

FORM 8

[Form of letter to the Accounts Officer forwarding the pension papers of a Government servant]

No:.....

Department/Office:.....

Dated:.....

To,

The Pay and Accounts Officer/  
Accountant General/ A.O. (PF)

Sub: Pension papers of Shri/Smt./Km. \_\_\_\_\_ for Authorization  
of pension.

Sir,

I am directed to forward herewith the pension papers of Shri/Smt. Km. \_\_\_\_\_ of this Department/Office for further necessary action

2. The details of Government dues which will remain outstanding on the date of retirement of the Government servant and which need to be recovered out of the amount of retirement gratuity are indicated below:-

- |   |       |
|---|-------|
| (a) Balance of the house-building or conveyance advance.....  | : Rs. |
| (b) Overpayment of pay and allowances including leave salary  | : Rs. |
| (c) Income Tax deductible at source under the Income Tax Act, 1961 (43 of 1961)   | : Rs. |
| (d) Arrears of licence fee for occupation of Government accommodation   | : Rs. |
| (e) The amount of licence fee for the retention of Government accommodation for the permissible period of two months beyond the date of retirement. | : Rs. |
| (f) Any other assessed dues and the nature thereof  | : Rs. |
| (g) The amount of gratuity to be withheld for adjustment of unassessed dues, if any   | : Rs. |

TOTAL : \_\_\_\_\_

3. Your attention is invited to the list of enclosures which is forwarded herewith.

4. The receipt of this letter may be acknowledged and this Department/Office informed that necessary instructions for the disbursement of pension have been issued to disbursing authority concerned.

5. The retirement gratuity will be drawn and disbursed by this Department/Office on receipt of authority from you. The outstanding Government dues as mentioned in Para 2 above will also be recovered out of the retirement gratuity before making payment.

Yours faithfully,

(14)

LIST OF ENCLOSURES

1. Form 5 and Form 7 duly completed.
2. Medical certificate of incapacity (if the claim is for invalid pension).
3. Statement of the savings effected and the reasons why employment could not be found elsewhere (if claim is for compensation pension or gratuity).
4. Service Book (date of retirement to be indicated in the Service Book).
5. (a) Two specimen signatures, duly attested by a Gazetted Government servant or in the case of pensioner not literate enough to sign his name, two slips bearing the left hand thumb and finger impressions, duly attested by a Gazetted Government Servant.  
(b)<sup>1</sup> Three copies of passport size photograph with wife or husband (either jointly or separately) duly attested by the Head of Office.  
(c) Two slips showing the particulars of height and identification marks, duly attested by a Gazetted Government servant.
6. A statement indicating the reasons for delay in case the pension papers are not forwarded before six months of the retirement of Government servant.
7. Written statement, if any, of the Government servant as required under Rule 59 (1) (a).
8. Brief statement leading to reinstatement of the Government servant in case the Government servant has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service.

NOTE:- When initials or name of the Government servant are or is incorrectly given in the various records consulted, this fact should be mentioned in the letter.

<sup>1</sup> If a Government servant is compulsorily retired from service and delay is anticipated in obtaining Form 5 from the Government servant, the Head of Office may forward the pension papers to the Accounts Officer without Form 5. The Form may be sent as soon as it is obtained from the Government servant.

FORM 7

Form for assessing Pension/Family Pension and Gratuity

[To be sent in duplicate if payment is desired in a different circle of accounting unit]

[see Rules 58, 60, 61 (1) and (3) and 65 (1)]

PART-I

1. Name of retiring Government employee :
2. Fathers/Husband's Name :
3. Height :
4. Marks of Identification :
5. Date of Birth :
6. Service to which belongs (indicate name of organized service, if any, otherwise say General Central Service) :
7. Particulars of post held at the time of retirement --
  - (a) Name of the Office :
  - (b) Post held :
  - (c) Whether the appointment mentioned above was under government or outside the government on foreign service terms? :
8. Whether declared substantive in any post under the Central Government? :
9. Date of beginning of service :
10. Date of ending of service :
11. Cause of ending of service --
  - (a) Voluntary retirement on being declared surplus (Rule 29) :
  - (b) Permanent absorption in Public Sector Undertaking/Autonomous Body (Rule 37-A). :
  - (c) Due to abolition of post (Rule 59) :
  - (d) Superannuation (Rule 35) :
  - (e) Invalidment on medical ground (Rule 38). :
  - (f) Voluntary/premature retirement at the initiative of the Government servant [under Rules 48, 48-A and FR 56 (k)(i)] :
  - (g) Premature retirement at the initiative of the Government (Rule 48 or FR 56(j)) :
  - (h) Compulsory retirement (Rule 40) :
  - (i) Removal/dismissal from service (Rules 24 and 41) :
  - (j) Death :

12. In the case of compulsory retirement, the orders of the competent authority, whether pension may be allowed at full rates or at reduced rates and, in case of reduced rates, the percentage at which it is to be allowed
13. In case of removal/dismissal from service whether orders of competent authority have been obtained for grant of compassionate allowance and if so, at what rate
14. Particulars relating to military service, if any --
- Period of military service
  - Terminal benefits drawn/being drawn for military service
  - Whether opted for counting of military service towards civil pension?
  - If answer to (C) above is in the affirmative, whether the terminal benefits have been refunded
  - In case of Ex Serviceman who are eligible for family pension under the Armed Forces Rules, whether opted to retain family pension under the Armed Forces Rules or to draw family pension under the Civil Rules.
15. Particulars relating to service in Autonomous Body, if any --

(a) Particulars of Service

Name of Organization	Post Held	PERIOD	
		FROM	TO

- Whether the above service is to be counted for pension?
  - Whether the Autonomous Organization has discharged its pensionary liability to the Central Government?
16. Whether any departmental or judicial proceedings are pending against the retiring employees?

17. Qualifying Service

- Details of omission, imperfection or deficiencies in the Service Book which have been ignored [under Rule 59 (1) (b) (ii)].
- Period not counting as qualifying service --
  - Boy service (2<sup>nd</sup> proviso to Rule 13)
  - Extraordinary Leave not counting as qualifying service (Rule 21)



- (7)
- (iii) Periods of suspension not treated as qualifying service (Rule 23)
  - (iv) Interruptions in service [ Rule 27 (1) (b) and Rule 28 (c) ]
  - (v) Periods of foreign service with United Nations bodies for which United Nations pension has been availed.
  - (vi) Any other period not treated as qualifying service (give details)

(c) Additions to qualifying service --

- (i) Military service (Rule 19)
- (ii) War Service (Rule 20)
- (iii) Weightage on voluntary retirement on being declared surplus (Rule 29).
- (iv) Weightage under Rule 30.
- (v) Benefit of service in an Autonomous Body (Rule 37)
- (vi) Weightage under Rule 48-B

(d) Net qualifying service

- (e) Qualifying service expressed in terms of completed six monthly periods (period of three months and over is treated as completed six monthly period;

18. Emoluments --

- (a) Emoluments drawn during 10 months preceding retirement --

From	-	To	Rate of Pay	Amount
------	---	----	-------------	--------

- (b) If the officer was on foreign service immediately preceding retirement, the notional emoluments which he would have drawn under Government but for being on foreign service
  - (c) Average emoluments reckoned for pension
  - (d) Emoluments reckoned for retirement gratuity/death gratuity
  - (e) Emoluments reckoned for family pension.
19. Date on which the retiring employee submitted his application for pension in Form 5.
20. Complete and up to date details of the family as given in Form 3 --

S.No.	Name of the Member of the Family	Date of Birth	Relation with the Government servant
1.	2.	3.	4.

21. Whether nomination made for death gratuity/retirement gratuity?
22. The date on which action initiated to --
- (a) Obtain the 'No demand certificate' from the Directorate of Estates as provided in Rule 57.
  - (b) Assess the service and emoluments qualifying for pension as provided in Rule 59 and
  - (c) Assess the Government dues other than the dues relating to the allotment of
23. Details of Government dues recoverable out of gratuity --
- (a) Licence fee for Government accommodation [ see sub rules (2), (3) and (4) of Rule 72 ]
  - (b) Dues referred to in Rule 73

- 14
24. (a) Proposed pension/service gratuity :
- (b) Proposed dearness relief on pension :  
(as on the date of retirement)
- (c) Date from which pension is to :  
commence.
25. Rate of Family Pension --
- (a) Enhanced rate :
- (b) Period for which family pension will be :  
payable at enhanced rate
- (c) Ordinary rate :
- (d) Date from which ordinary rate of family :  
pension will be payable
26. Amount of retirement gratuity/death gratuity :
27. Commutation of pension --
- (a) Whether simultaneously applied for :  
commutation of pension with the  
pension application (applicable only in  
the case of those who retire on  
superannuation pension) ?
- (b) The portion of pension commuted :
- (c) Commuted value of pension :
- (d) Amount of residuary pension after :  
deducting commuted portion
- (e) Date from which reduced pension is :  
payable
28. Name and address of Bank/Pension :  
Accounting Office from which pension is to  
be drawn
29. Head of Account of which pension and :  
gratuity are debitable
30. Post-retirement address of the retiree :

Counter signed  
Head of Office

# PENSION CALCULATION SHEET

## REVISED FORMAT

[See Decision (3) below Rule 61]

1. Name :
2. Designation :
3. Date of birth :
4. Date of entry in the Government Service :
5. Date of Retirement :
6. Length of qualifying service reckoned for pension/gratuity (as indicated in PPO) :
7. Emoluments drawn during the last 10 months :
8. (1) Average emoluments for pension (as indicated in PPO) :
- (2) Pension admissible :

Calculation to be shown as follows:-

$$\frac{\text{Average Emoluments}}{2} \times \frac{\text{Qualifying Service}}{66}$$

9. (1) Emoluments for gratuity (as indicated in PPO) :
- (2) Retirement gratuity admissible :

Calculation to be shown as follows:-

$$\frac{\text{Emoluments}}{4} \times \text{Qualifying Service}$$

10. (1) Emoluments for Family Pension (as indicated in PPO)
- (2) Family Pension Admissible

Calculation to be shown as follows:-

- (a) Ordinary Family Pension:-

$$\text{Pay last drawn} \times \text{Prescribed \% subject to prescribed minimum and maximum}$$

- (b) Enhanced Family Pension:-

Family Pension at ordinary rate as at (a) above X 2, subject to prescribed minimum and maximum as per Rule 54.

Countersigned

Head of Office/PAO

(11)

PART - II

1. Date of receipt of pension papers by the :  
Accounts Officer from Head Of Office
2. Entitlements admitted --
  - A. Length of qualifying service
  - B. Pension --
    - (i) Class of pension
    - (ii) Amount of monthly pension
    - (iii) Date of commencement
  - C. Commutation of Pension --
    - (i) Commuted value of portion of :  
pension commuted, if any
    - (ii) Residuary pension after :  
commutation
    - (iii) Date from which reduced pension :  
is payable
    - (iv) Date of restoration of commuted :  
portion of pension subject to the  
pensioner continuing to live
  - D. Retirement/Death Gratuity --
    - (i) Total amount payable
    - (ii) Amount to be adjusted towards :  
Government dues
    - (iii) Amount to be withheld for :  
adjustment of unassessed dues
    - (iv) Net amount to be released  
immediately.
  - E. Family Pension --
    - (i) At enhanced rate
    - (ii) Period for which family pension at :  
enhanced rate is payable
    - (iii) At normal rate
3. Head of Account to which the amount of :  
pension, retirement/death gratuity and  
family pension are to be debited.

Accounts Officer

FORM "O"

FORM 24.

(See Rule 32)

FORM OF CERTIFICATE OF VERIFICATION OF SERVICE FOR PENSION

No:.....

Department/Office:.....

Dated:.....

CERTIFICATE

It is clarified, in consultation with the Accounts Officer, this Shri \_\_\_\_\_ Designation \_\_\_\_\_ has completed qualifying service of \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days as on \_\_\_\_\_ (date), as per details given below. The Service has been verified on the basis of his service documents and in accordance with the rules regarding qualifying service in force at present. The verification of service under sub-rules (1) and (2) of Rule 32 of the Central Civil Services (Pension) Rules, 1972, shall be treated as final and shall not be reopened except when necessitated by a subsequent change in the rules and orders governing the conditions under which the service qualifies for pension.

DETAILS OF QUALIFYING SERVICE

S.No.	From	To
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Signature of Head of Office

To,

Shri/Smt.....

(Name and Designation)

16

FORM NO. 5

[See Rule 39(1) (c) and 61(1)]

Particulars to be obtained by the Head of the Office from the retiring Municipal servant eight months before the date of his retirement.

1. Name :
2. (a) Date of birth :
- (b) Date of retirement :
3. Two specimen signatures duly attested to be furnished in a separate sheet duly attested by a Gazetted Government servant. :
4. Two slips showing the particulars of height and personal identification marks duly attested. :
5. Three copies of passport size/Joint photographs of the Municipal Servant with his/her wife/husband. :
6. Address after retirement :
7. Present Address :
8. Details of the family in form No. 3 :

Signature of the Head of Office

Place: \_\_\_\_\_

Date: \_\_\_\_\_

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Two slips each bearing the left hand thumb and finger impression duly attested, may be furnished by a personal who is not literate enough to sign his name. If such a Municipal servant on account of physical disability is unable to give left hand thumb and finger impression, he may give the thumb and finger impression of the right hand, where a municipal servant lost both hands he may give his thumb and finger impressions of legs. Impression should be duly attested.

- (15)
- Only three copies of passport size photographs of self need to be furnished.
- (1) If the Municipal servant is governed by Rule 5 of the CCS (Pension) rules, 1972.

Where it is not permissible for a Municipal servant to submit a photograph with his wife/her husband he/she may submit separate photographs. The photographs shall be attested by the Head of the Office.

Any subsequent changes of Address should be notified to the Head of the Office/Unit Officer.

Applicable only where Rule 54 of the C.C.S.(Pension) Rule 1972 applies to the Municipal Servant.

8. Name of the Treasury or the branch of Public Sector Bank or the Pay and Accounts Office through which the pension is to be drawn.
9. Details of the family in Form 3.
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.

Place.....  
Dated the:.....

Signature  
Designation  
Ministry Department/Office.



FORM A  
(See Rule 5)

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

Place: .....

I \_\_\_\_\_ hereby nominate the person  
(Name of the pensioner in Capital Letters)

Name below under <sup>Rule</sup> 5 of the Payment of Arrears of Pension, (Nomination) Rules, 1983.

1. Name and address of the nominee
2. Relationship with pensioner
3. Date of birth (if nominee is minor)
4. Name and address of <sup>pensioner</sup> ~~pensioner~~ who may receive the said pension during the nominee's minority
5. Name and address of the other nominee in case the nominee under column (1) above predeceases the pensioner
6. Relationship with pensioner
7. Date of birth if other nominee is minor
8. Name and address of ~~pensioner~~ who may receive the said pension during the nominee's minority
9. Contingency on happening of which nomination shall become invalid.

X  
\_\_\_\_\_  
Signature (or thumb impression of  
(literate) and name of pensioner

Place: \_\_\_\_\_  
Date: \_\_\_\_\_

Witness: Signature

Name and Address: \_\_\_\_\_

Signature of Pension Disbursing Authority/  
Head of Office

(Acknowledgment to be sent by the Pension Disbursing Authority/Head of Office)  
Certified that application / nomination has been received from  
name of pensioner whose address is \_\_\_\_\_

Signature of Pension Disbursing  
Authority / Bank / P.O. /  
Accounts Officer/Head of Office  
Full Address

Place \_\_\_\_\_

Date \_\_\_\_\_

(2)

Form No. - 1  
Form of Application for Commutation of a fraction of pension  
without Medical Certificate

(See Rules 5(2), 6(1), 12, 13 (1) and (2), 14(1) and (2) 15(1) and (2) and 16(1) and (2)  
(To be submitted in duplicate after retirement but within the one year of the date of retirement)

Part-I

To, \_\_\_\_\_  
The \_\_\_\_\_  
\_\_\_\_\_

(Here indicate the designation & Full name of the Head of Office)

Subject: Commutation of Pension without Medical examination.

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions of the Central Civil Service (Commutation) Rules, 1981. The necessary particulars are furnished below:-

1. Name (in block letters)
2. Father's name (also husband's name in the case of a female Govt. servant)
3. Designation at the time of retirement
4. Name of office/Deptt. in which employed
5. Date of Birth (by Christian era)
6. Date of retirement
7. Class of pension on which retired
8. Amount of pension authorized, (in case of Final amount of pension has not been authorized, indicate the amount of provisional pension sanctioned under Rule 64 of the Central Civil Services (Pension) Rules, 1972)
9. Fraction of pension proposed to be commuted
10. Designation of the Accounts office, who authorized the pension and the No. and date of pension payment Order if issued:
11. Disbursing Authority for payment of pension:
  - a) Treasury/Sub-Treasury (name and complete Address of the Treasury/Sub-Treasury to be indicated:
  - b) (i) Branch of the Nationalized Bank with complete postal address:  
(ii) Bank Account No. to which monthly pension is being credited each month
  - c) Accounts Officer of the Department/Office.

Place: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature.....  
Postal Address.....  
.....  
.....

(3)

PART - II

Received from Shri/Smt. \_\_\_\_\_, application in Part I of Form No. 1 for the commutation of a fraction of pension without medical examination.

Signature

Place: \_\_\_\_\_

Dated: \_\_\_\_\_

Head Of Office

PART - III

Forwarded to the Accounts Officer (here indicate the address and Designation)

With the remarks that:-

- i) the particulars furnished by the applicant in Part-I have been verified and are correct;
- ii) The applicant is eligible to get a fraction of his pension commuted without medical examination;
- iii) The commuted value of pension determine with reference to the Table applicable at present comes to Rs. \_\_\_\_\_
- iv) The amount of residuary pension after commutation will be Rs. \_\_\_\_\_
2. It is requested that further action to authorize the payment of the amount of commuted value of pension may be taken as in Rule 15 of the Central Civil Services Commutation of Pension Rule, 1981.
3. The receipt of Part I of the Form has been acknowledged in Part-II which has been forwarded separately to the application on \_\_\_\_\_.
4. the commutation value of pension is debitable to Head of Account.

Signature

Place: \_\_\_\_\_

Dated: \_\_\_\_\_

Head Of Office

FORM No. - 1-A

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 AUTHORIZED THROUGH THE PENSION PAYMENT ORDER.

(See Rules 5(2), 12, 13 (3), 14(1), 15(3))

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

Part-I

To,

The \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Here indicate the designation & Full name of the Head of Office).

Subject: Commutation of Pension without Medical examination.

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions of the Central Civil Service (Commutation) Rules, 1981. The necessary particulars are furnished below:-

1. Name (in block letters) :
2. Father's name (also husband's name in the case of a female Govt. servant) :
3. Designation :
4. Name of office/Deptt. In which employed :
5. Date of Birth (by Christian era) :
6. Date of retirement on superannuation or on the expiry of extension in service granted under F.R. 36(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 be indicated) :
  - b) (i) Branch of the Nationalized Bank with complete postal address: :
  - (ii) Bank Account No. to which monthly pension is being credited each month :
  - c) Accounts Officer of the Department/Office. :

Signature.....

Present Postal Address.....

Postal Address after retirement.....

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**PART – II**  
**(ACKNOWLEDGMENT)**

Received from Shri/Smt./Km. \_\_\_\_\_  
Designation \_\_\_\_\_ application in Part – I of the Form I – A for  
commutation of a fraction of pension without medical examination.

Place:

Signature

Date:

Head of Office

**PART – III**

Forwarded to the Accounts Officer  
\_\_\_\_\_

with the remarks that:-

- (i) the particulars furnished by the applicant in Part – I have been verified and are correct.
  - (ii) the applicant is eligible to get a fraction of his pension commuted without medical examination.
  - (iii) the commuted value of pension determined with reference to the Table applicable at present comes to Rs. \_\_\_\_\_ and
  - (iv) the amount of residuary pension and commutation will be Rs. \_\_\_\_\_
2. The pension papers of the applicant completed in all respects were forwarded under this Ministry/Department/Office Letter No. \_\_\_\_\_ dated \_\_\_\_\_. It is requested that the payment of commuted value of pension may be authorized through the Pension Payment Order which may be issued one month before the retirement of the applicant.
  3. The receipt of Part I of this Form has been acknowledged in Part II which has been forwarded separately to the applicant on \_\_\_\_\_.
  4. The Commuted value of pension is debitable of Head of Account.

Place:

Signature

Date:

Head of Office

(10)

**FORM - 3**  
[See Rule 54(12)]  
**DETAILS OF FAMILY**

1. Name of Municipal Servant. : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Date of Appointment : \_\_\_\_\_
5. Details of the members of my family :  
as on \_\_\_\_\_

Sl. No	Name of the Members of the Family	Date of Birth	Relationship with the Officer	Initials of the Head of Office	Remarks
(i)					
(ii)					
(iii)					
(iv)					
(v)					
(vi)					
(vii)					
(viii)					
(ix)					
(x)					

I hereby undertake to keep the above particulars upto date by notifying to the head of office any addition or alteration.

(Sign. of Municipal Servant)

Place:

Date:

Family for this purpose means family as defined in Class (b) of Sub. Rule (4) of 54 of the C.C.S. (Pension Rule, 1972).

**NOTE:** Wife and husband shall include respectively ~~judicially separated wife and husband.~~

Nomination for Retirement Gratuity/Death Gratuity

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 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:-

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

(ii) Strike out which is not applicable.

- Forms as last amended by G.O.I., Department of P&P, W.F, notification No. 2/18/07-p of P&P & P.W. (PIC), dated the 20<sup>th</sup> July, 1988, published under the Gazette of India, dated the 6<sup>th</sup> August, 1989.

Signature of Government Servant

1. \_\_\_\_\_
2. \_\_\_\_\_

(to be filled by the Head of Office)

Nomination by : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Office : \_\_\_\_\_

Signature of Head of Office

Date \_\_\_\_\_

Designation \_\_\_\_\_

PROFORMA FOR ACKNOWLEDGING THE RECEIPT OF THE NOMINATION FORM BY THE HEAD OF OFFICE.

No. \_\_\_\_\_

Dated \_\_\_\_\_

To,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sir,

In acknowledging the receipt of your nomination, dated the \_\_\_\_\_ /  
cancellation, dated the \_\_\_\_\_ of the nomination made earlier in respect of  
gratuity in Form \_\_\_\_\_. I am to state that it has been duly placed on record.

Place \_\_\_\_\_

Signature of Head of Office

Date \_\_\_\_\_

(Designation) \_\_\_\_\_

Note:- The Government servant is advised that it would be in the interest of his nominees if copies of the nominations and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death..

Copy to:

1. Account Officer (P.F.)
2. Office Copy.



**DELHI URBAN SHLTER IMPROVEMENT BOARD  
DEPARTMENT OF NCT OF DELHI**

Slip carrying Fingers Impression and signature in full of Sh./Smt. ....  
Designation ..... Branch/Section ..... who is  
going to retire/retired from DUSIB services on ..... After  
attaining the age of Superannuation/Voluntary Retirement.

Or

Sh./Smt. .... who is legal heir/widow of Late Shri  
..... As per service record.

**FINGER IMPRESSION**

Thumb \_\_\_\_\_

Fingers

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

**Signature (in full)**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

## HEIGHT AND MARK OF IDENTIFICATION OF

Sh. / Smt. \_\_\_\_\_

Expired/ Superannuating on \_\_\_\_\_

HEIGHT:-

MARK OF IDENTIFICATION:-

## ADDRESS SLIP

IN RESPECT OF SH./SMT. \_\_\_\_\_

ADDRESS:

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**DELHI URBAN SHLTER IMPROVEMENT BOARD**  
**DEPARTMENT OF NCT OF DELHI**

Slip carrying PASSPORT SIZE PHOTOGRAPHS (Joint/Self) in respect of Sh./Smt.  
\_\_\_\_\_ Designation \_\_\_\_\_ who is going to retire from  
DUSIB services on \_\_\_\_\_.

Or

Slip Carrying PHOTOS OF WIDOW/LEGAL HEIR OF Late Sh./Smt.  
\_\_\_\_\_ who has expired on \_\_\_\_\_.

1.

2.

3.

**DELHI URBAN SHLTER IMPROVEMENT BOARD**  
**DEPARTMENT OF NCT OF DELHI**

I, \_\_\_\_\_ s/o d/o w/o \_\_\_\_\_  
here by opt for disbursement of my pension through  
\_\_\_\_\_ Bank situated at  
\_\_\_\_\_. I shall open a bank account in the branch and  
intimate the Account No. in due course.

Signature of Pensioner (s)

Name of pensioner \_\_\_\_\_

P.P. No. \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DELHI URBAN SHLTER IMPROVEMENT BOARD**  
**DEPARTMENT OF NCT OF DELHI**

I, \_\_\_\_\_ s/o d/o w/o \_\_\_\_\_  
here by opt for disbursement of my pension through  
\_\_\_\_\_ Bank situated at  
\_\_\_\_\_. I shall open a bank account in the branch and  
intimate the Account No. in due course.

Signature of Pensioner (s)

Name of pensioner \_\_\_\_\_

P.P. No. \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# APPENDIX - D

PF  
25

The Accountant-General,  
(Through the Head of Office).

I am to retire/have retired/have proceeded on leave preparatory to retirement  
for \_\_\_\_\_ months/have been discharged/dismissed/have been permanently  
transferred to \_\_\_\_\_/have resigned finally from Government  
service/have resigned service under \_\_\_\_\_ Government to take up  
appointment with \_\_\_\_\_ and my resignation has been accepted  
with effect from \_\_\_\_\_ forenoon/afternoon. I joined service with  
\_\_\_\_\_ on \_\_\_\_\_ forenoon/afternoon.

My Provident Fund Account No. is \_\_\_\_\_

I desire to receive payment through my office/through the \_\_\_\_\_  
Treasury/Sub-Treasury. Particulars of my personal marks of identification, left hand  
thumb and finger impressions (in the case of illiterate subscribers) and specimen  
signature (in the case of literate subscribers) in duplicate, duly attested by a Gazetted  
Officer of the Government, are enclosed.

## PART - I

[To be filled in when the application for final payment is submitted up to one year prior to retirement]

I request that the amount of Rs. \_\_\_\_\_ standing to the credit in my  
Provident Fund Account as indicated in the Accounts Statement issued to me for the  
year \_\_\_\_\_ (enclosed/as appearing in my ledger account being maintained by  
you \_\_\_\_\_ Treasury/Sub-Treasury/Head Of Office, may please be  
arranged to be paid to me as first instalment of final payment.

The under-mentioned Life Insurance Policies were being financed by me from  
my Provident Fund Account.

POLICY NUMBER	NAME OF THE COMPANY	SUM ASSURED
_____	_____	_____
_____	_____	_____
_____	_____	_____

After payment of the first instalment of my Provident Fund balance, I will apply  
for the payment of subsequent instalment in Part - II of the Form immediately on  
retirement.

Yours faithfully

Signature.....

Name.....

Address.....

.....

.....

Station:.....

Date:.....

This applies only when payment is not desired through the Head of Office.

(FOR USE BY HEADS OF OFFICES)

Forwarded to the Accountant-General \_\_\_\_\_ for necessary action/in  
issuance of Endorsement No. \_\_\_\_\_ dated \_\_\_\_\_.

He/She has finally retired/will proceed on leave preparatory to retirement for \_\_\_\_\_  
has been discharged/dismissed/has been permanently transferred to \_\_\_\_\_  
has resigned finally from Government service/has resigned \_\_\_\_\_  
under \_\_\_\_\_ Government to take up appointment with \_\_\_\_\_  
and his/her resignation has been accepted with effect from \_\_\_\_\_  
forenoon/afternoon. He joined service with \_\_\_\_\_  
forenoon/afternoon.

The last fund deduction was made from his/her pay in this Office Bill No. \_\_\_\_\_  
dated \_\_\_\_\_ for Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)  
(\_\_\_\_\_), cash voucher No. \_\_\_\_\_ of \_\_\_\_\_  
Treasury, the amount of deduction being Rs. \_\_\_\_\_ and  
on account of refund of advance Rs. \_\_\_\_\_.

Certified that he/she was neither sanctioned any temporary advance nor any final  
withdrawal from his/her Provident Fund Account during the 12 months immediately preceding  
the date of his/her quitting service under \_\_\_\_\_ Government/proceeding on leave  
preparatory to retirement or thereafter.

OR

Certified that the following temporary advances/final withdrawals were sanctioned to  
him/her and drawn from his/her Provident Fund Account during the 12 months immediately  
preceding the date of his/her quitting service under \_\_\_\_\_  
Government/proceeding on leave preparatory to retirement or thereafter.

Amount of Advance/withdrawal	Date	Voucher No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certified that no was withdrawn/the following amount were withdrawn from his/her  
Provident Fund Account during the twelve months immediately preceding the date of his/her  
quitting service under \_\_\_\_\_ government/proceeding on leave preparatory to  
retirement or thereafter for payment of Insurance premium or for the purchase of a new policy.

Amount	Date	Voucher No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is certified that no demands/following demands of Government are due for recovery.

Certified that he/she has not resigned from Government service with prior permission  
of the Central Government to take up an appointment in an-other Department of the Central  
Government or under a State Government or under a body corporate owned or controlled by  
the State.

(Signature of  
Head of Office  
/Department)

(22)

(FOR USE BY HEADS OF OFFICES)

Forwarded to the Accountant-General \_\_\_\_\_ for necessary action.

2. The Provident Fund Account No. of Shri/Smt./Km. (as certified from the Statement furnished to him/her from year to year) is \_\_\_\_\_.

3. He/She is due to retire from Government Service on \_\_\_\_\_.

4. Certified that he/she had taken the following advances in respect of which \_\_\_\_\_ installment of Rs. \_\_\_\_\_ are yet to be recovered and credited to the Fund Account. The details of the final withdrawals granted to him/her are also indicated below—

TEMPORARY ADVANCES

FINAL WITHDRAWALS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Certified that the amounts were withdrawn from him/her account to finance the life insurance Policy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of the  
HEAD OF OFFICE

PART - II

(to be submitted by the Subscriber immediately after his retirement. This Part is also applicable in the case of subscribers who apply for final payment for the first time after the date of superannuation, discharge, resignation etc)

In continuation of my earlier application, dated \_\_\_\_\_, for the final payment of Provident Fund balances, I request that the entire balance at my credit with interest due under the rules may be paid to me.

Or

I request that the entire amount at my credit with interest due under the rules may be paid to me/transferred to \_\_\_\_\_.

Signature.....

Name.....

Address.....

.....  
.....  
.....



**DELHI URBAN SHLTER IMPROVEMENT BOARD**  
**DEPARTMENT OF NCT OF DELHI**

Slip carrying Fingers Impression and signature in full of Sh./Smt. ....  
Designation ..... Branch/Section ..... who is  
going to retire/retired from DUSIB services on ..... After  
attaining the age of Superannuation/Voluntary Retirement.

Or

Sh./Smt. .... who is legal heir/widow of Late Shri  
..... As per service record.

**FINGER IMPRESSION**

Thumb \_\_\_\_\_

Fingers

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

**Signature (in full)**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

## HEIGHT AND MARK OF IDENTIFICATION OF

Sh. / Smt. \_\_\_\_\_

Expired/ Superannuating on \_\_\_\_\_

HEIGHT:-

MARK OF IDENTIFICATION:-

## ADDRESS SLIP

IN RESPECT OF SH./SMT. \_\_\_\_\_

ADDRESS:

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**DELHI URBAN SHLTER IMPROVEMENT BOARD**  
**DEPARTMENT OF NCT OF DELHI**

Slip carrying PASSPORT SIZE PHOTOGRAPHS (Joint/Self) in respect of Sh./Smt.  
\_\_\_\_\_ Designation \_\_\_\_\_ who is going to retire from  
DUSIB services on \_\_\_\_\_ .

Or

Slip Carrying PHOTOS OF WIDOW/LEGAL HEIR OF Late Sh./Smt.  
\_\_\_\_\_ who has expired on \_\_\_\_\_ .

1.

2.

3.

**DELHI URBAN SHLTER IMPROVEMENT BOARD  
DEPARTMENT OF NCT OF DELHI**

I, \_\_\_\_\_ s/o d/o w/o \_\_\_\_\_  
here by opt for disbursement of my pension through  
\_\_\_\_\_ Bank situated at  
\_\_\_\_\_. I shall open a bank account in the branch and  
intimate the Account No. in due course.

Signature of Pensioner (s)

Name of pensioner \_\_\_\_\_

P.P. No. \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DELHI URBAN SHLTER IMPROVEMENT BOARD  
DEPARTMENT OF NCT OF DELHI**

I, \_\_\_\_\_ s/o d/o w/o \_\_\_\_\_  
here by opt for disbursement of my pension through  
\_\_\_\_\_ Bank situated at  
\_\_\_\_\_. I shall open a bank account in the branch and  
intimate the Account No. in due course.

Signature of Pensioner (s)

Name of pensioner \_\_\_\_\_

P.P. No. \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_