

FORM 3
[See rule 54 (12)]
Details of Family

1. Name of the Government servant
2. Designation
3. Date of birth
4. Details of the members of family as on-----:

S. No	Names of the members of family	Date of birth	Relationship with the officer	Marital status	Remarks	Dated signature of Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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

Signature of Government servant

Place :

Date :

Note 1. – The original Form submitted by the Government. servant is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Government. servant should submit the details of family afresh along with Form 5.

Note 2. – The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

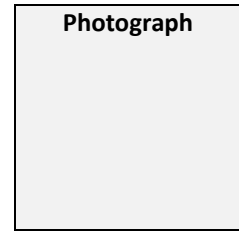
Note 3. – The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the ‘Remarks’ column. The fact regarding disability or change of marital status of a family member should also be indicated in the ‘Remarks’ column.

Note 4. - Wife and husband shall include judicially separated wife and husband.

FORM 12

[See Rule 79(2)]

Application to be submitted to Pension Disbursing Authority by spouse/co-authorised family member for commencement of family pension on death of a pensioner or family pensioner



1 . (i) Name of the Government servant/pensioner in respect of whom family pension is being claimed

(ii) Name of pensioner/family pensioner on whose death family pension is claimed

(iii) Date of death of pensioner/ family pensioner

(iv) PPO No. of pensioner/ family pensioner

2 Name and other details of claimant—

Name	Date of birth (DD/MM/YYYY)	Relationship with the deceased Government servant/pensioner	Postal Address

3. In case the claimant is minor or suffering from disorder or disability of mind, including mental retardation, details of guardian/nominee, wherever applicable—

Name	Date of birth (DD/MM/YYYY)	Relationship with the minor/ mentally disabled claimant	Relationship with the deceased Government servant/pensioner	Postal Address

4. Details of Bank account to which family pension is to be credited

A/c No.	Bank's Name and branch
IFS Code	

I am aware that future good conduct of the claimant/family pensioner shall be an implied condition for every grant of family pension and its continuance.

Signature or left hand thumb impression of the claimant/guardian

Mobile/Telephone No.....

Permanent Account Number for Income Tax (PAN).....

Aadhar No. (voluntary)-

List of Documents to be submitted with Form 12

1. Two specimen signatures of claimant (to be furnished in a separate sheet)
(Two slips each bearing the left hand thumb and finger impressions may be furnished by a person who is not literate to sign his name. If such an on account of physical disability is unable to give left hand thumb and finger impressions he/she may give thumb and finger impressions of the right hand. Where a Government servant has lost both the hands, he/she may give toe impressions..)
2. Two copies of passport size photographs of the claimant
3. Undertaking for refunding any excess payment made by the pension disbursing Bank
4. Specimen signature or left hand thumb and finger impressions of guardian, in the case of the guardian who is not literate enough to sign his or her name
5. Two self -attested copies of passport size photograph of the guardian/nominee
6. Descriptive roll of the guardian/nominee, wherever applicable, showing the particulars of height and identification marks, self-attested.
7. Copy of PPO of pensioner/ previous family pensioner (To be provided, if available)
8. Proof of permanent address of the guardian.
9. Copy of death certificate of the deceased pensioner/previous family pensioner

FORMAT 9

(See Rules 57,58,60,63,71,74,76,79 and 80)

UNDERTAKING

Date: _____

To

The Branch Manager
<Bank Branch Address>

Payment of Pension/Family Pension under A/C No.:_____ through your Bank

Dear Sir,

In consideration of your having, at my request, agreed to make payment of pension due to me every month by credit to my account with you. I the undersigned agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorise the bank to recover the amount due by debit to my said account or any other account/ deposits belonging to me in the possession of the bank.

2. The date of birth of spouse is ____ and her mark of identification is _____.

Yours faithfully,

Signature:
Spouse Name: _____
Address: _____

Signature:
Name: _____
Address: _____

Witnesses:

1. Signature
Name:
Address:
Date:

2. Signature:
Name:
Address:
Date:

**LEFT HAND THUMP AND FINGER IMPRESSIONS OF SMT., /
W/O LATE COIR BOARD.**

4th Finger	3rd Finger	2nd Finger	1st Finger	THUMP

SPECIMEN SIGNATURE OF SMT.

W/O LATE COIR BOARD.

1	
2	
3	

**PARTICULARS OF HEIGHT AND IDENTIFICATION MARKS OF
SMT., W/O LATE**

HEIGHT :Cm.s

IDENTIFICATION MARKS: 1.

2.