

**FORM – 1**

{See Rule 53 (1) }

**NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY**

When the Government Servant has a family and wishes to nominate one member or more than the member, thereof.

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:

Original nominee (s)				Alternate nominee (s)	
Names and addresses of nominee/nominees	Relationship with the Government Servant	Age	Amount of share of Gratuity payable to each	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee predeceasing the Government Servant or the nominee dying after the death of the Government Servant but before receiving payment of gratuity	Amount or share of gratuity payable to each
1	2	3	4	5	6

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

Note: 1) The Government Servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

2) Strike out which is not applicable.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

Witnesses to Signature:

1)

2)

Signature of Government Servant.

**FORM – 3**  
{See Rule 54 (12)}  
**DETAILS OF FAMILY**

Name of the Govt. Servant :

Designation :

Date of Birth :

Date of Appointment :

Details of the members of my family\* as on \_\_\_\_\_:

Sl. No.	Name of the members of 'Family' *	Date of Birth	Relation-ship with the employee	Initials of the Head of Office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1					Proof of Date of Birth enclosed
2					Proof of Date of Birth enclosed
3					
4					
5					
6					
7					
8					
9					

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

Place:

Date : Signature of Government Servant

\* Family for this purpose means family as defined I clause (b) of sub-rule (14) of Rule 54 of the Central Civil Services (Pension) Rules, 1972.

Note: Wife and husband shall include respectively judicially separated wife and husband.

**PENSION FORM – 4**

{See Rule 55(7) of C.C.S. (Pension) Rules}

**NOMINATION FOR FAMILY PENSION - 1950**

I, \_\_\_\_\_, hereby nominate the person mentioned below, who is member of my family to receive in the order shown below the family pension-1950 which may be granted by the Central Government in the event of my death, after completion of ten years qualifying service.

Name and addresses of nominee/ nominees	Relationship with the Government Servant	Age	Whether married or unmarried

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

Note: 1) The Government Servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

Witnesses to Signature:

1)

2)

Signature of Government Servant  
Designation:

(To be filled in by the Head of Office)

Nomination by:  
Designation :  
Office:

Signature of Head of Office  
Dated \_\_\_\_\_  
Designation \_\_\_\_\_

.....Cut here.....

Proforma for acknowledging the receipt of the nomination form by the Head of Office

To  
Sri \_\_\_\_\_

**Designation:**  
**Place of working:**

Sir,

In acknowledging the receipt of your nomination, dated the \_\_\_\_\_ / cancellation, dated the \_\_\_\_\_ of the nomination made earlier in respect of family pension-1950 in Form \_\_\_\_\_, I am to state that it has been duly placed on record.

Place:  
Date:

Signature of Head of Office  
Designation \_\_\_\_\_

**FORM – 5**

{See Rules 59 (1) (c) and 61 (1)}

**Particulars to be obtained by the Head of Office from the retiring Government Servant  
before eight months of the date of his / her Retirement**

1.	Name of the Government Servant	
2.	Date of Birth / Retirement	D.O.B: D.O.R:
3.	Two specimen signatures duly Attested (to be furnished in a separate sheet)	<b>ENCLOSED</b>
4.	Three copies of passport size joint photographs of the Govt. Servant with his/her wife/husband	<b>ENCLOSED</b>
5.	Two slips showing the particulars of height and personal identification marks duly attested	<b>ENCLOSED</b>
6.	Present Address	
7.	Address after <b>Retirement</b>	
8.	Name of the Public Sector Bank Branch through which the Government Servant wants to draw his pension	
9.	Details of the family in Form-3	
10.	Aadhar No. of Govt., Servant (Xerox copy Enclosed)	
11.	Blood Group	

Signature:

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

Designation:

Ministry/Deptt./Office:

Place:

Date:

**ANNEXURE – A**

Whereas the \_\_\_\_\_  
(here state the designation of the officer, sanctioning the pension / service gratuity / D.C.R.G. ) has consented to grant me the sum of Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_)  
amount of my pension with effect from \_\_\_\_\_ and / or the sum of  
Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)  
as the amount of my Gratuity / Death-cum-Retirement Gratuity. I hereby acknowledge that in accepting the said amounts. I fully understand that the Pension / Gratuity / D.C.R.G. is subject to revision of the same being found to be in excess of that to which I am entitled under the rules and I promise to refund any amount paid to me in excess or that to which I may be eventually found entitled and in the event of my not refunding the amount accordingly within three months it may kindly be recovered from any amount including my pension that may be paid to me thereafter. So is the case with any other amount due from me to the Government.

( \_\_\_\_\_ )  
Signature of Government Servant

**WITNESSES:**

1.     Signature     :  
       Name         :  
       Occupation   :  
       Address      :
  
2.     Signature     :  
       Name         :  
       Occupation   :  
       Address      :

**FORM - I A**

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

**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.**

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

**PART - I**

To  
The Chairman,  
Tobacco Board,  
Guntur.

Sub:- Commutation of Pension without Medical Examination.

Sir,

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

1.	Name in block letters	
	Father's name	
3	Designation	
4	Name of Office / Deptt. / Ministry in which employed	
5	Date of Birth (by Christian Era)	
6.	Date of Retirement or Superannuation or on the expiry of extension in Service granted under FR 56(d)	
7*	Fraction of Superannuation Pension proposed to be commuted	
8**	Disbursing Authority from which Pension is to be drawn after Retirement	
9	Treasury / Sub-treasury (Name and complete address of the Treasury sub-treasury to be indicated)	
10	(i) Branch of the nominated nationalized bank with complete postal address	
	(ii) Accounts Office of the Ministry / Department / Office	
	Bank Account No. to which monthly Pension is to be credited each month	

Place:

Date :

Signature of Government Servant

.....2.

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

- \* The applicant should indicate the fraction of the amount of monthly pension (subject to a max. of one-third thereof) which he / she desires to commute and not the amount in rupees.
- \*\* Score out which is not applicable.

**PART – II (Acknowledgement)**

Received from Sri \_\_\_\_\_, application in Part-I of Form-IA for commutation of fraction of pension without medical examination.

Signature of the Head of Office.

Note: If the application has been received by the Head of Office before the expiry of three months before the retirement on superannuation, this acknowledgement should be dispatched from the from and handled to the applicant. If the form has been received by post, it has to be acknowledged 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 the production of evidence to that effect by the applicant.

**PART – III**

Forwarded to the Accounts Officer : \_\_\_\_\_  
(Here indicate the address and Designation : \_\_\_\_\_

with 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 comes to Rs. \_\_\_\_\_ .
  - (iv) The amount of residuary pension after commutation will be Rs. \_\_\_\_\_ .
2. The pension 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 which has been forwarded separately to the applicant on \_\_\_\_\_ .
  4. The commuted value of pension is debitable to Head of Account 2071 – pension & other Retirement Benefits.

Place:

Date:

Signature of the Head of Office.

Note: The principal rules were introduced by the Ministry of Home Affairs, Department of Personnel, Administrative Reforms Notification No.6(4)-Pen(A)/79, dated 23-01-1981 and published as S.O.1134.

**LIFE INSURANCE CORPORATION OF INDIA  
P&GS UNIT (G505) :: VIJAYAWADA**

Dear Sir / Madam,

Date:

**Ref: Direct credit of annuity cheques to your bank Account.**

In order to improve our services, we are planning to implement in process of transferring the annuity amount directly into your Bank Account using NEFT facility. For this process to take shape, we request you to furnish us your Bank Account details in the enclosed proforma.

Thanking You,

Yours faithfully,

Sr. Branch Manager.

----- cut here -----

Date:

The Sr. Branch Manager  
LIC of India  
P&GS Unit, Besant Road  
VIJAYAWADA – 520 002

Dear Sir,

**Ref: My Bank Account details.**

I give below the required information for giving direct credit of the annuity amount to my bank account.

1	My full Name (in bold letters) (exactly as appears in the banker's pass book)	
2	My fifteen digit bank account No	
3	My Bank Branch Name & Address	
4	IFSC Code of my Banker	
5	My contact Nos. Landline/mobile (with STD Codes)	
6	My permanent address	

Thanking You,

Yours faithfully,

Signature of the Annuity.

Signature of Banker with seal certifying  
the correctness of bank a/c. details.



**JOINT PHOTOGRAPH OF THE EMPLOYEE**  
**AND HIS SPOUSE**

Name of the employee : \_\_\_\_\_

His spouse Name : \_\_\_\_\_

Joint Photograph paste here  
And  
To be attested by the Gazetted  
Officer

**PERSONAL IDENTIFICATION MARKS, HEIGHT AND SPECIMEN  
SIGNATURES OF THE GOVERNMENT SERVANT**  
(To be attested by the Gazetted Officer)

**Identification Marks:**

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

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

**Height:** \_\_\_\_\_

**Specimen Signatures:**

1)

(Name: \_\_\_\_\_)

2)

(Name: \_\_\_\_\_)

3)

(Name: \_\_\_\_\_)

**PERSONAL IDENTIFICATION MARKS, HEIGHT AND SPECIMEN  
SIGNATURES OF THE SPOUSE OF GOVERNMENT SERVANT**

(To be attested by the Gazetted Officer)

**Identification Marks:**

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

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

**Height:** \_\_\_\_\_

**Specimen Signatures:**

1)

(Name: \_\_\_\_\_)

2)

(Name: \_\_\_\_\_)

3)

(Name: \_\_\_\_\_)