## Form No. 1

## For Application for Pension / DCR Gratuity (NPS) (Strike off whichever is not applicable)

| From          |                                                                                                                                         | 2.1              | 0.1                | `                |  |  |  |  |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|------------------|--|--|--|--|
|               |                                                                                                                                         | `                | of the employee    | e).              |  |  |  |  |
|               |                                                                                                                                         | •••••            |                    |                  |  |  |  |  |
| To,           |                                                                                                                                         |                  |                    |                  |  |  |  |  |
|               | The                                                                                                                                     |                  |                    |                  |  |  |  |  |
|               |                                                                                                                                         | ••••••           |                    |                  |  |  |  |  |
| Sub:          | : APPLICATION FOR SANCTION OF PENSION                                                                                                   | / D.C.R. GRA     | ATUITY (NPS)       |                  |  |  |  |  |
| Sir,          |                                                                                                                                         |                  |                    |                  |  |  |  |  |
|               | I beg to say that I am to retire from my service with                                                                                   | effect from      |                    | my date          |  |  |  |  |
| of bir        | rth being I, therefore,                                                                                                                 | request that sto | eps may kindly b   | e taken with a   |  |  |  |  |
| view          | to settle the Pension and Gratuity admissible to me.                                                                                    | -                |                    |                  |  |  |  |  |
| 1.            | I enclose herewith:                                                                                                                     |                  |                    |                  |  |  |  |  |
| (i)           | (i) Two signature of mine duly attested                                                                                                 |                  |                    |                  |  |  |  |  |
| (ii)          | (ii) Two copies of joint photograph of mine and my Wife/ Husband (only in case of officers governed by the Family Pension Scheme, 1964) |                  |                    |                  |  |  |  |  |
| (iii          | ii) Photo copy of Single Operated Bank Pass Book (c<br>IFSC Code and photograph).                                                       | containing A/c   | No., Branch Cod    | e,               |  |  |  |  |
| (iv           | v) Copy of PAN Card.                                                                                                                    |                  |                    |                  |  |  |  |  |
| (v)           | Contact No                                                                                                                              | (if any)         |                    |                  |  |  |  |  |
| 2.            | My present address is                                                                                                                   |                  |                    |                  |  |  |  |  |
|               |                                                                                                                                         | and my           | address after reti | rement will be   |  |  |  |  |
|               |                                                                                                                                         |                  |                    |                  |  |  |  |  |
| (Note         | e: Any subsequent change of Address should be notified                                                                                  | to the Head Oj   | ffice)             | ••••••           |  |  |  |  |
| 3.            | I do hereby declare that, in the event of my death befo<br>amount may be distributed among the members of my                            | •                | • • •              | nt, the Gratuity |  |  |  |  |
| Sl            | Name of members                                                                                                                         | Relationship     | Date of Birth      | % of Share       |  |  |  |  |
| (i)           |                                                                                                                                         |                  |                    |                  |  |  |  |  |
| (ii)<br>(iii) |                                                                                                                                         |                  |                    |                  |  |  |  |  |
| (iv)          |                                                                                                                                         |                  |                    |                  |  |  |  |  |
| (v)           |                                                                                                                                         |                  |                    |                  |  |  |  |  |
| (vi)          |                                                                                                                                         |                  |                    |                  |  |  |  |  |
| (vii)         |                                                                                                                                         |                  |                    |                  |  |  |  |  |

4. The details of the members of my families required under the Family Pension Scheme, 1964 are given below (only in case of Officers governed by the Family Pension Scheme, 1964).

| SL    | Name of members | Date of Birth (as per Birth Registration Certificate) | Relationship |
|-------|-----------------|-------------------------------------------------------|--------------|
| (i)   |                 |                                                       |              |
| (ii)  |                 |                                                       |              |
| (iii) |                 |                                                       |              |
| (iv)  |                 |                                                       |              |
| (v)   |                 |                                                       |              |
| (vi)  |                 |                                                       |              |
| (vii) |                 |                                                       |              |

|    | Form No. 2 APPLICATION FOR PENSION AND DEAHT-CUM-RETIREMENT GRATUITY (NPS) Part – A (To be filled up by the employee / nominee) |
|----|---------------------------------------------------------------------------------------------------------------------------------|
| 1. | Name of the Applicant : -                                                                                                       |
| 2. | Father's name (and also husband's name :- in the case of a married female employee)                                             |
| 3. | Religion and Nationality:-                                                                                                      |
| 4. | Permanent Residential Address:-<br>show village / town and state                                                                |
| 5. | Name of the Bank (Preferably SBI):-                                                                                             |
|    | (i) Name of the Branch:-                                                                                                        |
|    | (ii) Branch Code :-                                                                                                             |
|    | (iii) Account No :-                                                                                                             |
|    | (iv) IFSC Code :-                                                                                                               |
|    | (* In case of Axis Bank / UBI)                                                                                                  |
| 6. | (a) Name of the person to whom family pension :- is to be sanctioned (Name of Wife / Ward)                                      |
|    | (b) Occupation of (a) above, if any :-                                                                                          |

Date.....

Contd.....P/3

Signature of the Applicant

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## Part B (To be filled up by Heads of Office)

| 1.  | Present or last appointment including name of establishment                            | :- |                                          |
|-----|----------------------------------------------------------------------------------------|----|------------------------------------------|
| 2.  | Present or last substantive                                                            | :- |                                          |
| 3.  | Date of Beginning of service                                                           | :- |                                          |
| 4.  | Date of Ending service                                                                 | :- |                                          |
| 5.  | (a) Total period of Military service                                                   | :- |                                          |
|     | (b) Date of commence and of each period of military service                            | :- |                                          |
|     | (c) Amount and nature of any<br>Pension/ Gratuity received<br>for the military service | :- |                                          |
| 6.  | Length of service with detail of interruptions and non-qualifying period               | :- |                                          |
| 7.  | Class of Pension & Gratuity applied for and cause of application                       | :- | Vol. Retirement/Superannuation/Death Etc |
| 8.  | Last Pay                                                                               | :- |                                          |
| 9.  | Pension rules opted / eligible                                                         | :- |                                          |
| 10. | Date of applicant's birth by Christian Era                                             | :- |                                          |
| 11. | Height                                                                                 | :- |                                          |
| 12. | Identification marks                                                                   | :- |                                          |
| 13. | PRAN No. :-                                                                            |    |                                          |
|     |                                                                                        |    |                                          |

- 14. Nature of Company's dues, if any outstanding (Details in enclosed sheet.) against the applicant:-
  - 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.
    - (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).
    - (iv) Others, if any.

| 15.                                                                               | History of s                            | ,           | _                    | . ,                   |                   |                                  | mar1                                 |             |              |                         |
|-----------------------------------------------------------------------------------|-----------------------------------------|-------------|----------------------|-----------------------|-------------------|----------------------------------|--------------------------------------|-------------|--------------|-------------------------|
| Establishment                                                                     | Appointment                             | Pay         | Acting<br>Allowances | Date of<br>beginning  | Date of<br>ending | Period<br>reckoned as<br>service | Period not<br>reckoned as<br>service | Remarks     | How verified | Remarks by<br>the Audit |
| 1                                                                                 | 2                                       | 3           | 4                    | 5                     | 6                 | 7                                | 8                                    | 9           | 10           | 11                      |
|                                                                                   |                                         |             |                      |                       |                   |                                  |                                      |             |              |                         |
|                                                                                   |                                         |             |                      | Total Per<br>Service= | iod of            |                                  |                                      |             |              |                         |
| Certified that full and final settlement of this pension/DCRG claim in respect of |                                         |             |                      |                       |                   |                                  |                                      |             |              |                         |
|                                                                                   | Signature of Head of Office (With seal) |             |                      |                       |                   |                                  |                                      |             |              |                         |
|                                                                                   | (A) Remarks by the Receiving Authority  |             |                      |                       |                   |                                  |                                      |             |              |                         |
| 1.                                                                                | As to Chara                             | acter and p | ast conduc           | et of the ap          | plicant           |                                  |                                      |             |              |                         |
| 2.                                                                                | Explanation                             | n of any su | spension,            | degradatio            | n                 |                                  |                                      |             |              |                         |
| 3.                                                                                | Regarding                               | any gratuit | y or pension         | on already            | received          |                                  |                                      |             |              |                         |
| 4.                                                                                | Any other r                             | emarks      |                      |                       |                   |                                  |                                      |             |              |                         |
| 5.                                                                                | Specified o                             | pinion of t | he Receivi           | ing Author            | ity               |                                  |                                      |             |              |                         |
|                                                                                   | Whether the                             | e service c | laimed is e          | establishm            | ent and           | •••••                            |                                      | •••••       |              | •••••                   |
|                                                                                   | should be a                             | dmitted or  | not                  |                       |                   |                                  |                                      |             |              |                         |
|                                                                                   |                                         |             |                      |                       |                   |                                  |                                      |             |              |                         |
| Date:                                                                             |                                         |             |                      |                       |                   |                                  | _                                    | ature and l | _            |                         |