

FORM 5

(See Reule 59(1)(c) and 61(1)

Particular to be obtained by the Head of Office from the retiring Government servant eight months before the date of his 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 Government servant
4. ** Three copies of passport size joint+ photograph with wife or husband (To be attested by the Head of Office)
- 5 Two slips showing the particulars *** of height and personal identification marks duly attested by a gazetted Government Servant.
6. Present address.

7. @ Address after retirement.

8. Name of the Treasury or Branch of Public Sector Bank or the Pay and Accounts Office through which the pension is to be drawn.

9. + Detail 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 **NEW DELHI**

Dated the

* Two slips each bearing the 'left hand thumb and finger impressions' duly attested may be furnished by a person who is not literate enough to sign his name. If such a Government servant on account of physical disability is unable to give left hand thumb and finger impression, he may give thumb and finger impressions of the right hand. Where a Government servant has lost both the hands, he may give his the impression should be duly attested by gazetted Government Servant.

** Two copies of the passport size photograph of self only need be furnished-

(i) if the Government servant is governed by rule 54 of the Central Civil Service (Pension) Rule, 1972 and is unmarried or a widower or widow;

(ii) if the Government Servant is governed by the rule 55 of the Central Civil Service (Pension) Rules 1972.

+ Where is not possible for a Government Servant to submit a photograph with wife or her husband, he or she may submit separate photographs. The photograph shall be attested by the Head of Office.

*** Specify a few conspicuous marks, not less than two, if possible.

@ Any subsequent change of address should be notified to the Head of Office.

* Substituted by Notification No. 6 (1) Pen-(A)/79, dated 19.5.80.

+ Applicable only where rule 54 of the Central Civil Service (Pension) Rules, 1972 applies to the Government Servant

FORM 3
(See Rule 54 (12))
DETAILS OF FAMILY

Name of the Government servant.

Designation

Date of birth

Date of appointment

Details of the members of my family* as on _____

Sl. No.	Names of the members of family*	Date of birth	Relationship with the Officer	Initials of the Head of Office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

I hereby undertake to keep the above particulars up to-date by notifying to the Audit Officer/Head of Office any addition or alteration.

Place **NEW DELHI**

Dated the _____

Signature of Government Servant

FORM I A
(See Rules 5 (2), 12,13 (3),14 (1) and 15 (3))

Form of Application for Commutation of Fraction of superannuation pension without Medical Examination when applicant desires that payment of the commuted value of Pension should be authorized through the pension payment order.

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

PART 1

(Here indicate the designation and full address of the Head of office)

.....
.....

Subject: Commutation of pension without medical examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provision of the Central Civil Services (Communication of pension) Rule 1981. The necessary particulars are furnished below:

1. Name in block letters.
2. Father's name(also husband's name in case of Female Govt. servant)
3. Designation.
4. Name of Office/Deptt./Ministry in which employed. :
5. Date of birth (by Christian era).
6. Date of retirement on superannuation or on expiry of Extension in service granted under PR 56 (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 nominated nationalized
 - (ii) Bank Account No. to which monthly pension is to be credited each month:
 - (c) Account Office of the ;Ministry/Department/ Office:

Place: **NEW DELHI**

Signature

Dated:

Postal Address after retirement :

Present Postal Address

Note: The payment of commuted value of pension shall be made through the disbursing authority from which pension is to be drawn after retirement. It is not open to an applicant to draw the commuted value of pension from a disbursing authority other than the disbursing authority from which pension is to be drawn.

The applicant should indicate the fraction of the amount of monthly pension (subject to a maximum of one third thereof) which-he/she desired to commute and not the amount in rupees)

* Score out which is not applicable.

PART II (Acknowledgement)

Receive from Shri. /Smt.

(Name & Designation)

Application in Part I of the Form IA for communication of a fraction of pension without medical examination.

Place: **NEW DELHI**

Date

Signature
Head of Office

Note : If the application has been received by the Head of Office before the expiry of three months before the date of retirement on Superannuation, this acknowledgement should be detached from the Form and handed over to the applicant. If the form has been received by post, it has to be acknowledged on the same day and the acknowledgement sent under registered cover to the applicant. In case, it is received after the specified date, it should be accepted only if it has been put into the post on or before that date subject to production of evidence to that effect by the applicant.

PART III

Forwarded to the Account Office

(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; and
- (iii) The commuted value of pension determined with reference to the table applicable at present come to Rs and
- (iv) The amount of residuary pension after 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 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 to Head of Account Consolidated 266 Pension and Gratuity and other retirement benefits

Place: **NEW DELHI**

Date :

Signature
Head of Office

Note : The principal Rules were introduced by the Ministry of Home Affairs, Department of Personnel and Administrative Reforms Notification No. 6 (4)- Pen (a)/-79 dated 23.3.1981 and published as S.O. 1134 in Part II. Section 3, Sub-section (ii) of the Gazette of India, dated 11.1.1981

FORM-A
(SEE RULE-5)

Pension Disbursing authority/Head of Office (Name of Bank/Treasury/Post Office/Accounts Office etc.)
Place

I, _____ hereby nominate the person name below under rule 5 of the payment of arrears of pension (Nomination) Rule-1988

Name the nominee 1	Address 2	Relationship with pensioner 3	Date of Birth 4
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If nominee is minor, name & address of person who may receive the said pension during the nominee's minority 4	Name & address of other nominee in case the nominee Under col. (i) above predeceases the pensioner 5	Relationship with the pensioner 6
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Date of birth of other Minor nominees 7	Name & address of the persons who may receive the pension during other nominees minority 8	Contingency on happening of which the nomination shall become invalid 9
-	-	In the event of death

Name & address of other nominee in case the nominee under column (I) above predeceases the pensioner 5	Relationship with the pensioner 6	Date of Birth if the nominee is minor 7	Name & address of the person who may receive the commuted value of pension during the other pensioner nominee's minority 8
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Contingency on happening of which nomination should become invalid.

IN THE EVENT OF DEATH

Place: NEW DELHI	Signature (or thumb)
Date :	Impression if illiterate)
Witness's Signature,	
Name :	Name of pensioner
Address:	Address

Signature of Head of Office
With STAMP
Acknowledgement to be sent by the Head of Office

Certified that Nomination has been received from
(Name of Pensioner) whose address is :

Place: **NEW DELHI**
Date : Signature of Head of office
Full Address

O.C.S. (PENSION FORM-5A)
(See Rule-70A)

(Finance Department Notification No. GPF--13/98-44844/F dated 26.01.10.98

Declaration of the Retiring Government Servant

I do hereby give free & full consent that if any overpayment made to me is detected while in service or after my retirement in respect of my General Provident Fund Account or on account of granting Pension and temporary increase on pension etc; the same shall be recovered from my pay and allowances/leave salary/GPF/Pension/Commuted Value of Pension/Temporary increase on Pension/Interim relief or Gratuity etc; payable to me or my family at time.

Signature
(Name & Designation)

Present Postal Address :

Postal Address after Retirement :

Signature of the Head of Office

APPLICATION FOR NO DEMAND CERTIFICATE

(To be filled by the applicant and sent to the Directorate of Estates two years before the anticipated date of Superannuation)

Name:

Permanent Address To

The Director of Estates
Government of India
New Delhi-110011.

1. Accommodation occupied (Since 1-3-1996)

S.N.	Particulars of Accommodation	Period of Occupation	Office in which remained employed with duration

2. Date of Retirement/Resignation etc. :

3. Last emoluments (P.M.) (as under FR 45C)-date from _____ drawn _____

4. Whether stood surety for other Govt Servant :
(Particulars of Government Servant stood surety)

Name	Particulars of Accommodation

Signature of Applicant

(To be filled by applicant's office)

No. _42011/1/2010/DCH/E.I

Date _____

Forwarded (in duplicate) to the Directorate of Estates

To

The Director of Estates,
Nirman Bhawan, New Delhi-110011

Signature

Specimen Signatures of Shri/Smt.

Left hand thumb & finger impressions of
Shri

DETAILS OF HEIGHT AND PERSONAL IDENTIFICATION MARKS OF
SH/SMT. _____ WHO IS RETIRING ON
_____ ON SUPERANNUATION OF AGE.

NAME :

FATHER/HUSBAND NAME :

HEIGHT :

IDENTIFICATION MARK :