

FORM-14

[See Rules 77 (4), 79 (3) and 81 92) FORM OF APPLICATION FOR THE GRANT OF FAMILY PENSION ON THE DEATH OF GOVERNMENT SERVANT/ PENSIONER

- 1 Name of the applicant _____
(i) Widow/Widower _____
(ii) Guardian if the deceased person is survived by child or children _____
- 2 Name and age of surviving widow/widower and children of the deceased Government servant /pensioner:-

Sl No	Name	Relationship with the deceased person	Date of birth by Christian era	Remarks

- 3 Date of death of the Government servant/pensioner _____
- 4 Office /Department in which the deceased Government servant/pensioner served last. _____
- 5 If the applicant is guardian his date of birth and relationship with the deceased Government servant/pensioner. _____
- 6 Full Address of the applicant _____
- 7 Name of the Treasury or sub-Treasury at which payment is desired. _____

ENCLOSURES:-

- (i) Two specimen signature of the applicant duly attested (to be furnished in two separate sheet)
- (ii) Two copies of Passport size photograph of the applicant duly attested.
- (iii) Two slips each bearing left hand thumb and finger impression* of the applicant duly attested.
- (iv) Description Roll of the applicant, duly attested , indicating (a) height and (b) personal marks, if any, on the hand face etc, (to be filled in duplicate). _____
- (v) Certificate (s) of age with two attested copies showing the dates of birth by Christian era of the children. The certificate should be from the Municipal authorities or from the Local Panchayat or from the Head of recognized School if the child is studying in such school. (This information should be the particulars of whose date of birth are not available with the Audit Officer/head of Office.)

8 **Signature of the left hand thumb impression**

9 **Attested by:-**

Name	full address	sign
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1

2

10 **witness**

● 1

● 2

Attestation should be done by the gazetted Govt. Servant or two or more person of respectability in the town.

To be furnished in case the applicant is not literate enough to sign his name.