

INDIAN INSTITUTE OF TECHNOLOGY KANPUR

[Application Form for Grant of Pension/Death-Cum-Retirement Gratuity on Retirement/Technical Resignation/VRS/Compulsory Retirement/Death]

PART-A (To be filled by the Employee/Applicant)

1. (a) Full name of the Employee/Applicant.....
In Block Letters

(b) Father's/Husband's name

2. Personal File No. of the Employee

Opted for:
OPD Medical Facility
OR
Fixed Medical Allowance



3. Address of the Applicant after retirement
for the purpose of correspondence

4. Applicant's date of birth as per
Institute's records

5. (a.) Height

(b.) Personal identification marks

6. (a.) Date of commencement of service in the
Institute by the Employee

(b.) Date of Commencement of service on daily
wage/consolidated

(c.) Previous employment service if counted any FromTo.....

7. Type of Retirement: Superannuation/Voluntary
Retirement/Employee's Technical Resignation/
Compulsory Retirement/Death*

8. Effective Date (with reference to sl. no. 7 above)

9. Name of the present post/Last appointment held

10. Pay Scale and Grade Pay of the present post/
Last appointment

* Strike out whichever is not applicable

11. Deptt./Section to which the Applicant belonged at the time of retirement
12. Name of the retirement benefits scheme Opted for by the Employee
13. Class of pension admissible
14. Whether nomination(s) made for:-
 (a) Family pension YES/NO
 In case of yes, also Give the name of first nominee
- (b) Death-cum-Retirement Gratuity YES/NO
 In case of yes, also Give the name of first nominee
- (c) Nomination for Arrears of Pension. In case of yes, also give the name of first nominee
15. Amount and nature of pension, If any, received for previous Employment.
16. Marital Status of the Employee/Applicant (Unmarried/Married/Divorced/Widowed)
17. Thumb and finger impressions of left hand in case of male and, of right hand in case of female applicant, but only if the applicant cannot sign.

(Thumb) (Forefinger) (Middle Finger) (Ring Finger) (Little Finger)

18. Joint passport size photograph with spouse (**three copies of same to be attached in separate envelope**) and Photos of other nominated family members to receive family pension/DCRG also to be affixed duly attested.

Space for affixing the Joint Photograph

Son/Daughter as applicable

Son/Daughter as applicable

Signature

Signature

Signature

Signature

Signature

Signature

19. Details of applicant's family as on the date of application.
(Please see note 1 and 2 at at page 4)

Sl. No	Name of the family member of employee	Date of Birth (a)	Relationship with the employee	Marital Status in case of Children (b)	Present Address	Whether child is physically/ mentally challenged (c)
1						
2						
3						
4						
5						

- (a) Self attested photocopies of proof of date of birth and photo ID of mandatory for all.
(b) Whether married/unmarried/widow/widower/divorcee.
(c) Self certified copies of relevant certificates to be enclosed.

Note: Above particulars may be given in the order of eligibility of the family pension.

20. Details of Bank Account:

(a) Account No. *

(b) Bank Name & Branch

(c) Bank's IFSC code
(Other than SBI, IIT Branch)

21. PAN No. *

* Self attested photocopy of bank pass book and PAN card to be enclosed.

22. Whether opting for Commutation of pension
(If yes, fraction of monthly pension to be commuted)

**Signature/Thumb Impression of the
Employee/Applicant**

23. **Declaration by the Employee/Applicant**

I hereby accept that if any excess payment on account of Pension/Gratuity including Death-cum-Retirement Gratuity is made to me, the over payment so made may subsequently be adjusted from the pension/gratuity which may be due/payable to me.

Date

**Signature/Thumb Impression of the
Employee/Applicant**

NOTE-1 The term 'Family' for purpose of family pension {Rule 54(23)} shall be categorized as follows:

Category-I

- (a) Widow or widower, upto the date of death or re-marriage, whichever is earlier.
- (b) Son/daughter(including widow daughter upto the date of his/her marriage/re-marriage or till the date he/she starts earning or till the age of 25 years, whichever is the earliest.

Category -II

- (c) Unmarried/Widowed/Divorced daughter, not covered by Category-I above, upto the date of her marriage/re-marriage or till the date she starts earning or upto the date of death, whichever is the earliest.
- (d) Parents who were wholly dependent on the Government servant when he/she was alive provided the deceased employee had left behind neither a widow nor a child. Family pension to dependent parents, unmarried/widowed/divorced daughter will continue till the date of death.

Family pension to Unmarried/Widowed/Divorced daughters in Category II and dependent parents shall be payable only after the other eligible family members in Category I have ceased to be eligible to receive family pension and there is no disabled child to receive the family pension. Grant of family pension to children in respective categories shall be payable in order of their date of birth and younger of them will not be eligible for family pension unless the next above him/her has become ineligible for grant of family pension in that category.

NOTE-2 The term 'Family' for purposes of Retirement/Death Gratuity(Rule 50) means and includes the following:-

- (a) wife or wives/husband including judicially separated wife or wives/husband in the case of a male/female Government servant respectively,
 - (b) son (s)
 - (c) unmarried daughter(s)
 - (d) widowed daughter(s)
- } including step and adopted.
- (e) father/mother including adoptive parents in case of individuals whose personal law permits adoption,
 - (f) brother(s) below the age of 18 years including stepbrothers, unmarried sisters and widow sisters including stepsisters,
 - (g) married daughter(s), and
 - (h) Children of a pre-deceased son.

F O R M – 4
{See Rule 54 (23)}*

**Nomination for Family
Pension 1964**

I, _____ hereby nominate the persons mentioned below, who are members of my family to receive in the order shown below the family pension 1964 which may be granted by the Central Government in the event of my death.

Name and Address of nominee	Relationship with the Government servant	Age	Whether married or unmarried

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

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

Date :

Place :

Two witnesses to signature.

1.

Signature of Government Servant

Designation _____

2.

* Family is defined in Rule 54 (23) of Family Pension 1964 (Please refer to pages 3 and 4 for details)

(To be filled in by the Head of Office)

Nomination by _____

Designation _____

Office _____

Signature of Head of Office

Dated

Designation

Form 1**Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme**

[See Rule 53 of CCS (Pension) Rules, 1972, 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 50 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

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

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant

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

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

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

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.

PART-B (To be filled by Admin Office)

24. (a) Date of entering service of Institute _____
- (b) Service on Daily wages/Consolidated Salary
Year(s) _____ Month(s) _____ Day(s) _____
- (c) Previous employment service From _____ To _____
- (d) Gross period of service Up to the date of retirement
Year(s) _____ Month(s) _____ Day(s) _____
25. Period of Non-Qualifying service:
- a) Interruptions _____
- b) Extra-ordinary leave not qualifying for pension

- c) Period of suspension not treated as qualifying for pension

26. Net period of Qualifying Service Up to the date of retirement
Year(s) _____ Month(s) _____ Day(s) _____
27. Pay during last 10 months: -
- | Scale of Pay | Amount of Basic Pay with Grade Pay | Period for which drawn | |
|--------------|------------------------------------|------------------------|-------|
| | | From | To |
| a) _____ | _____ | _____ | _____ |
| b) _____ | _____ | _____ | _____ |
| c) _____ | _____ | _____ | _____ |
| d) _____ | _____ | _____ | _____ |
28. Name of the retirement benefit scheme opted by the Employee: _____
29. Is employee eligible for commutation of Pension: YES/NO
(If Yes, fraction of monthly pension to be commuted; please refer to # 22 of Part A)
30. Last pay drawn: -
- a) Basic Pay _____
- b) Grade Pay _____
- c) Last Pay Scale _____
- d) Special Pay, if any _____
- e) Personal Pay, if any _____

31. Leave for Encashment: -
- a) No. of Days of Earned Leave -
 - b) No. of Days of Half Pay Leave -

CERTIFICATE

Certified that entries against columns 01 to 31 have been verified and found correct.

Dealing Assistant

Jr. Superintendent

Officer In-Charge (Admin)

Date_____

AUDIT CERTIFICATE

Certified that entries against columns 01 to 29 have been pre-audited.

Dealing Assistant (IA)

Superintendent (IA)

JR (Internal Audit)

Date_____

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

FORM 1-A

(To be submitted in duplication within one year after retirement)

(To be filled in by the applicant)

To,

The Director
Indian Institute of Technology
Kanpur 208016

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 paragraph 20 of Schedule 'F' of statute 16B of the Institute. The necessary particulars are furnished below:

1. NAME (IN BLOCK LETTERS)
2. Fathers' Name (Also Husband's name
in the case of a female employee)
3. Designation at the time of retirement
4. Name of Office/Department in which
employed last
5. Date of birth (by Christian era)
as accepted for retirement
6. Date of retirement
7. Class of pension admissible/sanctioned
8. Amount of such pension if already sanctioned
(In case final amount of pension has not been
Authorized indicate the amount of provisional
Pension sanctioned.
9. Fraction of monthly pension proposed to be
Commutated subject to maximum of 40%
thereof and not the amount in Rupees

10.If pension proposed to be commuted has already been sanctioned, give Office Order No. and date by which it was sanctioned

11.Opted for fixed Medical Allowance/OPD Medical Facility as per rules

Dated:

Signature.....
Postal Address:.....
.....
.....

ACKNOWLEDGEMENT

Received from Dr./Shri..... Ex.....
Application in part (A) of the Form for the commutation of fraction of pension without medical examination.

Date:.....

SIGNATURE RECEIPT ASSISTANT

Dated:.....

To
The Director
IIT Kanpur

Sir,

Subject: Request for final payment of C.P.F./G.P.F.

I am going to retire onTherefore, kindly arrange to make final payment of my C.P.F./G.P.F. on the date of my retirement.

Thanking You

Yours Faithfully

Signature

Name

Designation

P.F.No.

Department

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.