

PENSION PAPERS

FORM-5

{See Rule 59(I) and 61(I)}

Particulars to be obtained by the Head of Office from the Retiring Government Servant eight months before the date of retirement

1. Name _____
2. (a) Date of birth _____
(b) Date of Retirement _____
3. Two Specimen signatures (to be furnished in a separate sheet) duly attested by a Gazetted Govt. servant. _____
Enclosed
4. Three copies of PASSPORT SIZE Joint photographs with wife or husband. _____
(Back side attested) **Enclosed**
5. Two slip showing the particulars of Height and personal identification Marks duly attested by the Gazetted Govt. servant. _____
Enclosed
6. Present Address _____

7. Address after Retirement _____

8. Name of the Post Office or the pay and Accounts Office/Bank through which pension is to be drawn. _____
A/c No. _____

9. Details of the FAMILY in Form-3 _____
Enclosed
10. Staff No./HRMS No. _____
11. PAN CARD No. _____
(Attested Copy of Pan Card of self and spouse)
12. AADHAAR CARD No. _____
(Attested Copy of Aadhaar Card of self and spouse)
13. First page of PASS BOOK

Place : New Delhi

Dated :

Signature _____
Designation _____
Ministry/Dept./Office _____
Phone No. (O) _____
(R) _____
(M) _____
After Retd. (M) _____

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION WHEN APPLICANT DESIRES THAT THE PAYMENT OF THE COMMUTED VALUE OF PENSION SHOULD BE AUTHORISED THROUGH THE PENSION PAYMENT ORDERS.

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

	PART – I	
To	To	
The Under Secretary (STP) Deptt. of Telecom, Sanchar Bhawan, New Delhi – 110001.	OR	Deputy. Controller Communication Accounts (Pension) O/o Pension CCA, DTO Building, Prasad Nagar, New Delhi – 110005.

Sub: Commutation of Pension without Medical examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. Necessary particulars are furnished below:-

1. Name in the block letters _____
2. Father's Name/Husband's Name in the Case of a female Govt. servant _____
3. Designation _____
4. Name of the Office/Deptt./Ministry _____
5. Date of Birth(by Christian era) _____
6. Date of Retirement on Superannuation or on the expiry of extension in service 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) Name of Post office/Bank _____

(B) Accounts Office of the Ministry/Deptt./Office _____

Place : NEW DELHI

Dated:

Signature _____

Present Postal Address :

Postal Address after Retirement:

FORM-3

**See Rule 54 (12)
Details of Family.**

Name of the Government Servant _____

Designation _____

Date of Birth _____

Date of Appointment _____

Details of members of my family

Sl. No.	Name of the Member of family	Date of Birth	Relationship with the officer	Initial of the Head Office	Remarks
	2	3	4	5	6

***I here by undertake to keep the above particulars up-to-date by notifying to the Head Office any addition or alteration.**

Place : NEW DELHI

Date :

Signature of
Govt. Servant

***Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CSS (Pension) Rule 1972.**

Note : Wife and husband shall include respectively separated wife and husband.

Form A (SEE RULES – 5)

Pension Disbursing Authority/Head of Office
(Name of Bank/Treasury/Post Office/Accounts Officer etc.)

Place: _____

I _____ hereby nominate the person named below under Rule 5 of the payment of arrears of Pension (Nomination).

Name & Address	Relationship with Pensioners	Date of Birth	If the Nominee is minor- Name and address of person who may receive the said pension during the nominee's minority	Name and address of the other nominee in case the nominee under col(1) predecessor the Pensioner.
1	2	3	4	5

Relationship with Pensioners	Date of Birth if the other nominee is minor	Name & Address of person who may receive the pension during the other nominee's minority	Contingency on happening of which nomination shall become invalid.
6	7	8	9
			Death or Insanity

Place : New Delhi

Dated :

Signature (or thumb impression if illiterate)

Name of the Pensioner: _____

Address: _____

witness:

Signature _____

Name & Address _____

TO BE FURNISHED IN DUPLICATE

PARTICULARS OF HEIGHT AND IDENTIFICATION MARK

IN RESPECT OF SHRI / SMT. _____

HEIGHT ft. Inches

IDENTIFICATION MARK : (i) _____

(ii) _____

ATTESTED

PECIMEN SIGNATURE OF SHRI / SMT. _____

ATTESTEDTO BE FURNISHED IN DUPLICATE

PARTICULARS OF HEIGHT AND IDENTIFICATION MARK

IN RESPECT OF SHRI /SMT. _____

HEIGHT ft. Inches

IDENTIFICATION MARK : (i) _____

(ii) _____

ATTESTED

SPECIMEN SIGNATURE OF SHRI / SMT. _____

ATTESTED

Name : _____

Designation : _____

Signature

1. _____

2. _____

ATTESTED

NOMINATION FOR RETIREMENT GRATUITY/DEATH GRATUITY

FORM 1[See Rule 53(1)]

When the Government servant has a family and wishes to nominate 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 confer on him/them the right to receive, to the extent specified below, any gratuity the payment of which may be authorized by the Central Government in the event of my death while in the service and the right to receive 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 nominee(s)				Alternate nominee(s)	
1	2	3	4	5	6
Name(s) and addresses of nominee/nominees	Relationship with the Government 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 Government 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

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

Witnesses to signature: (Name and Designation)

1. _____ (_____)
2. _____ (_____)

Signature of Govt. Servant

Nomination by _____
Designation _____
Office _____

Signature of Head of Office
Date _____
Designation _____

UNDERTAKING FOR RECOVERY FROM DEARNESS RELIEF

I _____ S/O, W/O
_____ designation _____ hereby
undertake to credit in cash, any amount of BSNL/DOT found outstanding from me, in future, failing
which the same may be recovered from the payment of Dearness relief on my pension/family
pension, for which I have no objection.

Place _____
Dated _____

Signature of the retiree

Witness

<u>(Sl. No.)</u>	<u>(Signature)</u>	<u>(Name & Address)</u>
1.	_____	_____ _____ _____
2.	_____	_____ _____ _____

MANDATE FORM**BENEFICIARY/CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-PAYMENT**

1	Beneficiary Name	
2	Beneficiary address & Telephone No.	
3	Beneficiary Account No.	
4	Account No Type (Saving/Current for cash credit) with code 10/11/13	
5	Nine digit code number of the Bank & branch appearing on the MICR cheque issued by the bank (if available)	
6	Bank Name	
7	Branch Name & address with Telephone Number	
8	IFSC (Indian Financial Services) code	
9	BSR Code	
10	Photo copy of the cancelled cheque to confirm correctness of IFSC code and Account No. given in C & H.	

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 incompleteness or incorrectness of information given by me as above, I would not hold the user institution responsible.

Dated: _____

(_____)
Signature of the Beneficiary

Certified that the particulars furnished above are correct as per the record.

Bank Stamp

Dated _____

(_____)
Signature of the Authorized Officer

SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

Date _____

To

The Branch Manager

_____ (Bank)

_____ (Branch & Address)

Dear Sir,

Payment of pension under A/C No. _____ through your Bank.

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 be entitled. I further hereby 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 authorize the bank 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.

Your faithfully,

Signature:

Name: _____

Address: _____

Witnesses:

1) Signature _____
Name: _____
Address: _____

2)Signature _____
Name: _____
Address: _____

To
The Under Secretary (STP)
Deptt. of Telecom,
Sanchar Bhawan,
New Delhi – 110001.

OR

To
Deputy. Controller Communication Accounts (Pension)
O/o Pension CCA,
DTO Building, Prasad Nagar,
New Delhi – 110005.

Subject:- Statement regarding non receipt of pension/family pension.

Sir,

It is stated that I am not getting pension/family pension from any central Government/State Government/PSU Office.

Yours faithfully,

Dated:

Signature: _____

Name: _____

Designation: _____

Office Address: _____

{COMMON NOMINATION FORM – A}
{For Arrears of Pension and Commutation of Pension}
 {See Rule 5 of Payment of Arrears of Pension (Nomination) Rules, 1983 and Rule 7 of
 CCS (Commutation of Pension) Rules, 1981}

Pension Disbursing authority/Head of Office: US(STP), DOT, Sanchar Bhawan, New Delhi-1
 OR
Dy. CCA (Pension), O/o Pension CCA, DTO Building,
Prasad Nagar, New Delhi – 110005.

Name of Bank/Accounts Officer etc. _____

I _____, hereby nominate the person/persons mentioned below, and confer on him/her them the right to receive in the event of death, to the extent specified below, an amount on account of the following:-

i. Arrears of Pension.

ii. Commuted Value of Pension Payable under Central Civil Service (Commutation of Pension) Rules, 1981.

Name, Date of Birth & Address	Relationship with Pensioner	Share to be paid to each	If the Nominee is minor Name, Date of Birth and address of person who may receive the said pension during the nominee's minority	Name, Date of Birth and address of the other nominee in case the nominee under column (1) predecessor the Pensioner.
1	2	3	4	5

Relationship with Pensioner	Name Date of Birth and Address of person who may receive the amount, if alternate nominee in column 5 is a minor	Contingency on happening of which nomination shall become invalid.
6	7	8
		Death or Insanity

Contd.....

This nomination supersedes any nominations made by me earlier.

Place : New Delhi

Dated :

Signature (or thumb impression if illiterate)

Name of the Pensioner:

Address :

Witness:

Signature

Name & Address

Note 1:- Completely strike out the benefit for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i) and (ii) above.

Note 2:- The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominees(s) shares together should cover the whole amount.

To be filled by the Head of Office/authorized Gazetted Officer

Received the Nominations, dated _____, under the following Rules:-

1. Payment of Arrears of Pension (Nomination) Rules, 1983
2. Central Civil Service (Commutation of Pension) Rules, 1981

Made by Shri _____

Designation _____

Office BSNL CORPORATE OFFICE
(Strike out which nomination is not received)

**Name, Signature and Designation of
Head of Office/authorized
Gazetted Officer with Stamp**

Date of receipt _____

The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may become into the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on the both pages of this Form.

Est-54

**SPECIMEN SIGNATURE AND THUMB
AND FINGER IMPRESSION CARD**

(1) Specimen Signature :

Date :

(2) Thumb and Finger Impression :

Thumb	Forth Finger	Third Finger
	Fore Finger	Second Finger

(3) Certificate :

The above Specimen Signature/Thumb and Finger Impression of
Shri/Smt./Km. _____
was/were taken in my presence today.

Signature & Designation
Of Attesting Officer

Dated _____ at _____