

FORM 12
(See Rules 77 (2))

Form of applicant for the grant of death gratuity on the death of a Government servant

(To be filled in separately by each claimant and in case the claimant is minor, the Form should be filled in the guardian on his/ her behalf. Where there are more than one minor, the guardian should claim gratuity in one form on their behalf).

- (i) Name of the claimant in case he is minor
.....
- (ii) Date of birth of the claimant
- 2. (i) Name of the guardian in case the claimants are minor.....
- (ii) Date of birth of the guardian.....
- 3. (i) Name of the deceased Government servant in respect of whom gratuity is being claimed.....
- (ii) Date of death of Government servant.....
- (iii) Office/Department/Ministry in which the deceased served last.....
- 4. Relationship of the claimant/ guardian with the deceased Government servant.....
- 5. Full Postal Address of the claimant/guardian]
- 6. (i) Where gratuity is claimed by the guardian on behalf of minors, the name of minor their ages, relationship with the deceased Government servant etc.....

| Serial No. | Name | Age | Relationship with the deceased Government servant | Postal Address |
|------------|------|-----|---|----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

- (iii) Relationship of the guardian with minor

7. Place of payment of Pension and Gratuity (Treasury, Sub-Treasury, Public Sector, Bank Branch or the Pay and Accounts Office).....

**Signature/Thumb impression
Of the claimant/ guardian**

8. Two specimen signatures or left hand thumb and finger impressions of the claimant/ guardian duly attested.....

9. Attested by :

| | Name | Full Address | Signature |
|------|-------|--------------|-----------|
| (i) | _____ | _____ | _____ |
| (ii) | _____ | _____ | _____ |

1. To be furnished in case the applicant is not literate enough to sign his name.
2. Attestation should be done by tow Gazetted Government servants or two or more persons of respectability n the town, village or Pargana in which the applicant resides.

10. Witnesses:

| | Name | Full Address | Signature |
|------|-------|--------------|-----------|
| (i) | _____ | _____ | _____ |
| (ii) | _____ | _____ | _____ |

Date: _____

The Registrar
Jamia Millia Islamia,
New Delhi 110025

Subject: **ENCASHMENT OF UNUTILISED EARNED LEAVE**

Sir,

My husband / wife Late Mr./ Mrs. _____ Desg. _____

Posted _____ expired on _____. I request you to kindly allow me to encashed unutilised Earned Leave at my credit on the date of expiry.

Yours faithfully

Signature: _____

Full Name: _____

W/O / H/O Late Mr./ Mrs.: _____

Address: _____

(FOR OFFICE USE ONLY)

It is certified that as per records maintained in this office, ____ / ____ days unutilized Earned Leave & HPL are lying at the credit of Mr. / Ms. _____ on the date of his / her expiree.

Dealing Assistant (Leave)

Section Officer

DECLARATION & UNDERTAKING

I _____ *hereby declare that:*

1. My wife/husband expired on _____ from the services of JMI.
2. I have been emp/reemployed in the office of _____
w.e.f. _____. I am drawing following pay & allowances:
Pay _____ Allowance _____ Honorarium _____.
Total _____
3. I have not accepted any employment / reemployment anywhere in India and abroad.
4. I am holding / have opened a saving Bank a/c no. _____ (single operated by me only)
with INDIAN BANK-JMI Extension Counter.
5. I hereby undertake that any excess payment credited to my account or paid to me due to delay in receipt of any information or any error pertaining to payment of my monthly pension or other Retirement Benefits, may be recovered from me OR directly from my banker.

Place : _____

Date: _____

Signature _____

Name of Family Pensioner _____

Widow of Late _____

Desig. & Deptt. _____

(Declaration no. 4 above is to be certified by the Bank)

Certified that Mrs /Mr _____ is holding the current/saving account no. _____ with this Bank. This a/c is single operated by her only. Her Account card has been marked as "PENSIONER-JMI".

BANK MANAGER/INCHARGE
INDIAN BANK-JMI EXT. COUNTER

Place _____

Date _____