

FORM 12
See Rule 77(2)

**FORM OF APPLICATION FOR THE GRANT OF DEATH-CUM RETIREMENT 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 by the guardian on his/her behalf. Where there are more than one minor, the guardian should claim gratuity in one form on their behalf).

1. (i) Name of the claimant in case :
he is not minor.

(ii) Date of birth of the claimant. :

2. (i) Name of the guardian in case :
the claimants are minors.

(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 Govt. 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 the minor, their ages, relationship with the deceased Government servant etc.

Sl. No.	Name	Age	Relationship with the deceased person	Postal Address

(ii) Relationship of the guardian :

7. Place of payment of pension and gratuity :
Name of the Bank.
Branch Name & address
with Telephone Number

Signature/Thumb impression
of The Claimant/guardian
Tele. No. _____

8. Two specimen signatures or left hand thumb : Enclosed
and finger impressions of the claimant/
guardian duly attested.
(To be furnished in a separate sheet)

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

Name

Full Address

Signature

(i) _____

(ii) _____

10. Witness

(i) _____

(ii) _____

TO BE FURNISHED IN DUPLICATE

PARTICULARS OF HEIGHT AND IDENTIFICATION MARK IN RESPECT OF

SHRI / SMT. _____

HEIGHT FT. INCHS

IDENTIFICATION MARK (i)

(ii)

ATTESTED

SPECIMEN SIGNATURE OF SHRI/ SMT. _____

ATTESTED

TO BE FURNISHED IN DUPLICATE

PARTICULARS OF HEIGHT AND IDENTIFICATION MARK IN RESPECT OF

SHRI / SMT. _____

HEIGHT FT. INCHS

IDENTIFICATION MARK (i)

(ii)

ATTESTED

SPECIMEN SIGNATURE OF SHRI /SMT. _____

ATTESTED

FORM 14
See Rule 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 the child and 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 the birth by Christian era

3. Date of death of the Government :
servant/ pensioner

4. Office/Department/Ministry in which
the deceased Government servant/
pensioner served last.

5. If any applicant is guardian, his date of :
Birth and relationship with deceased
Government servant/pensioner.

6. If the applicant is a widow/widower :
the amount of service pension which
she/he may be in receipt on the date
of death the husband/wife.

7. Full address of the applicant :

8. Place of payment of pension and gratuity :
Name of the Bank, Branch Name &
Address.

- 9. (i) Two specimen signatures of applicant, duly attested (to be furnished in two Separate sheers)
- (ii) Two slip each bearing let hand thump and finger impressions of the applicant, duly attested
- (iii) Two copies of Passport size photographs of the applicant, duly attested
- (iv) Descriptive Roll of the applicant, Duly attested, indicating (a) height and (b) Personal marks, if any, on hand, face etc. (Specify a few conspicuous marks, not less than two, if possible) (to be furnish in duplicate)
- (v) Certificate(s) of age (in Original) with two attested copies) showing the dates of the birth of the children. The certificate should be from the Municipal Authorities or from the local Panchayat or from the Head of studying in such school(this information should be furnished in respect of such child or children, the particulars of whom date of birth are not available with the Head of office.
- (vi) Attested copy of PAN CARD and AADHAR CARD of the claimant.

10. **Attested by :-**

<u>Name</u>	<u>Full Address</u>	<u>Signature</u>
(i) _____	_____ _____ _____	_____
(ii) _____	_____ _____ _____	_____

11. **Witness**

(i) _____	_____ _____ _____	_____
(ii) _____	_____ _____ _____	_____

NOTE: Attestation should be done by the two gazette Government Servant or two or more persons of responsibility in the town, Village or Pargana in which the applicant residence.

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

In the case of the widow while applying for family pension on b/o the minor child, the widow should furnish (i) the date of her re-marriage (ii) Name of the Post Office at which payment is desired & (iii) her full address in application for f/p. It is not necessary to furnish fresh appln. Nor the documents as they are already available with the pension papers on which family pension were originally admitted to her.

SPECIMEN SIGNATURE OF THE APPLICANT

Name :

Signature

1. _____

2. _____

ATTESTED

SPECIMEN SIGNATURE OF THE APPLICANT

Name : _____

Signature

1. _____

2. _____

ATTESTED

LEFT HAND THUMB AND FINGER IMPRESSIONS OF THE APPLICANT

NAME : _____

ATTESTED

LEFT HAND THUMP AND FINGER IMPRESSIONS OF THE APPLICANT

NAME : _____

ATTESTED

TO BE FURNISHED IN DUPLICATE

PARTICULARS OF HEIGHT AND IDENTIFICATION MARK IN RESPECT OF

SHRI / SMT. _____

HEIGHT FT. INCHS

IDENTIFICATION MARK (i)

(ii)

ATTESTED

SPECIMEN SIGNATURE OF SHRI /SMT. _____

ATTESTED

TO BE FURNISHED IN DUPLICATE

PARTICULARS OF HEIGHT AND IDENTIFICATION MARK IN RESPECT OF

SHRI / SMT. _____

HEIGHT FT. INCHS

IDENTIFICATION MARK (i)

(ii)

ATTESTED

SPECIMEN SIGNATURE OF SHRI /SMT. _____

ATTESTED

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.	ENCLOSED

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:

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

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.	_____	_____ _____ _____

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: _____
