

श्री.....के

बांये हाथ के अंगूठा/उंगलियों के प्रमाणित निशान

कनिष्ठिका	अनामिका	मध्यमा	तर्जनी	अंगूठा

प्रमाणित

प्रतिहस्ताक्षरित

श्री.....के

प्रमाणित ऊंचाई एवं पहचान चिन्ह

ऊंचाई	फिट	इंच	सेन्टीमीटर

पहचान चिन्ह.....

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प्रतिहस्ताक्षरित

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प्रमाणित नमूना हस्ताक्षर

1.									
2.									
3.									

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प्रमाणित

प्रतिहस्ताक्षरित

FORM 3
[See Rule 54 (12)]
Details of Family

Name of the Government servant ...
Designation ...
Date of birth ...
Date of appointment ...
Details of the members of my family
*as on ...

S.No.	Name of the members of family*	Date of Birth	Relationship with the Officer	Initials of the Head of Office	Remarks
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.

Place.....

Signature of Government servant

Dated the

- Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.
- Note- Wife and husband shall include respectively judicially separated wife and husband.

FORM 3
[See Rule 54 (12)]
Details of Family

Name of the Government servant ...
Designation ...
Date of birth ...
Date of appointment ...
Details of the members of my family
*as on ...

S.No.	Name of the members of family*	Date of Birth	Relationship with the Officer	Initials of the Head of Office	Remarks
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Signature of Government servant

Dated the

- Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.
- Note- Wife and husband shall include respectively judicially separated wife and husband.

FORM-5

(See Rules 59 (1) (c) and 61 (1))

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) Date of Birth :
- (b) Date of Retirement :
- 3 Three specimen signature (to be furnished :
on a separate sheet) duly attested by a
Gazetted Government servant
- 4 Three copies of passport size joint :
photograph with wife or husband (to be
attested by the Head of Office)
- 5 Three slip showing the particulars of :
height and personal identification marks
duly attested by a Gazetted Government
servant
- 5 (a) Three copies of Left Hand Thumb and :
finger impression
- 6 Present Address :
- 7 Address after Retirement :
8. name of the Treasury or the branch of :
Public Sector Bank or the Pay and
Accounts is to be drawn (Saving bank
Account Number) , Bank BSR Code , Link
Branch Code
- 9 Details of the family in
- 10 Indicate whether family pension is :
admissible from any other source military
or State Government and/ or a public
sector undertaking/autonomous
Body/Local fund under the Central or a
State Government.

Signature

Place:-

Designation

Dated the _____

Ministry/ Deptt/Office

FORM-5

(See Rules 59 (1) (c) and 61 (1))

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- 1 Name :
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or State Government and/ or a public
sector undertaking/autonomous
Body/Local fund under the Central or a
State Government.

Signature

Place:-

Designation

Dated the _____

Ministry/ Deptt/Office

FORM No. 4

(See para 11.1)

To,

The _____

Subject:- Application for payment of accumulation under Central Government Employee's Group Insurance Scheme, 1980.

Sir,

I have been a member of the Central Government employee's Group Insurance Scheme, 1980, since _____. I have retired from service after attaining the age of _____ years/ I have ceased to be in employment with the Central Government with effect from _____. I was holding the post of _____ before retirement/cessation of employment with the Central Government. I request that the amount due to me under the Central Government Employees Group Insurance Schemes may be paid to me.

Yours faithfully

Place:-

Date:-

Name and Designation of the Employee

FORM No. 4

(See para 11.1)

To,

The _____

Subject:- Application for payment of accumulation under Central Government Employee's Group Insurance Scheme, 1980.

Sir,

I have been a member of the Central Government employee's Group Insurance Scheme, 1980, since _____. I have retired from service after attaining the age of _____ years/ I have ceased to be in employment with the Central Government with effect from _____. I was holding the post of _____ before retirement/cessation of employment with the Central Government. I request that the amount due to me under the Central Government Employees Group Insurance Schemes may be paid to me.

Yours faithfully

Place:-

Date:-

Name and Designation of the Employee

FORM-1(A)

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUTATION PENSION WITHOUT MEDICAL EXAMINATION WHEN APPLICANT DESIRE 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))

(To be submitted in duplicate at least three months before the date of retirement)

PART-I

The _____

(Here indicated the designation and full address of the head of office)

Subjected:- Commutation of pension without medical examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provision of the Central Civil Services (Commutation of Pension) Rules 1981. The necessary particularly 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/ Department/ministry in which employed :
5. Date of Birth (by Christian era) :
6. Date of retirement on Superannuation or on the expiry of extension ion services 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 the 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.
(iii)Bank BSR Code , Link Branch Code
- (c) Accounts Office of the Ministry/ Department/Office :

Signature

Present Postal Address

Place:

Date:

Postal Address after retirement

FORM-1(A)

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUTATION PENSION WITHOUT MEDICAL EXAMINATION WHEN APPLICANT DESIRE 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))

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Signature

Present Postal Address

Place:

Date:

Postal Address after retirement

FORM-1
(See Rule 53 (1))

Nomination for Retirement Gratuity/Death Gratuity

When the Government servant has a family and wishes to nominates one member, or more than one member, thereof.

I, _____, hereby nominate the person/persons mentioned below who is/are member(s) of my family, and conform on him/them the right to received , to the extent specified below, any gratuity the payment of which may be authorised by the Central Government in the event of my death while in service and the right to recieve 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 Nominees(s)				Alternate Nominee(s)	
Name & address of nominee/nominees	Relationship with the Govt Servant	Age	Amount or share of gratuity payable to each (*)	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 govt. 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 (**)
1	2	3	4	5	6

This nomination supersedes the nomination made by me earlier on _____ which stands cancelled.

Note:- (i) The Government servatnt shall draw lines across the blank spance below the last entry to prevent the insestion of nay name after he has signed.

(ii) Strike out which is not applicable.

Dated this _____ day of _____ 20____ at _____

Witness to signature:

(i) _____

(ii) _____

Signature of Government Servant

(To be filled by the Head Office)

Nomination by _____
Designation _____
Office _____

Signature of Head Of Office
Date:
Designation:

FORM-1
(See Rule 53 (1))

Nomination for Retirement Gratuity/Death Gratuity

When the Government servant has a family and wishes to nominates one member, or more than one member, thereof.

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Original Nominees(s)				Alternate Nominee(s)	
Name & address of nominee/ nominees	Relationship with the Govt Servant	Age	Amount or share of gratuity payable to each (*)	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 govt. 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 (**)
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(ii) Strike out which is not applicable.

Dated this _____ day of _____ 20____ at _____

Witness to signature:

(i) _____

(ii) _____

Signature of Government Servant

(To be filled by the Head Office)

Nomination by _____
Designation _____
Office _____

Signature of Head Of Office
Date:
Designation: