APPLICATION FORM FOR PENSIONERS IDENTITY CARD

| Name of Pensioner | |
|---------------------------|---|
| (in capital letter) | |
| Pensioner Number | |
| (Employee code) | |
| Residential Address | X |
| | |
| Post Office | |
| District | • · · · · · · · · · · · · · · · · · · · |
| Pin Code | |
| State | |
| Telephone/Mobile Number | |
| Email ID | |
| Blood Group | |
| Date of Birth | |
| Date of Joining | |
| Date of Superannuation/ | |
| Retirement | |
| Pay Scale on Retirement | |
| Last Pay drawn/Original | |
| Pension | ä |
| Post held on Retirement | |
| PPO Number & Date | |
| PRAN No (Persons retiring | |
| under new Pension Scheme) | |
| Aadhaar Card Number | |
| Pan Number | |
| Specimen Signature | |

DECLARATION

I declare that the information furnished above are true and correct to the best of my knowledge and belief.

Place :

Signature

Date :

....

Name

FORM 3

Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme

[See Rule 46 of Central Civil Services (Pension) Rules, 2021, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees' Group Insurance Scheme, 1980]

I,, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

- i. any gratuity the payment of which may be authorised under rule 44 and Rule 45 of CCS (Pension) Rules
- ii. amount that may stand to my credit in the General Provident Fund
- iii. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980

| | | | | | | | г — |
|-------------|-----------|----------|-----------------|----------------------|---------|-----------------|--------------|
| Name, date | Relation- | Share to | If nominee is | Name, DOB, | Share | Name, DOB and | Contingency |
| of birth | ship with | be paid | minor, name, | relationship and | to be | address of | on happening |
| (DOB) and | employee/ | to each | DOB and | address of alternate | paid to | person who | of which |
| address of | pensioner | | address of | nominee in case the | each | may receive the | nomination |
| the nominee | | | person who | nominee under | | amount if | shall become |
| | | | may receive the | Column (1) | | alternate | invalid |
| | | | amount on | predeceases the | | nominee in Col. | |
| | | | behalf of minor | employee | | (5) is a minor | |
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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
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| | | | | | | | |

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant

Mobile No.

Note 1 : Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i), (ii) and (iii) above

Note 2 : The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Note 3 : The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

(To be filled in by the Head of Office/authorised Gazetted Officer)

Received the nominations, dated, under the following Rules :--

1. Central Civil Services (Pension) Rules, 2021 for Gratuity

- 2. General Provident Fund (Central Services) Rules, 1960
- 3. Central Government Employees Group Insurance Scheme, 1980

made by Shri/Smt./Kumari.....

Designation.....

Office.....

(Strike out which nomination is not received)

Verified that the nomination(s) made by the Government servant is/are in accordance with the provisions of the relevant rules. Entry of receipt of nomination(s) has been made in pageVolume.......of Service Book.

Name, Signature and Designation of Head of Office/authorised Gazetted Officer with seal

Date of receipt.....

The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on both pages of this Form.

FORM 4 [See rules 50 (15), 57, 58, 59, 60, 62, 74, 79 and 80]

Details of Family

Important

1. The original Form submitted by the Government servant is to be retained. All additions/alterations are to be communicated by the Government servant/pensioner along with the supporting documents and the changes shall be recorded in this Form under the signature of Head of Office in column (7). No new Form will substitute the original Form. However, the retiring Government servant should submit the details of family afresh along with Form 6.

2. The details of all members of family (whether eligible for family pension or not) including spouse, all children, parents /parents in law and disabled siblings (brothers and sisters) may be given.

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.
 Wife and husband shall include judicially separated wife and husband.

5. The pensioner shall intimate the details of change in family structure after retirement in Form 5.

6. Copies of birth certificates to be attached. If birth certificate is not available, then copy of any other certificate, as proof of date of birth, may be attached.

| Name of the Government servant | Designation | Nationality | |
|--------------------------------|-------------|-------------|--|

Details of family members:

| S.N. | Name | Date of birth (DD/MM/YYYY) | Aadhaar no.* (voluntary) | Relationship with Govt. servant | Marital status | Remarks | Dated signature of Head of Office |
|------|------|-------------------------------|--------------------------------|------------------------------------|-------------------|---------|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |

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

| E-mail: | (Optional) | Place: | | |
|---------|------------|--------|-------------|---|
| Mobile: | | Date | (Signature) | 1 |

*Providing Aadhaar No. is voluntary. However, if it is provided, consent to link it to Bank Account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.

FORM 6 [See rules 57(1), 58, 59 and 60, 62, 80]

Particulars to be obtained by the Head of Office from the retiring/retired Government Servant

| Photograph(s) |
|---------------|
| |

1. Detail of Government servant:

| Name | Designation/ Rank | |
|----------------------------|--------------------|--|
| Date of birth | Date of retirement | |
| Ministry/Department/Office | PAN No. | |
| Aadhaar No.*(voluntary) | Nationality | |

2. Address after retirement for future correspondence:

| Flat/House No./Bldg. Name | Street/Locality | |
|-----------------------------|-----------------|--|
| Village & Post Office/Block | City & District | |
| State | Pin Code | |
| Telephone No. (If any) | Mobile No. | |
| E-mail ID | | |

3. Details of Bank through which Pension is to be drawn:

| Type of A/c | Single 🔲 Joint with Spouse | A/c No. | | |
|---|----------------------------|---------|--|--|
| Bank's Name | | Branch | | |
| IFS Code | | | | |
| Note 1: Please attach a copy of the first page of passbook/cancelled cheque/document showing the name of Account Holder. (The name should be the same in the bank account, this form and the office records.) | | | | |

Note 2: Please ensure that the Government servant is the Primary Account holder in the Joint Account

Note 3: In case Head of Office is satisfied that it is not possible for the retiring Government servant to open a joint account for reasons beyond his/her control, this requirement may be relaxed.

4. Details of member of the family of Government servant who has been authorised under Rule 57(3) to submit this Form on behalf of the retiring/retired Government servant:

| Name | Relationship with t Government servant | he | |
|-----------------------------|--|-------------|--|
| Aadhaar No.*(voluntary) | Nationality | Nationality | |
| Flat/House No./Bldg. Name | Street/Locality | | |
| Village & Post Office/Block | City & District | | |
| State | Pin Code | | |
| Telephone No. (If any) | Mobile No. | | |
| E-mail ID | Reasons why Governme servant is not able to subm this form | | |

| 5. I desire to commute | 5. I desi | re to | commute | l |
|------------------------|-----------|-------|---------|---|
|------------------------|-----------|-------|---------|---|

| 5. I desire to commute | % | of my pension under Central Civil Services (Pension) Rules, 2021 in accordance with the |
|--------------------------|------------|---|
| provisions of the Centra | Civil Serv | vices (Commutation of Pension) Rules, 1981. |

Note : A member of family who has been authorised under Rule 57(3) to submit this Form on behalf of the retiring/retired Government servant shall not be eligible to apply for commutation of a percentage of pension.

Indicate whether family pension is also admissible from any other source- (Tick whichever is applicable) 6. Military

State Govt.

Public sector undertaking/ autonomous body/ local fund under the Central or State Govt.

- 7. Whether any departmental or judicial proceedings pending against the Government servant? If so, the details thereof.
- 8. Whether any member of the family (other than spouse) is proposed to be co-authorised for family pension?
 (If yes, please attach Form 8.)
- 9. Whether the Government servant wants to receive Pension Payment Order (PPO) in Office through Head of Office? Yes/No

Declarations:

*(1) I am satisfied with the length of qualifying service to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c)

OR I am not satisfied with the length of qualifying service to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c) and I have submitted a representation in this respect separately.

OR

I have not been intimated about the length of qualifying service to be reckoned for pension and gratuity.

*Tick the statement which is applicable.

*(2) I am satisfied with the emoluments and average emoluments to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c). OR

I am not satisfied with the emoluments and average emoluments to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c) and I have submitted a representation in this respect separately.

OR

I have not been intimated about the emoluments and average emoluments to be reckoned for pension and gratuity.

*Tick the statement which is applicable.

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

Enclosures: As per list attached

Place:

| Date: | | |
|-------|--|--|



(Signature of Government servant/Family member (with name) authorised to submit this Form)

Note 1: Commutation of pension is optional. Item 5 may be struck off if the retiring Government servant does not desire to commute a percentage of pension.

Note 2: A separate application for commutation of superannuation pension in Form 1-A of Central Civil Services (Commutation of Pension) Rules, 1981 is required to be submitted in case the retiring/retired Government servant desires to apply for commutation of pension after submission of this form.

Note 3: Commutation of pension after one year or for commutation of pension in case of compulsory retirement pension/invalid pension/compassionate allowance will be applied in Form-2 of Central Civil Services (Commutation of Pension) Rules, 1981.

*Providing Aadhaar No. is voluntary. However, if it is provided, consent to link it to bank account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.

List of Documents to be attached with Form 6

1. Two specimen signatures (to be furnished in a separate sheet). If the claimant cannot sign his/her name then he/she is required to put the impression of his/her left/right thumb on the document in lieu of specimen signature.

- 2. Form 8, if a family member is proposed to be co-authorised for family pension. In accordance with Rule 63(1), the following members of family are eligible for co-authorisation for family pension along with spouse, if there is no other member of family eligible for family pension before them:
 - Disabled child/ children (Disability certificate to be attached for co-authorisation.)
 - Dependent parents.
 - Disabled siblings. (Disability certificate to be attached for co-authorisation.)
- 3. Three copies of Joint photograph with spouse or, if it is not possible to submit joint photograph with spouse, separate photographs of self and spouse, along with three copies of photograph of the member or members of the family whose names are to be included in the Pension Payment Order as a co-authorised family pensioner. (Photographs to be attested by Head of Office).
- 4. Form 4 Details of Family.
- 5. Undertaking in Format 9 for refunding any excess payment made by the pension disbursing bank.
- 6. Nomination for Gratuity, Central Government Employees' Group Insurance Scheme and General Provident Fund in Common Nomination Form –Form 3.
- 7. Nomination for arrears of pension and commuted value of pension (if applied for commutation of pension) in common nomination form Form A.
- 8. Undertaking in Format 1 (applicable for those who served in Security-related or Intelligence Organizations referred to in rule 7 of the Central Civil Services (Pension) Rules, 2021).
- 9. Form for submitting details under Anubhav (optional).
- **10.** Form of option for availing Medical facilities of Central Government Health Scheme or Fixed Medical Allowance after retirement
- **11.** Photocopy of the first page of Pass Book of the Bank Account in which the pension is to be credited or any other bank document showing the name and account details of Account Holder
- 12. Copy of PAN Card

FORMAT 9

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

UNDERTAKING

Date: _____

То

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: | |
| Witnesses: | |

 Signature Name: Address: Date:

| Signature | |
|-----------|--|
| Name: | |
| Address: | |

| 2. | Signature: |
|----|------------|
| | Name: |
| | Address: |
| | Date: |

Check List of Documents to be submitted

| S.No. | Description of documents to be enclosed | Whether enclosed |
|---------------|--|---------------------|
| 1. | Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme- Form 3 | enclosed |
| 2. | Details of family -Form 4 | |
| 3. | Particulars to be obtained by the Head of Office from the retiring/retired Government Servant- Form 6 | |
| 4. | Undertaking – Format 9 | |
| 5. | Common Nomination Form for Arrears of Pension and Commutation of Pension – Form A | |
| 6. | Application Form for Pensioners Identity Card | |
| 7. (a) (b) | Three specimen signatures (to be furnished in a separate sheet) Additional information (Only in case of an illiterate or disabled Government servant.):- Two slips each bearing the left hand thumb and finger impressions duly attested may be furnished by a person who is not literate and cannot sign his name. If such a Government servant on account of physical disability unable to give left hand thumb and finger impressions of the right hand. Where a Government servant has lost both the hands, he may give his toe impressions. Impressions should be duly attested by a Gazetted Government servant. | |
| 8 | Three copies of passport size joint photograph with wife or husband. Where it is not possible for Government servant to submit photographs with his wife or her husband, he or she may submit separate photographs. The photographs shall be attested by the Head of Office. Two copies of passport size photograph to be attached separately for Pensoiner's ID card. Three copies of passport size photograph of disabled child/siblings/dependent parents, if applicable. (To be attested by the Head of Office) | |
| 9. | Two copies of Aadhar Card, PAN Card and Front page of Bank Passbook (duly attested by a Gazetted Governments servant.) | |

Form A

(Common Nomination Form for Arrears of Pension and Commutation of Pension)

[See Rule 5 of Payment of Arrears of Pension (Nomination) Rules, 1983 and Rule 7 of Central Civil Services (Commutation of Pension) Rules, 1981]

I,, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

- i. Arrears of Pension
- Commuted Value of Pension payable under Central Civil Services (Commutation of Pension) Rules, 1981

| | | 1 | | r | | | |
|-----------------|--------------|---------|-------------|----------------------|--------------|---------------|--------------|
| Name, date of | Relationship | Share | If nominee | Name, DOB and | Relationship | Name, DOB | Contingency |
| birth (DOB) and | with | to be | is minor, | address of alternate | with empl- | and address | on |
| address of the | employee/ | paid to | name, DOB | nominee in case the | oyee/ pensi- | of person | happening of |
| nominee | pensioner | each | and address | nominee under | oner | who may | which |
| | | | of person | Column (1) | | receive the | nomination |
| | | | who may | predeceases the | | amount if | shall become |
| | | | receive the | employee/ | | alternate | invalid |
| | | | amount on | pensioner | | nominee in | |
| | | | behalf of | - | | Col. (5) is a | |
| | | | minor | | | minor | |
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These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant/Pensioner Telephone No.

Note 1 : Completely strike out the benefit for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i) and (ii) above.

Note 2 : The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

(To be filled in by the Head of Office/ authorised Gazetted Officer)

Received the nominations, dated, under the following Rules:

- 1. Payment of Arrears of Pension (Nomination) Rules, 1983
- 2. Central Civil Services (Commutation of Pension) Rules, 1981

made by Shri/Smt./Kumari.....

Designation.....

Office.....

(Strike out which nomination is not received)

Entry of receipt of nomination(s) has been made in pageVolume.....of Service Book. Name, Signature and Designation of Head of Office/authorised Gazetted Officer with seal

Date of receipt.....

The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on both pages of this Form.