

Form No. 3
FROM OF APPLICATION FOR THE GRANT OF DCRG ON THE DEATH OF
NPS EMPLOYEE OF BOARD / SUCCESSOR CO. (DIED WHILE IN SERVICE).
(TO BE FILLED IN BY THE CLAIMANT)

1. Name of the Applicant : -

(i) Widow /Widower/ Son/ Daughter of :

(ii) Guardian if the deceased is survived
by child or children :

2. Name and age of surviving widow / widower and
Children of deceased Board's employee

SL. NO.	Name	Relationship with deceased person	Date of birth
(i)			
(ii)			
(iii)			
(iv)			
(v)			

3. Date of death of employee of Board/successor Co.:

4. Office / Deptt. in which the deceased :
Employee of Board/successor Co. served last

5. If the applicant is guardian his date of birth :
and relationship with the employee/ of Board/successor Co.

6. Full address of the applicant

7. Place of payment of gratuity :

(i) Name of Bank: (Preferably SBI) :

(ii) Name of the Bank Branch : _____

(iii) Branch Code :-

(iv) Account No :-

(v) IFSC Code No:-

8. Enclosures :-

- (i) Death Certificate of the Employee.
- (ii) Two specimen signatures/ thumb impression (if not literate) of applicant duly attested.
(To be furnished in two separate sheets).
- (iii) Two copies of passport size photographs of applicant duly attested
- (iv) Photo copy of Single Operated Bank Pass Book containing A/c. No. Branch Code. along with photograph of the account holder.
- (v) Copy of Pan Card (if available).
- (vi) Contact No. (if any)
- (vii) Two attested copies of Certificate of age showing the date of birth of children.
(The certificate should be from the Municipal Authority or Registrar of Birth & Death)
- (viii) Next of Kin/ Legal Heir Certificate from the appropriate authority.

Date

Signature or left hand thumb impression of the Applicant

9. Attested by:

Sl.	Name	Full Address	Signatures
(i)			
(ii)			

10. Witness:

Sl.	Name	Full Address	Signatures
(i)			
(ii)			

Signature of Head of Office
With seal

(TO BE FILLED IN BY THE OFFICE)

PART-I

1. Name of the deceased employee :

PRAN :

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2. Father's name and also Husband's name in case :
of married female employee.

3. Date of Birth

:-

D	D	M	M	Y	E	A	R
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4. Religion

:

5. Office in which last employed :

6. Appointment held last :
(i) Substantive

(ii) Officiating :

7. Date of beginning of services :

8. Date of ending of services :

9. Govt. under which services has been rendered :
previously, in order of employment, if any.

10. Whether nomination made for DCRG :

11. Length of service qualifying for death gratuity :

12. Period of non – qualification service

From to.....

(i) Interruption in service if condoned by Board.....

From to.....

(ii) E.O.L. not qualifying for gratuity :

(iii) Period of suspension treated as non- qualifying :

(iv) Any other service not treated as qualifying service :
Total period of non- qualifying service

13. Date on which claims received from the claimant :

14. Enclosure :-

1. No Demand Certificate.
2. Liability Certificate:
 - (i) House rent for occupation of Board's accommodation
 - (ii) Any other dues such as balance of HBA/Scooter Adv. & any other advance, *over payment* of pay & allowances, leave salary and arrear income tax etc.
 - (iii) Liability towards Bank loan etc. (*with Name of the organisation & name of the branch from which loan was taken indicating Loan Account No. and Balance recoverable amount*).

Place:

Date:

Signature of Head of Office
(With seal)

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PART – III (ACKNOWLEDGEMENT)

Received from Sri / Smti/ Kumari.....(Name)
the application for DCRG Claim in respect of Late
.....(Name).....(Designation) on

D	D	M	M	Y	E	A	R
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Place _____ Date _____

Signature of Head of Office
With seal

NB:- (To be acknowledged on the same day of receipt of the application and handed over to the applicant or send by post, as convenient)