

CCS (PENSION) RULES

FORM 14

(See Rules 77 (3) and 81 (2))

Form of application for the grant of Family Pension, 1964 on the death of a 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

Serial No.	Name	Relationship with the deceased person	Death of birth by Christian era
1.			
2.			
3.			
4.			
5.			
6.			

3. Name and ; No. of the PPO of the deceased
pensioner.....
4. Date of death of the Government servant/
pensioner.....
5. Office/Department/Ministry in which the
deceased Government servant/ pensioner
served last.....
6. If the applicant is guardian, his date of
birth and relationship with the deceased
government servant/pensioner.....
6. A If the applicant is a widow/ widower the
amount of service pension which she/he
may be in receipt on the date of death
of the husband/wife.....

7. Full address of the applicant
8. Place of payment of Pension and Gratuity
(Treasury, sub-treasury or Public Sector
Bank Branch and Pay and Accounts office).....
9. Enclosures:
 - (i) Two specimen signatures of the applicant,
duly attested (To be furnished in two
separate sheets).
 - (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) Descriptive Roll of the applicant, duly
attested indicating (a) height and
(b) personal marks, if any, on the hand,
face, etc. (Specify a few conspicuous
marks, not less than two, if possible)
(To be furnished in duplicate)
 - (v) Certificate (s) of age (in original with
two attested copies) showing the dates
of birth of the children. The certificate
should be from the Municipal Authorities or
the local panchayat or from the head of
a recognized school if the child is studying
in such school. (This information should be
furnished in respect of such child or children,
the particulars of whose date of birth are not
available with the Head of Office)
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 State Government
11. Signature of left hand thumb impression of the
Applicant.....

12. Attested by:

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

13. Witnesses:

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

NOTE:- Attestation should be done by two Gazetted Government servants or two or more persons respectability in the town, village or Pargana in which the applicant resides

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

In the case of re-marriage of the widow applying for family pension on behalf of the minor child, the widow should furnish (i) the date of her re-marriage (ii) name of the Treasury / Sub-Treasury at which payment is desired and (iii) her full address in the application for family pension. It is not necessary to furnish a fresh application nor the documents as they are already available with the pension papers on which family pension was originally admitted to her.

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 :

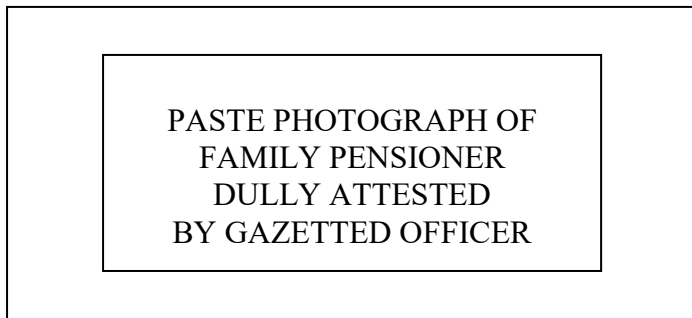
	Name	Full Address	Signature
(i)	_____	_____	_____
(ii)	_____	_____	_____

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)	_____	_____	_____

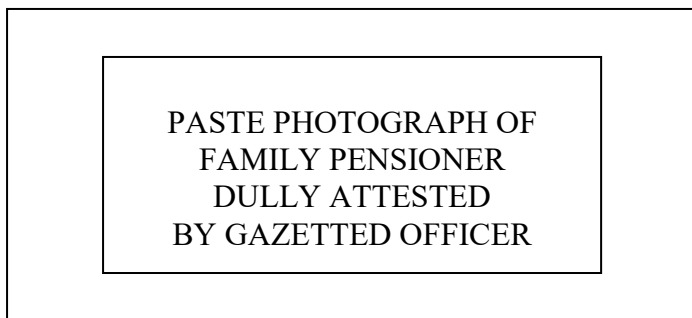
ATTESTED PHOTOGRAPH OF MR& MRS



SIGNATURE OF ATTESTING OFFICER : _____
(NAME & DESIGNATION WITH SEAL : _____
OF ATTESTING OFFICER) _____

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ATTESTED PHOTOGRAPH OF MR& MRS



SIGNATURE OF ATTESTING OFFICER : _____
(NAME & DESIGNATION WITH SEAL : _____
OF ATTESTING OFFICER) _____

ATTESTED SPECIMEN SIGNATURE

SIGNATURE OF F. PENSIONER : _____
FULL NAME OF F. PENSIONER : _____
WIDOW/WIDOWER/DAUGHTER : _____
DEPARTMENT : _____

SIGNATURE OF ATTESTING OFFICER : _____
(NAME & DESIGNATION WITH SEAL : _____
OF ATTESTING OFFICER) : _____

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ATTESTED SPECIMEN SIGNATURE

SIGNATURE OF F. PENSIONER : _____
FULL NAME OF F. PENSIONER : _____
WIDOW/WIDOWER/DAUGHTER : _____
DEPARTMENT : _____

SIGNATURE OF ATTESTING OFFICER : _____
(NAME & DESIGNATION WITH SEAL : _____
OF ATTESTING OFFICER) : _____

FINGER IMPRESSION OF MR/MRS

AS ON

THUMB IMPRESSION

FORE FINGER

MIDDLE FINGER

RING FINGER

LITTLE FINGER

FINGER IMPRESSIONS IS VERIFIED/ATTESTED TODAY

VERIFYING / ATTESTING OFFICER

DATED:

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 _____