

FORM-5

**PARTICULARS 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 the :  
Branch of Public Sector Bank  
or the Pay and Accounts Office  
through which the pension is  
to be drawn.
9. Details 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 .....

Signature  
Designation

Dated the .....

- \* Two slips each bearing the left hand thumb and finger impression duly attested may be furnished by a person who is not literate or sign his name. If such a Government servant on account of physical disability is unable to give left hand thumb and finger impressions he may give thumb and finger impression of his right hand. Where a Government servant has lost both the hands, he may give his toe impression. impressions should be duly attested by a Gazetted Government servant.
  
- @ Two copies of the passport size photograph of self only need be furnished if the Government servant is governed by Rule 54 of the Central civil Services (Pension) Rules 1972 and is unmarried or a widower or widow.
  
- \$ Where it is not possible for a Government servant to submit a photograph with his wife or her husband, he or she may submit separate photographs. The photographs 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.

FORM 1-A

FORM OF APPLICATION COMMUTATION OF A FRACTION OF SUPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION WHEN APPLICANT DESIRES THAT THE PAYMENT OF THE COMMUTED VALUE OF PENSION SHOULD BE AUTHORISED THROUGH THE PENSION PAYMENT ORDER.

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

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

The respective Head of Office (CSO, NSSO, CC)  
Ministry of Statistics & Programme Implementation

Subject:- **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) :
2. Father's name (and also :  
husband's name in the case  
of a female Govt. servant)
3. Designation :
4. Name of Office/Department/ :  
Ministry in which employed :
5. Date of Birth (by Christian era):
6. Date of retirement on 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 :  
  
(a) Treasury/Sub-Treasury (Name and :  
complete address of the Treasury/  
Sub-Treasury to be indicated)

contd.../2-

- (b) (i) Branch of the nominated :  
nationalised bank with complete  
postal address.
- (ii) Bank Account No. to which :  
monthly pension is to be  
credited each month.
- (c) Account Office of the Ministry/ Department/ Office:

(Signature)-----

Place:  
Dated:

Present Postal address:

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Postal Address after retirement

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**PART-II**  
**(Acknowledgement)**

Received from Shri/Smt./Kumari ..... (name) .....  
(Designation) application in Part I of Form I-A for commutation of a fraction  
of pension without medical examination.

Head of Office

Place : New Delhi  
Date:-

Note: If the application has been received by the Head of Office 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 should be 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 the production of evidence to that effect by the applicant.

Contd.../3

**PART-III**

Forwarded to the Accounts officer, Ministry of Statistics & Programme Implementation 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 -----and
  - (iv) the amount of residuary pension after commutation will be Rs. -----
2. The pension papers of the applicant completed in all respect were forwarded under this Ministry/Deptt./Office letter No.-----dated----- . It is requested that the payment of commuted value of pension may be 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 II which has been forwarded separately to the applicant on \_\_\_\_\_ .
4. The commuted value of pension is debitable to Head of Account 2071 Pension and other Retirement Benefits, 1 - Civil, 104 - Gratuities.

Head of Office

Place : New Delhi

Dated :

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

# Score out which is not applicable.

FORM 1

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION WITHOUT  
MEDICAL EXAMINATION

[See Rules 5(2), 6(1), 12, 13(1), 14 (1) & (2), 15(1) & (2) AND 16(1) & (2)]

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

The respective Head of Office (CSO, NSSO, CC)  
Ministry of Statistics & Programme Implementation

Subject:- **Commutation of Pension without medical examination.**

Sir,

I desire to commute a fraction of my pension as indicated below 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) :
2. Father's name (and also :  
husband's name in the case  
of a female Govt. servant)
3. Designation at the time of :  
retirement
4. Name of Office/Department/ :  
Ministry 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 autho-  
rised, indicate the amount of  
provisional pension sanctioned  
under Rule 64 of the Central  
Civil Services (Pension) Rules,  
1972.

- 9. \*Fraction of pension proposed :  
to be commuted.
- 10. Designation of Accounts Officer  
Who authorised the pension and  
The No.and date of the 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 nominated :  
nationalised bank with complete  
postal address.  
  
(ii) Bank Account No. to which :  
monthly pension is to be  
credited each month.
  - (c) Account Office of the Ministry/ :  
Department/ Office:

Place: (Signature)-----  
 Dated: Postal address:-----  
 -----

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 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  
 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 maximum of 40% thereof) which he desires to commute and not the  
 amount in rupees.

**PART-II**  
**(Acknowledgement.)**

Received from Shri/Smt./Kumari ..... (name) .....  
 (former designation) application in Part I of Form 1 for commutation of a  
 fraction of pension without medical examination.

Signature  
 Head of Office

Place :  
 Date:-

Note: This acknowledgement is to be signed, stamped and dated and is to be detached from the Form and handed over to the applicant. If the form has been received by the post, it has to be acknowledged on the same day and the acknowledgement sent under registered cover.

**PART-III**

Forwarded to the Accounts officer, Ministry of Statistics & Programme Implementation 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 -----and
  - (iv) the amount of residuary pension after commutation will be Rs. -----
2. It is requested that further action to authorise the payment of the amount of commuted value of pension may be taken as in Rule 15 of the Central Civil Services (Commutation of Pension) Rules, 1981.
  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 2071 Pension and other Retirement Benefits, 1 - Civil, 104 - Gratuities.

Head of Office

Place :  
Dated :



**FORM NO. 3**  
**[see Rule 54(12)]**

**Details of family**

1. Name of the Government servant :
2. Designation :
3. Date of birth :
4. Date of appointment :
5. Details of the members of the family \*as on \_\_

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S.No.	Name of the member Of family *	Date of birth	Relationship with the Govt.servant	Initials of Head of Office	Remarks
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I hereby undertake to keep the above particulars upto date by notifying to the Head of Office any addition or alteration.

Signature of Govt. servant

Place

?? Family for the purpose means family as defined in clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.

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

**FORM - 5**  
**(See Rule 7)**

The respective Head of Office (CSO, NSSO, CC)  
Ministry of Statistics & Programme Implementation  
New Delhi-110003.

I----- (Name of the pensioner in capital letters)  
hereby nominate the person named below, Under Rule 7 of the Central Civil  
Services (Commutation of Pension) Rules, 1981.

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If nominee is minor  
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Name and address of the nominee	Relationship with the pensioner	Date of birth	Name & Address of person who may receive the said commuted value during the nominee's minority	Name and Address of other nominee in case the nominee under column (1) predeceases the pensioner
1	2	3	4	5

Relationship with pensioner	Date of birth if the other nominee is minor	Name & address of person who may receive the commuted value of pension during the other nominee's minority	Contingency on happening of Which nomination shall become invalid.
6	7	8	9

Place:  
Date:  
Witness: Signature:  
Name & Address :

Signature (or thumb-impression if  
illiterate) and  
Name of Pensioner-----  
Address -----  
-----

Signature of Head of Office:  
(STAMP)

**Acknowledgement to be sent by the Head of Office**

Certified that the nomination has been received from  
Shri/Smt./Kumari \_\_\_\_\_ (Name of Pensioner) whose  
address is

Place:  
Date:

Signature of Head of Office  
Full Address

**SPECIMEN SIGNATURE SHEET**

Specimen signatures of Shri/Smt./Kumari \_\_\_\_\_

Designation \_\_\_\_\_ Ministry of Statistics & Programme  
Implementation .

**Specimen signature:**

- 1 .....
- 2 .....
- 3 .....

**ATTESTED BY**

**HEIGHT & PERSONAL MARKS OF IDENTIFICATION SHEET**

Particulars showing the height and Personal identification mark of  
Shri/Smt. /Kumari \_\_\_\_\_ Designation, \_\_\_\_\_  
Ministry of Statistics & Programme Implementation .

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1. Height : \_\_\_\_\_

2. Personal Identification Marks:

(1)

(2)

Date:

**ATTESTED BY**

GOVERNMENT OF INDIA  
Ministry of Statistics & Programme Implementation .

EMP . CODE NO.-

FORM OF APPLICATION FOR FINAL PAYMENT IN THE CPF/GPF/ACCOUNT

The Accounts Officer,  
Pay & Accounts Office,

Sir,

I have resigned/retired finally from Government Service under Government of India and my resignation/retirement has been accepted with effect from Government of India on ..... forenoon/afternoon.

2. My Provident Fund Account No. is ----- .
3. My specimen signature in duplicate, duly attested by other Gazetted Officer is enclosed.
4. I request that the entire amount at my credit with interest due under the rules may be paid to me.
5. A sum of Rs. -----  
(Rupees----- ) was last deduction as Provident Fund subscription and recovery on account of refund of advance from my pay bill for the month ----- for Rs. -----  
(Rupees ----- ) encashed on at Delhi.
6. I certify that I have neither drawn any temporary advance nor made any final withdrawal from my Provident Fund Account during the 12 months proceeding the date of my quitting the service under the.

(OR)

Details of the temporary advance drawn by me/final withdrawal made by me from my Provident Fund Account during the 12 months proceeding the date of my quitting serving under Government of India are given below:

Contd/2.....

7. I hereby certify that no amount was withdrawn/ the following amounts were withdrawan by me from my Provident Fund Account during the 12 month immediately proceeding the date of my quitting service under Government of India or thereafter for payment of insurance premium or for the purchase of new policy.

Amount

Date

8. The particulars of the Life Insurance Policies financed by me from the Provident Fund which are to be released by you are given below:-

Yours faithfully,

(Signature)

Name:

Address:

Station:

Date:

CERTIFICATE BY THE HEAD OF OFFICE

1. It is certified that after due verification with reference to the records in my office that no temporary advance/final withdrawal was sanctioned to the applicant from his Provident Fund Account during the 12 months immediately proceeding the date of his/her quitting service under Ministry of Statistics & Programme Implementation .

(OR)

2. It is certified that after due verification of the records in my office that the following temporary advance/final withdrawal were sanctioned to and drawn by the applicant from his Provident Fund Account during the 12 months immediately proceeding the date of his quitting service under National Informatics Centre.

Amount of advance/withdrawal

date

3. It is certified that no demands/following demands of Government are due for recovery. (To be furnished in the case of C.P.F. only).

SIGNATURE OF HEAD OF OFFICE

**G.A.R.44 (See  
Rule 180)**

**RECEIPTED BILL**

Received the sum of Rs ..... ( Rupees ..... being the total entitlement of Rs ..... from the Insurance Fund and or of Rs ..... from the Saving Fund, accrued to .....

Name ..... Emp.Code No ..... Designation .....

Group A/B/C/D under the Central Government employees Group Insurance Scheme, 1980.

Dt .....

Signature (s) of Recipient (s)

**FOR USE IN DEPARTMENTAL OFFICE**

(a) Relevant biodata of the member

1. Type of group of the member (i.e. lowest group) viz D/C/B/A on initially joining the scheme on .....Dt.
2. Year of acquiring membership of higher group :-
  - (i) C \*19 .....
  - (ii) B 19 .....
  - (iii) A 19 .....

(b) Countersigned for payment of Rs.....(RUPEES.....) to claimant (s) Crossed Cheque / Demand Draft to be issued in favour of claimant(s) :-

Signature .....

Date .....

Designation of DDO.....

**FOR USE IN PAY AND ACCOUNTS OFFICE**

Passed for payment of Rs ..... (Rupees .....

Payment through Cheque (s) No (s) .....Dt.....

Pay & Accounts Officer

Delete whichever is applicable



NOMINATION FOR DEATH -CUM-RETIREMENT GRATUITY

I ..... hereby, nominate the person/persons mentioned below who is/are members of family, and confer on his/them the right to receive, to the extent specified below, any gratuity 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 death:-

Original			Nominee(s)
Name & Address of Nominee1	Relationship with the Govt. Servant	Age	Amount or share of of gratuity payable To each.*

Alternate Nominee(s)

Name, Address, relationship and age of the person or persons, if any, to which the right conferred on the nominee shall pass in the event of the nominee predeceasing the Govt. servant or the nominee dying after the death of the Govt. servant but before receiving payment of gratuity	Amount or share of Gratuity payable to each***
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-----  
 \* 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.

The nomination supercedes the nomination made by me earlier on  
----- which stands cancelled.

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NOTE:- a) The Government servant should draw lines across blank  
space below the last entry to prevent the insertion  
of any name After he has signed,  
b) Strike out which is not applicable.

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te this \_\_\_\_\_ Daday of \_\_\_\_\_ 2002 at \_

Witness to signature  
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- 1.
- 2.

Signature of Govt. servant  
Emp. Code No.  
Designation  
Email Address  
Telephone \_\_\_\_\_

( to be filled by Head of Office)

Nomination by-----  
Designation-----  
Office-----

Signature of Head of Office  
Date-----  
Designation----- \_

Acknowledgement receipt of the nomination

To

-----  
-----  
-----

Sir,

In acknowledging the receipt of your nomination, dated the\_  
Cancellation, date the ----- of the nomination made  
earlier in respect of gratuity in Form----- I am to state that it  
Has been duly placed on record.

Place :  
Dated :

Signature of Head of Office  
(Designation)

NOTE:- The Government servant is advised that it would be in the interest of His nominees if copies of the nominations and the related notices and Acknowledgements are kept in safe custody so that they may come into the Possession of the beneficiaries in the event of his death.