Pension) Rules, 2021

ii. amount that may stand to my credit in the General Provident Fund

iii. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980

Type of Benefits	Name, date of birth (DOB) and address of the nominee	Relationship with employee/ pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column(2) predeceases the employee	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Column(6) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8	9
Gratuity								

GPF								
GIS								

These nominations supersede any nominations made by me earlier.

Note:-

(i) In the case, Form 6-A is being submitted by any person other than Government servant, the nomination already submitted by the Government servant shall be added in the details and no change in the nomination shall be allowed.

(ii) The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

D. (Common Nomination Form for Arrears of Pension and Commutation of Pension)

[See Rule 5 of Payment of Arrears of Pension (Nomination) Rules, 1983 and Rule 7 of Central Civil Services (Commutation of Pension) Rules, 1981]

i. Arrears of Pension

ii. Commuted Value of Pension payable under Central Civil Services (Commutation of Pension) Rules, 1981

Type of Benefits	Name, date of birth (DOB) and address of the nominee	Relationship with employee/ pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column(2) predeceases the employee	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Column(6) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8	9
Commuted Value of Pension								
Arrears of Pension								

These nominations supersede any nominations made by me earlier.

Note: The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

E. Undertaking by Government servants who have worked in any Intelligence or Security-related organization(s)

(See Clause (b) of Sub-rule (4) of Rule 7)

I,.....,who have worked in ……..(Name of Organization(s)) on the post of.....,for the period from.....to…….,do here by solemnly declare that, save with prior approval of the Competent Authority, I shall not publish in any manner, while in service or after my retirement, any information or material or knowledge which is related to the domain of the organisation and obtained by virtue of my working in the said Organization. This declaration is notwithstanding my responsibilities and liability, in terms of the relevant conduct rules, pension rules, laws dealing with offences relating to official secrets or national security and Intelligent Organisations (Restriction of Rights) Act, 1985 (58 of 1985), as the case may be. I further agree that in the event of any failure of the above undertaking by me, the decision of the Government as to whether it was likely to prejudicially affect the aspects stated above shall be binding on me.

2. I am aware that the pension which may be granted to me after retirement, in terms of the relevant pension rules, can be withheld or withdrawn, in full or part, for any failure of this undertaking given.

Note:-

(i) Write not applicable for other Ministry/Department/Organization
(ii) In case, the form is being filled on behalf of government servant, this section may be striked down.

F. Option for availing Medical Facilities under Central Government Health Scheme or Fixed Medical Allowance after retirement.

I opt the following facility	
i. I will be residing in a CGHS area and would be availing CGHS facility	
ii. I will be residing in a CGHS area but would not be availing CGHS facility. I understand that I will not be eligible for Fixed Medical Allowance (FMA)	
iii. I will be residing in non-CGHS area but would be availing CGHS facility for In-patient Department (IPD) and Out-patient Department (OPD) treatment. I will not be eligible for FMA	
iv. I will be residing in a non-CGHS area but would be availing CGHS facility for IPD treatment only by payment of CGHS contributions. I will also avail FMA for OPD treatment.	
v. I will be residing in a non-CGHS area and would not be availing CGHS facility for both IPD treatment and OPD treatment. I will avail FMA.	
vi. I will avail medical facilities available to spouse/family members who is an employee/ pensioner of Government/PSU/Autonomous Body. I will not avail CGHS facility and FMA	
vii. Avail Medical facility of previous Organization. I will not avail CGHS facility and FMA	
viii. Avail Medical Facility of Previous Organization/ ECHS facility/other Health facility. I will not avail CGHS facility and FMA	

G. Undertaking

(See Rules 57, 58, 60, 63 and 80)

To
The Branch Manager
……..
……..

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 been titled. I further here by 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 (mentioned at the S.No. 3 of Part A) 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.

2. The date of birth of spouse is _____and her mark of identification is _____

H - Verification

I certify that the particulars and declarations given by me in points A to G of this form is true to the best of my knowledge.

Date:

Place:

Signature of Government servant/Family member (with name) authorised to submit this Form

The details of the Government Servant given above are verified and found to be in the order.

Date:

Place:

Signature of HOO

List of additional Documents to be attached with Form 6-A

1. Two specimen signatures (to be furnished in a separate sheet). If the claimant cannot sign his/her name then he/she is required to put the impression of his/her left/right thumb on the document in lieu of specimen signature.
2. Three copies of Joint photograph with spouse or, if it is not possible to submit joint photograph with spouse, separate photographs of self and spouse, along with three copies of photograph of the member or members of the family whose names are to be included in the Pension Payment Order as a co-authorised family pensioner. (Photographs to be attested by Head of Office).
3. Form for submitting details under Anubhav (optional).
4. Copy of PAN Card

Note: The principal rules were published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i), vide number G.S.R. 868 (E), dated the 20th December, 2021 and were subsequently amended *vide* number G.S.R. 770 (E), dated the 7th October, 2022.

Uploaded by Dte. of Printing at Government of India Press, Ring Road, Mayapuri, New Delhi-110064
and Published by the Controller of Publications, Delhi-110054.

FORM 24

[See rule 32]

Form of certificate of verification of service for pension

No

Government of India

Ministry of

Department/Office

Dated the ,

Certificate

It is certified, in consultation with the Accounts Officer, that Shri/Smt./Km. …… ……..…… (Name and Designation) has completed a qualifying service of …… years …… months, …… days as on ……. (date), as per details given below. The service has been verified on the basis of his service documents and in accordance with the rules regarding qualifying service in force at present. The verification of service under sub-rules (1) and (2) of rule 32 of the Central Civil Services (Pension) Rules, 1972, shall be treated as final and shall not be re-opened except when necessitated by a subsequent change in the rules and orders governing the conditions under which the service qualifies for pension.

DETAILS OF QUALIFYING SERVICE

S. No.	Name of Ministry/Department/Office	From	To	Length of qualifying service
1.				
2.				
3.				

Signature & Stamp of Head of Office

To

Shri……

(Name & Designation)"

LIST OF DOCUMENTS REQUIRED FOR FILLING THE PENSION FORMS:

- PAN CARD XEROX
- AADHAR CARD XEROX
- PASSPORT SIZE PHOTO-4
- FAMILY PENSIONER'S PHOTO-4
- JOINT PHOTOGRAPH-4
- JOINT ACCOUNT PASSBOOK XEROX
- MANDATE FORM
- SPECIMEN SIGNATURE
- DETAILS OF FAMILY (IN FORM 3)
- AGE PROOF OF FAMILY MEMBERS
- ADDRESS AFTER RETIREMENT
- IDENTIFICATION MARK OF PENSIONER AND NOMINEE
- SIGNATURE OF PENSIONER AND NOMINEE ON BLANK PAPER

MANDATE FORM

Electronic Clearing Service (Credit Clearing)/ Real Time Gross Settlement (RTGS) facility for receiving payments.

A. Details of Accounts Holders:-

Name of Account Holder	
Complete Contact Address	
Telephone Number/Fax/E-mail	

B. Bank Account Details:-

Bank Name	
Branch Name with Complete Address, Telephone No. and E-mail	
Whether the Branch is computerized?	
Whether the Branch is RTGS enabled? If yes then what is the Branch's IFSC Code	
Is the Branch also NEFT enabled?	
Type of Bank Account (SB/Current /Cash Credit)	
Complete Bank Account No. (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 use 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)

Date:

Signature of Customer

1. **Please attach a photocopy of cheque along with the verification obtained from the bank.**
2. **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.**

NOTE:- Refund of Security Deposit/Hire Charges

Due to operation of E-payment w. e. f. 01/04/2012 the Mandate form may please be submitted, duly verified by the bank, to this office for claiming Refund of Security Deposit/ Hire Charges along with a photocopy of blank Cheque.