

Form of Letter to the Accounts Officer forwarding the pension papers of a Government servant

No.

Government of Haryana

Department/Office

Dated the

To

The Accountant General, Haryana

**Subject :- Pension papers of Shri/Shrimati/Kumari
for authorization of pension.**

Sir,

I am directed to forward herewith the pension papers of Shri/Shrimati/Kumari
..... 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) Over payment of pay and allowances including leave salary	Rs.
(c) Income Tax deductible at source under the I.T.A., 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 Govt. accommodation for the permissible period of 2 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	Rs.

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.

Yours faithfully,

Head of Office/Pension Sanctioning Authority

Enclosures :

1. Form PEN 1 and Form PEN 9* 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) **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 employee.
7. Written statement, if any, of the Government servant as required under Rule 9.5(T)(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.

**If a Government employee is compulsorily retired from service and delay is anticipated in obtaining Form PEN 9 from the Government servant, the Head of Office may forward the pension papers to the Accounts Officer without Form PEN 9. The Form may be sent as soon as it is obtained from the Government servant.*

***Only two copies of passport size photograph need to be furnished if the Government Servant is governed by Appendix-I (i.e. a Family Pension Scheme, 1964) and is unmarried or a widower or a widow.*

Pension at a glance ✓

Name

Father's Name

Husband's Name (in the case of female Govt. employee)

1. Designation of the post from which retired

2. Office last served

3. Date of Birth

4. Date of entry into Govt. Service

5. Date of Retirement/Superannuation

6. Rules under which pensionary benefits were settled

7. Total period of Service

8. Period not recognised as service

9. Period recognised as service

10. Average emoluments for last ten months

11. Average emoluments on which Pension fixed

12. Total amount of pension

13. Total amount of family pension

14. Death-cum-Retirement Gratuity

15. Percentage/amount of monthly pension commuted

16. Amount of commuted value of pension authorised

17. Place of Payment of Pension

(Treasury, Sub-Treasury or branch of Public Sector Bank-Indicate saving bank account number if the pension is drawn through bank)

17. Remarks

(Signature of Head of office)

Designation
(with Stamp)

FORM PEN 9 ✓

(See Rule 9.2)

Particulars to be obtained by the Head of Office from the retiring Government employee before eight months of the date of retirement

1. Name of the Government employee :
2. (a) Date of Birth :
- (b) Date of Retirement :
3. ¹Two specimen signatures duly attested by a Gazetted Government servant (to be furnished in a separate sheet) : *Sheet Attached*
4. ²Three copies of passport size ³Joint photograph of the Government employee with his/her wife/husband. : *Sheet Attached*
5. Two slips showing the particulars of height & personal identification marks duly attested : *Sheet Attached*
6. Present address :
7. ⁴Address after retirement :
8. Name of the Treasury/Public Sector Bank Branch through which the Government employee wants to draw his pension :
9. ⁵Details of the family as defined in Appendix-I of the Punjab C.S.R. Vol. II : *Sheet Attached*

Signature :

Designation :

Department/Office :

Date the

1. 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 employee on account of physical disability is unable to give left hand thumb and finger impressions he may give the thumb and finger impressions of the right hand. Where a Government employee has lost both the hands, he may give his toe impressions. Impressions should be duly attested by a Gazetted Government employee.
2. Only two copies of passport size photographs of self need be furnished. If the Government servant is governed by Rule Appendix I of Punjab C.S.R. Vol. II and is unmarried or a widower or widow.
3. Where it is not possible for a Government employee to submit a photograph with his wife/husband, he/she may submit separate photographs. The photographs shall be attested by the Head of Office.
4. Any subsequent change of address should be notified to the Head of Office/Audit Office.
5. Applicable only where Appendix I of Punjab C.S.R. Vol. II is applied to the Government employee.

FORM PEN 1 ✓

[See rules 9.4, 9.6, 9.7(1), (3) and 9.11 (1)]

(To be sent in duplicate if payment is desired in a different circle of accounting unit)

PART I

1.	Name of the Government employee			
2.	Father's name			
	Husband's name (in the case of female Govt. employee)			
3.	Date of birth (by Christian era)			
4.	Religion and Nationality			
5.	Permanent residential address			
	(showing village, district & state)			
6.	Present and last appointment including name of establishment			
	(i) Substantive			
	(ii) Officiating, if any			
7.	Date of beginning of service			
8.	Date of ending of service			
9.	(i) Total period of military service of which pension or gratuity was sanctioned			
	(ii) Amount and nature of any pension/gratuity received for the military service			
10.	Amount and nature of any pension/gratuity received for previous civil service			
11.	Government under which service has been rendered in order of employment	Years	Month	Days

12.	Class of pension applicable			
13.	The date of on which action initiated to			
	(i) obtain the 'No demand certificate from the Accounts officer (Rent)/Rent Assessing Authority as provided in rule 9.3			
	(ii) assess the service and emoluments qualifying for pensioner as provided in rule 9.5, and			
	(iii) assess the Government dues other than the dues relating to the allotment of Government accommodation as provided in 9.19(1)			
14.	Details of omissions, imperfections or deficiencies in the service book which have been ignored under rule 9.5(1)(b)(ii)			
15.	Total length of qualifying service (for the purpose of adding towards broken periods, a month is reckoned as thirty days)			
16.	Periods of non-qualifying service	From	To	
	(i) Interruption in service condoned under rule 3.17 A .....	.....	.....
	(ii) Extraordinary leave not qualifying for pension .....	.....	.....
	(iii) Period of suspension not treated as qualifying for pension .....	.....	.....
	(iv) Any other service not treated as qualifying for pension .....	.....	.....
	Total .....	.....	.....

FORM PEN 1 (Contd...)

17. Emolument reckoning for gratuity
18. Average emoluments
- Emoluments drawn during the last ten months of service

Post held	From	To	Pay	Personal pay or special pay	Average emoluments
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- (i) In case where the last ten months include some period not to be reckoned for calculating average emoluments an equal period backward has to be taken for calculating average emoluments.
- (ii) the calculation of average emoluments should be based on actual number of days contained in each month.

19. Date on which Form PEN 9 has been obtained from the Government employee (to be obtained eight months before the date of retirement of Government employee)

20. (i) Proposed pension
- (ii) Proposed graded relief

21. Proposed death-cum-retirement gratuity

22. Date from which pension is to commence

23. Proposed amount of provisional pension, if departmental or judicial proceedings is instituted against the Government employee before retirement.

24. Details of Government dues recoverable out of gratuity :-
- (i) Licence fee for the allotment of Government accommodation
- [See Sub-rule (2), (3) and (4) of rule 9.18]
- (ii) Dues referred to in rule 9.19

25. Whether nomination made for death-cum-retirement gratuity

26. (i) The amount of the family pension becoming payable to the family of the Government employee, if death takes place after retirement.
- (a) before attaining the age of 65 years Rs.
- (b) after attaining the age of 65 years Rs.
- (ii) Complete and up to date details of the family, as given below :-

Serial No.	Name of the member of the family	Date of birth	Relationship with the Government employee
1	2	3	4

27. Height

28. Identification marks

29. Place of payment of pension (Treasury, Sub-Treasury or Branch of Public Sector Bank)

30. Head of Account to which pension and gratuity are debitable

Signature of the Head of Office

History of Service (Showing Interruptions)

Name Designation

Establishment	Appointment as	Substantive Pay	Officiating Pay	Date of beginning service	Date of ending of service Y-M-D	Period reckoned as service Y-M-D	Period not reckoned as service	Reason of Non-Qualifying service	How verified	Remarks by the Accounts Officer
1	2	3	4	5	6	7	8	9	10	11

Photographs

Name Designation

Date of retirement

ATTESTED

ATTESTED

ATTESTED

-
- Note**
1. *Three copies of passport size photograph with wife or husband (either jointly or separately) duly attested by the Head of Office.*
 2. *Two copies of passport size photographs of self need be furnished if the Government servant is governed by Appendix-I of Punjab C.S.R. Vol. II and is unmarried or a widower or widow;*

Specimen Signatures/Left hand thumb & finger impressions

Name Designation

1.

Specimen Signature

2.

Specimen Signature

OR

Left hand thumb & finger impressions (In case the pensioner is illiterate) :

Thumb

Index Finger

Middle Finger

Ring Finger

Little Finger

Attested

Specimen Signatures/Left hand thumb & finger impressions

Name Designation

1.

Specimen Signature

2.

Specimen Signature

OR

Left hand thumb & finger impressions (In case the pensioner is illiterate) :

Thumb

Index Finger

Middle Finger

Ring Finger

Little Finger

Attested

Specimen Signature/Thumb Impression of Spouse

Specimen Signature & thumb impression of (Name)

Spouse of designation who is due to retire on

Specimen Signature/Thumb Impression

Specimen Signature/Thumb Impression

Attested

Specimen Signature/Thumb Impression of Spouse

Specimen Signature & thumb impression of (Name)

Spouse of designation who is due to retire on

Specimen Signature/Thumb Impression

Specimen Signature/Thumb Impression

Attested

Particulars of Height/Identification Marks

Name Designation

Particulars of Height

Personal Marks of Identification Attested

.....

..... (Signature)
Designation with Stamp

Particulars of Height/Identification Marks

Name Designation

Particulars of Height

Personal Marks of Identification Attested

.....

..... (Signature)
Designation with Stamp

Particulars of Identification Marks of Spouse

Name

Spouse of Designation

Personal Marks of Identification Attested

.....

.....

..... (Signature)
Designation with Stamp

Particulars of Identification Marks of Spouse

Name

Spouse of Designation

Personal Marks of Identification Attested

.....

.....

..... (Signature)
Designation with Stamp

Present Address

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Present Address

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Address after Retirement

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Address after Retirement

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Details of Members of Family ✓

Name Designation

S.No.	Name of the member of the family	Date of Birth	Age	Relationship with the Government Employee	Marital Status
1	2	3	4	5	6

Report regarding verification of Qualifying Service

Certified that Sh./Smt./Kum.

Designation has completed a qualifying service of years

..... months days as on (date). 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 shall be treated as final and shall not be reopened except when necessitated by a subsequent change in the rules and order governing the conditions under which the service qualifies for pension.

DETAILS OF QUALIFYING SERVICE

S.No.	Period		Page No. of Service Book	No. or part of page of Service Book
	From	To		

(Signature of Head of Office)

Statement showing Calculation of Qualifying Service

1. Name
2. Date of Birth :
3. Date of Appointment :
4. Date of Retirement :
5. Total Gross Service :
6. Less Non Qualifying Service :

Particulars	From	To	Y	Period M	D
(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)
(12)
(13)
(14)

Total :

7. Balance Service qualifying for Pension :

Signature

Table-I : Details of Qualifying Service ✓

Name Designation

Name of Govt. under with employed (in order of employment)	Name of Establishment	From	To	Total Period	Less Non-Qualifying Service (see table-II)	Qualifying service
1	2	3	4	5	6	7

Table-II : Details of Non-Qualifying Service

Name Designation

Name of Govt. under which employed	1	Name of Establishment	2	From	3	To	4	Period of interruption not qualifying for pension			Total non-qualifying period			
								Extra-ordinary leave not qualifying for pension	Suspension period not qualifying for pension	Any other period not treated as qualifying		5	6	7	8
								From	To	From	To	From	To	

Pension/D.C.R.G./ Family Pension Calculation Sheet

I. Calculation of Pension :-

A. No. of half years of qualifying service to the maximum of 66 :

B. Average Emoluments :

C. PENSION : $\frac{(A)}{66} \times \frac{(B) \text{ Rs.}}{2}$

= Rs.

D. Rounding off to the next higher rupee : Rs.

II. Calculation of D.C.R.G. (Death-cum-Retirement Gratuity) :

A. Emoluments
(i) Pay (ii) D.A. : Rs.

B. Completed 6 monthly period subject to maximum 66 (Fraction of 3 months & more to be counted half year) :

C. D.C.R.G. $\frac{(A) \text{ Rs.} \times (B)}{4}$

III. Calculation of Family Pension :

a. Ordinary Family Pension

Rs. (Pay Last Drawn) x 30% = Rs.
(Subject to minimum of Rs. 1275/-)

b. Enhanced Family Pension for last 7 years : Same as per amount of Pension as I.(D) above. (or till 65 years of age of the employee whichever is earlier)

(Signature)
Head of Office

Statement Showing Calculation of Average Emoluments

1. Name :
2. Designation :
3. Date of Birth :
4. Date of Appointment :
5. Date of Retirement :
6. Total qualifying Service :
7. Period of last 10 months from to

Calculation of average emoluments

S.No.	Name of Office	Post held	Period		Months	Rate of Pay, P.P. & N.P.A.	Total Amount Rs.
			From	To			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Total

Average Emoluments : Rs.

FORM PEN 1C

Nomination for Death-cum-Retirement Gratuity

When the Officer has a family and wishes to nominate one member thereof.

I, hereby nominate the person mentioned below, who is a member of my family, and confer on him the right to receive any gratuity that may be sanctioned by Government in the event of my death while in service and the right to receive on my death any gratuity which having become admissible to me on retirement may remain unpaid at my death :-

Names & address of the nominee	Relationship with officer	Age	Contingencies on the happening of which the nomination shall become invalid	Name, Address & relationship of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of nominee pre-deceasing the officer or the nominee dying after the death of the officer 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.

Dated this day of at

Witnesses to signature :

1.

Signature of Officer

2.

(To be filled in by the Head of office in the case of Non-gazetted officers)

Nomination by

Signature of

Designation

Head of office

Office

Date

Designation

Proforma for Acknowledging the receipt of the nomination form by the Head of Office/Audit Officer

To

.....

.....

Sir,

In acknowledging the receipt of your nomination dated cancellation dated of the nomination made earlier, in respect of D.C.R.G. in Form 1C. I am to state that they have been duly placed on record.

Signature of Head of Office/Audit Officer.

Dated

(Designation)

*Note: This column should be filled in so as to cover the whole amount of the gratuity.

FORM PEN 1D

Nomination for Death-cum-retirement Gratuity

When the Officer has a family and wishes to nominate more than one member thereof.

I, hereby nominate the persons mentioned below, who are members of my family, and confer on them the right to receive, to the extent specified below, any gratuity that may be sanctioned by Govt. 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 :-

Names & addresses of the nominees	Relationship with officer	Age	Amount or share of gratuity payable to each**	Contingencies on the happening of which the nomination shall become invalid	Name, address & relationship of the person or persons, if any, to whom the right conferred on nominee shall pass in the event of the nominee pre-deceasing the officer or the nominee dying after the death of the officer but before receiving payment of gratuity	Amount or share of gratuity payable to each*
(1)	(2)	(3)	(4)	(5)	(6)	(7)

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

Dated this day of at

Witnesses to signature :

1.

2.

Signature of Officer

(To be filled in by the Head of office in the case of Non-gazetted officer)

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/Audit Officer

To

.....

.....

Sir,

In acknowledging the receipt of your nomination dated cancellation dated of the nomination made earlier, in respect of D.C.R.G. in Form 1D, I am to state that they have been duly placed on record.

Signature of Head of Office/Audit Officer.

Dated

(Designation)

N.B. : The officer shall draw lines across the blank space below last entry to prevent the insertion of any name after he has signed.

* This column should be filled in so as to cover the whole amount of the gratuity.

** The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s)

No Dues Certificate ✓

Certified that there is/are no long term advance(s) and any other advance(s) outstanding/pending against Sh./Smt./Kum.

Designation

Date of Retirement

Date of Birth

(Signature of Head Office)

No Judicial/Departmental Proceedings Certificate

Certified that no Judicial/Departmental proceedings have been instituted/pending against Sh./Smt./Kum.

Designation

Date of Retirement

Date of Birth

(Signature of Head Office)

Retirement Order

Shri/Smt. Designation

Office will be relieved of his/her duties on A.N

on his Retirement from Service.

(Signature of Head of Office)

Declaration/undertaking to refund Pension/Gratuity DCRG if paid in excess ✓

(ANNEXURE 'A' To Rule 9.15 of Punjab Civil Services Rule Volume 1 to be signed by the Retiring Government Servant)

Whereas the has consented to grant me the sum of Rs. per month as the amount of my pension w.e.f. and/or the sum of Rs. as the amount of my gratuity/death-cum-retirement gratuity, I hereby acknowledge that in accepting the said amount(s), I fully understand that the pension, gratuity/death-cum-retirement gratuity, is subject to revision and the same being found to be in excess of that to which I am entitled under the rules and I promise to raise no objection to such revision. I further promise to refund any amount paid to me in excess of that to which I may be eventually found entitled.

Signature

Designation

1. Signature of witness

Attested

Occupation

Address

2. Signature of witness

(Head of Office)

Occupation

Designation

Address

(with Stamp)

The declaration should be witnessed by two persons, of responsibility in the town, village or paragon in which the applicant resides.

Authority Letter to Recover Govt. Dues from Pension ✓

I hereby authorise to recover any Govt. dues such as overpayment of pay, allowances, leave salary or admitted and obvious dues such as house rent, postal life insurance premium, outstanding house building advance, travelling allowances and other advances or any amount, if any discrepancy is found recoverable from me at any stage from my pension.

Attested

Signature

(Head of Office)

Designation

Declaration Regarding Non-Receipt of Pension or Death-cum-Retirement Gratuity ✓

I hereby declare that I have neither applied for nor received any pension or gratuity in respect of any portion of the service included in this application and in respect of which pension or gratuity is claimed herein, nor shall I submit an application hereafter without quoting a reference to this application and the orders which may be passed thereon.

Attested

Signature

(Head of Office)

Designation

Declaration Regarding Anticipatory Pension ✓

"Whereas the (here state the designation of the authority sanctioning the advance)

has consented provisionally to advance me the sum Rs. per month in anticipation of the completion of the enquiries necessary to enable the Government to fix the amount of pension. I hereby acknowledge that in accepting this advance, I fully understand that my pension is subject to revision on the completion of necessary formal enquiries and promise to raise no objection to such revision on the grounds that the provisional pension now to be paid to me exceeds the pension to which I may be eventually found entitled. I further promise to repay any amount advanced to me in excess of the pension to which I may be eventually found entitled."

Attested

Signature

(Head of Office)

Designation

Certificate Regarding Military Service ✓

Certified that I have not rendered any military service, nor I have received any pension or gratuity.

OR

Certified that I have rendered military service, and have received pension/gratuity. Details are as follows :

1. Total period of military service
Date of Commencement and end
of each period of military service.
2. Amount and nature of any pension/gratuity
received for the military service.

Attested

Signature

(Head of Office)

Designation

Last Pay Certificate (L.P.C.) ✓

Office of the
No.
Office case

LAST PAY CERTIFICATE OF
of the proceeding on
to

2. He has been paid upto
at the following rate :-

PARTICULARS	RATE	
	Rs.	P.
Substantive Pay		
Officiating Pay		
Exchange Compensation Allowance		
.....		
.....		
.....		

DEDUCTIONS

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

3. He has made over charge of the office of
on the noon of the 19

4. Recoveries are to be made from the pay of the Government servant as detailed on the reverse.

5. He has been paid leave salary as detailed below. Deduction have been made as noted on the reverse :-

Period		Rate	Amount
From	to	at	Rs. a month
From	to	at	Rs. a month
From	to	at	Rs. a month

6. He is entitled to draw the following scale of pay
..... increment accrues on every year.

7. He is also entitled to joining time for days.

8. The details of the income tax recovered from him upto the date from the beginning of the current year are noted on the reverse.

Dated

Head of Office/Deptt.
(P.T.O.)

DETAILS OF RECOVERIES

Name of recovery

Amount : Rupees

To be recovered in instalments

SALARY DEDUCTIONS MADE FROM LEAVE SALARY

From to on amount of Rs.

From to on amount of Rs.

From to on amount of Rs.

Head of Office/Deptt.
Signature with Stamp

Name of months	Pay	Gratuity Fee	Funds and Other Deductions	Amount of income-tax recovered	Remarks
April					
May					
June					
July					
August					
September					
October					
November					
December					
January					
February					
March					

He takeover/assumed charge of the office of

on the noon of

(Signature)
(Designation)

Application for drawl of pension through Public Sector Bank

(To be submitted in duplicate)

To
The Treasury/Assistant Treasury Officer

Sir, (Place)

I opt to draw my pension through Public Sector Bank and give below necessary particulars to enable you to make arrangements in this regard :

1. Particulars of Pensioner :
 - (a) Name
 - (b) P.P.O. No.
 - (c) Present Address
2. Particulars of the Authorised Public Sector Bank :
 - (a) Name
 - (b) Branch where payment desired
3. Pensioners S.B./*Current Account No. at the Branch to which pension is to be credited

*Not 'joint' or 'either or survivor' account

Place :

Yours faithfully,

Date :

(Pensioner)

Pensioner's Specimen Signature

FOR USE OF SUB-TREASURY

Forwarded to the Treasury Officer alongwith Disburser's half of Shri/Smt./Km.
..... the pensioner has been paid for the period upto the month of

Assistant Treasury Officer

FOR USE IN TREASURY

Forwarded to the Manager/Agent (link branch of PSB)
The Disburser's half/both halves PPO of Sh./Smt./Km.
bearing No. is (are) sent herewith.
The pensioner has been paid pension upto the month of
pension due from the month of is to be arranged by the bank.

Date

Treasury officer
(with his seal)

Certificate to be Submitted by Pensioner

(See Paragraph 12)

I. Life Certificate

Certified that I have seen the pensioner Sh./Smt./Kum.

Pension Payment Order No.
and that he is alive on this date.

Place

Date

Name

Designation

Seal

II. Non-Employment Certificate

I declare that I have/have not accepted commercial employment after obtaining/without sanction of the Government.

I declare that I have/have not accepted any employment under any Government outside India after obtaining/without obtaining sanction of the Government.

(To be furnished during the first two years from the date of retirement)

Signature

Place

Date

Name of the Pensioner

P.P.O. No.

III. Certificate of Remarriage/Non-Marriage

I have declared that I am not married/I have not been married during the past six months.

OR

I hereby declare that I have not remarried. I undertake to report such an event promptly to the Treasury Officer/Bank.

Signature

Place

Date

Name of the Pensioner

P.P.O. No.

I certify to the best of my knowledge and belief that the above declaration is correct.

Signature of Responsible Officer or
a Well Known Person

Place

Date

Name

Designation

IV. Undertaking for Payment of Income Tax

I hereby solemnly declare that I will pay 'INCOME TAX' on my pension/pension arrears paid to me during the financial year. I shall be liable personally for non-payment of Income Tax on the due dates.

Saving Fund No.

File No.

Government

Signature

Name of the Pensioner

P.P.O. No.

**Affidavit on Stamp Paper of Rs. 3/- Or Above to be Duly Attested
by the Magistrate 1st Class/Notary Public**

I

S/o. (W/o.) Aged

R/o.

do hereby solemnly affirm and declare as under :

- 1) That I retired from the office of the
on as after attaining the age of superannuation.
- 2) That I am issued P.P.O. No. by for
commencement of pension from
- 3) That I am not drawing any other Pension/Family Pension/Anticipatory pension of any kind from any
other department.
- 4) That I am not re-employed in any capacity in any establishment. I further undertake to inform the
Bank immediately in case such event take place.
- 5) That I shall maintain my income tax account myself and shall be liable personally for non payment of
income tax on the due amount on due dates.
- 6) That I here by undertake to authorise the (Name
& Branch of the Public Sector Bank) to recover any amount from my Saving Bank/Current
A/c No. paid in excess or erroneously to me.

Deponent

Verification :

Verified that the contents of the above statement of this affidavit of mine are true to the best of my
knowledge and belief.

Deponent

Form PEN 12-A (See Rules 11.1, 11.11, 11.18, 11.19, 11.20, 11.21)

**Form of application for COMMUTATION OF A FRACTION OF PENSION
without medical examination**

(To be submitted in duplicate after retirement but within one year from the date of retirement)

PART-I

To

The

.....

.....

Here indicate the designation and full address of the Head of Office

Sub. : Commutation of pension without medical examination.

Sir,

I furnish below the relevant particulars and request that I may be permitted to commute a part of my pension as indicated below :

1. Name (in Block letters)
2. Father's Name
- Husband's name (in case of female Govt. employee)
3. Designation at the time of retirement
4. Name of Office/Department 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 authorised
- (in case final amount of pension has not been authorised indicate the amount of provisional pension)
- 9*. Fraction of pension proposed to be commuted (**40%**)
10. Designation of the Accounts Officer
- who authorised the pension and 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 Nationalised
- Bank with complete
- postal address
- (ii) Bank Account No.
- to which monthly pension is being credited each month.

Place

Signature

Date

Postal address

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 disbursing authority other than the disbursing authority from which pension is being drawn.

* The applicant should indicate the fraction of the amount of monthly pension (subject to the maximum of 40% thereof) which he desires to commute and not the amount in rupees.

** Score out which is not applicable.

PART III

No.

Dated :

Forwarded to the Accounts Officer, (here indicate the address & 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 determined with reference to the Table applicable at present comes to Rs. (Rupees)
- (iv) the amount of residuary pension after commutation will be Rs.
(Rupees)

2. It is requested that further action to authorise the payment of the amount of commuted value of pension may please be taken in accordance with Rule 11.21 of these rules.

3. The receipt of Part-I of the Form has been acknowledged in Part-II which has been forwarded separately to the applicant on

4. The commuted value of pension is debitible of Head of account namely

Place

Signature

Date

Head of Office

----- (Detach from here) -----

PART II Acknowledgement

Received from Shri/Smt. (Name & former designation) Application in Part I of Form 12-A for the Commutation of a fraction of pension without medical examination.

Place

Signature

Date

Head of Office

Note : — This acknowledgement is to be signed, stamped and dated and is to be detached from the Form & 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.

LEAVE ENCASHMENT

Name Designation

Calculation Sheet of Encashment of Earned leave

Earned leave due at the time of retirement maximum of 300 days	X	<u>Pay including S.P. & P.P. + Dearness Allowance</u> 30
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Office of the

Order No.

Dated

Subject :- Sanction of Leave Encashment

Sanction is hereby accorded vide Haryana Govt. Finance Deptt. circular letter No. 11/5/78-FR II dt. 13.12.1978 as modified from time to time under Rule 8.122(5) of Punjab Civil Services Rules, Volume I

Part I for withdrawal of Rs. (Rupees only)

on account of payment of days earned leave payable to

Sh./Smt.

Designation Official address

..... retired on

It is further certified that days earned leaves are due as per balance in his/her service book.

The expenditure will be debited under Major Head (Salary Head of Account)

(Head of office)

Copy forwarded to the following for information and necessary action :-

1. Accountant General, Haryana, Chandigarh.

2. TO/A.T.O.

3. Official concerned.

4. Pension File

(Head of office)

Form 4 [See clause 11(1)]

To

The

.....

Here indicate the designation and full address and the Head Office

.....

.....

Subject :- Application for Payment of accumulation under Haryana Government Employees Group Insurance Scheme, 1985

Sir,

I have been a member of the Haryana Govt. Employees Group Insurance Scheme, 1985 since

..... (month & year of becoming a member of the scheme). I have retired from

service after attaining the age of years/I have ceased to be in employment to the Haryana

Government with effect from I was holding the post of

..... before retirement/cessation of employment of the Haryana Government.

I request that the amount due to me under the Haryana Government Employees Group Insurance Scheme may be paid to me.

Yours faithfully,

Place.....

Signature

Date

Name

Designation

Office of the

Order No.

Dated

Sub. : Sanction of Group Insurance Scheme, 1985

1. Sanction is hereby accorded under Rule 11 of Group Insurance Scheme, 1985 for withdrawal of Rs. (Rupees only) on account of payment of Savings Insurance fund to Sh.
(Designation)
S/o. Sh.
GIS No. an employee of this office/institution in Group A/B/C retired on
2. Certified that Shri
Designation was a member of Group Insurance Scheme since
Monthly subscription of Rs.
(Rupees only) per month was deducted from his salary.
3. The expenditure will be debited under :-
Head-8011 Insurance & Pension Fund
Minor Head-Haryana State Govt. Employees Group Insurance Scheme ;
Sub-Head :- Insurance Fund/Savings Fund.

Head of Office

Copy forwarded to the following for information and necessary action :-

1. Accountant General, Haryana
2. TO/ATO
3. Official concerned.
4. Pension File

Head of Office

Form 'A' (See Rule 5.3 of PFR Vol. I)
(To be submitted in Triplicate)

To

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

(Place)

I hereby nominate the person named below under Rule 5.3B of PFR Vol. I.
(Name of the pensioner in capital letters)

P.P.O. No.

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

Place Date Witness : Signature (or thumb impression if illiterate) and name of the pensioner with Address

Signature of Pension Disbursing Authority/Head of Office

Name and address
(Acknowledgement 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

Place

Date

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

5.3-B. Any pensioner to whom any pension is payable by the Government out of the Consolidated Fund of the State may nominate any other person (hereinafter referred to as the nominee), who shall receive after the death of the pensioner all moneys payable to the pensioner on account of such pension on, before or after the date of such nomination and which remain unpaid immediately before the death of the pensioner. (For detailed procedure see Annexure to this chapter).

Annexure*
(Referred to rule 5.3-B)

Procedure to nominate any other person on, before or after retirement

1. Every pensioner who has retired on or before the date of commencement of these rules shall within six months nominate any person for the purpose of this rule in Form-A and submit it in triplicate by personal service after taking receipt or by sending through registered post acknowledgement due to the respective Pension Disbursing Authority through whom pension is drawn.
2. Within thirty days of the receipt of nomination in Form A referred to in Para 1, the Pension Disbursing Authority shall get the particulars of the pensioner, as mentioned in Form A, verified with reference to the available records and return to the pensioner, after obtaining a receipt thereof, the duplicate copy of the nomination in Form A duly attested by him or an officer authorised by him in this behalf. The triplicate copy shall be sent to the concerned Department from where the pensioner had retired while the original copy of the nomination shall be recorded.
3. Every employee who is due to retire after the date of commencement of these rules shall submit the nomination in triplicate in Form-A to the Head of Office of the Department from where he is retiring within three months before or after the date of retirement.
4. Within thirty days of the receipt of the nomination in Form A, under para 3, the Head of Office shall get the particulars of the pensioner as mentioned in Form A, verified with reference to the records of the establishment and return to the pensioner, after obtaining the receipt thereof, a duplicate copy of the nomination in Form A, duly attested by him or by an officer authorised by him in this behalf. The triplicate copy duly attested shall be sent to the Audit Officer, who shall pass it on to the Pension Disbursing Authority along with the Pension Payment Order. If the Pension Payment order has already been issued in a particular case, the nomination shall be sent separately quoting Pension Payment Order number and other particulars of the Pensioner to enable the Pension Disbursing Authority to link it up with the Pension Payment Order.
5. A notice of modification of nomination including cases where a nominee pre-deceases the pension shall be submitted triplicate in Form B to the Pension Disbursing Authority in the manner specified in para 1 and thereafter the provision of para 2 shall apply mutatis mutandis with modification as if it was made under para 1.
6. A nomination or a fresh nomination or a notice of modification of nomination shall be signed by the pensioner or, if he is illiterate, shall bear his thumb-impression given in the presence of two witnesses who shall also sign a declaration to that effect in the nomination, fresh nomination or notice of modification of nomination, as the case may be.
7. Nomination, fresh nomination of notice of modification of nomination shall take effect from the date of receipt thereof by the Pension Disbursing Authority or the Head of Office, as the case may be.
8. A nomination made under para 5 and accepted by the Pension Disbursing Authority or the Head of Office, shall be a conclusive proof with regard to the person nominated to receive arrears of pension of the pensioner under these rules.
9. The arrears of pension payable under these rules shall be paid in accordance with the provisions of the existing rules governing the mode of payment of pension.

* Annexure inserted (alongwith Rule 5.3B) vide No. 1/2/58-81-2FR.II, dated 13.12.84.