

FORMAL APPLICATION FOR PENSION

To
The Office Master

Sub: - Application for Sanction of Pension

Sir,

I beg to state that I am due to retire from service with effect from the _____ my date of birth being _____. I therefore request you that steps may kindly be taken with a view to the pension and gratuity admissible to me being sanctioned by the date of my retirement. I desire to draw my pension from _____ Treasury.

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

2. I enclose herewith:

- a) Four specimen signature of mine, duly attested,
- b) Four copies of a Passport size photograph of mine, duly attested,
- c) Four slips each bearing my left-hand thumb and finger impressions,
- d) Four slips each showing particulars of my height and Identification Marks.

3. My present Address is _____

My Address after will be _____

Date _____

Signature _____

Designation _____

Note: Any subsequent change of address should be noticed to the Head of Office.

CALCULATION SHEET- 'A'

Statement showing the calculation of Retiring Pension/Gratuity/Family Pension/
Death Gratuity in respect of Sri/ Smt. _____
under regular/ Work Charged establishment of _____

DATA

- A 1. Name of Govt. Servant :
2. Designation :
3. Date of birth :
4. Date of entry into Govt. Service :
5. Date of superannuation :
6. Date of Death :
7. Date attaining the age of 65 :
years
- B 1. Length of qualifying service years months days
2. Length of non-qualifying service years months days
Qualifying Service
- C 1. Emoluments reckonable for :
Pension & Gratuity

2. **Pension:**

Last Pay Rs.

∴ Pension admissible = _____ = Rs.
100 X 33

D **Gratuity:**

1. Total length of qualifying :
Service

For Monthly period.

∴ Gratuity admissible = _____ =Rs.
4
(Rupees -----)

E **Death Gratuity:**

1. Total length of qualifying Service :

∴ Death Gratuity admissible =

Provisional Gratuity Rs.
no. _____

Already drawn vide this office order
And Kol. PAO/treasury Token No./T.V. No.

Head of Office

CALCULATION SHEET- 'B'

Statement showing the calculation of Family Pension in favour of Sri/ Smt. _____ due to retire from Govt. service on the afternoon of _____ on superannuation in terms of Finance Deptt (Audit) No. 7530-F dtd. 6.7.88, 4055-F dtd. 25.4.90 & 1066-F dtd. 2.6.92.

1. Name of Govt. servant :
2. Designation :
3. Calculation of Family Pension :
 - a) Date of entry into Govt. service :
 - b) Date of retirement from Govt. service :
 - c) Date of death :
 - d) Would attain the age of 65 years :
 - Length of qualifying service :
 - Last pay :
 - Pension :
 - Enhance Family Pension :
- a) Last pay Rs. x $\frac{\quad}{2}$ = Rs.
- b) = Rs.
- c) Retiring Pension = Rs.

In the event of death of Sri/Smt. _____ a family pension at the rate of Rs. _____ from the date following the date of death of the pensioner upto _____ and thereafter at the rate of Rs. _____ p.m. from _____ will be admissible to Sri/Smt. _____ husband/wife/minor sons/minor daughters of the pensioner till the date of remarriage / till the age of attaining majority/ till the age of attaining majority or remarriage of Sri/Smt. _____ which ever occurs earlier.

Head of Office

ANNEXURE - 'A'
(Vide Rule 42 Part 'A')

Application for drawal of pension through Public Sector Banks
(To be submitted in duplicate)

To
The Accountant General (A&E) W.B.,
Treasury Building,
Kolkata - 700 001.

Sir,
I opt to draw my pension through Public Sector Bank and give below necessary particulars to enable you to make arrangement in this regard.

1. **Particulars of pensioner:**
 - (a) Name :
 - (b) P.P.O. No. :
 - (c) Present address :

2. **Particulars of authorised P.S.B.:**
 - (a) Name :
 - (b) Branch where payment desired :

3. (*) Pensioner's S.B./Current A/c. :
No. at the Branch to which
Pension is to be credited.

Yours faithfully,

Place : (Pensioner)

Date :
* Not "Joint" or " Either or Survivor" A/c

Pensioner's specimen
signature

FORM USE IN TREASURY

Forwarded to the Manager/ Agent _____
_____ (Link Branch to PSB). The Disburser's has
both halves of PPO of Sri/Smt./Km _____
_____ Bearing No. _____ is/are
enclosed herewith.
The pensioner has been paid pension for the period upto the month of _____
_____ Pension due from the month of _____
is to be arranged by the Bank.

Station:

Treasury Officer

Date :

SPECIMEN SIGNATURE / LTI OF PENSIONER

Specimen signature of Sri/ Smt. _____

1. _____ } Attested

2. _____ } Attested

3. _____ } Attested

L.T.I. & Finger impression of Sri/ Smt. _____

L.T.I.	Fore finger	Middle finger	Ring finger	Little finger

Attested

Height & personal identification marks of Sri / Smt. _____

1) Height :

2) Identification marks :

THE PAYMENT OF ARREARS OF PENSION (NOMINATION) RULES, 1986
FORM-A

[See Rule 5(I)]

Pension Disbursing Authority/ Head of Office
Name of Bank/Treasury/Accountant General, W.B.
Place:

I _____ hereby nominate the person named below under rule 5
(Name of the Pensioner in CAPITAL LETTERS)
of the payment of Arrears of Pension (Nomination) Rules, 1986: -

1	2	3	4	5	6	7	8	9
Name and address of the Nominee	Relationship with Pensioner	Date of birth	If nominee is minor, name & address of persons who may receive the said Pension during the nominee's minority.	Name and address of other nominee in case of nominee under col. (1) predeceases the Pensioner.	Relationship with Pensioner	Date of birth if the other nominee is minor.	Name & address of person who may receive the Pension during the other nominee's minority.	Contingency on the happening of which nomination shall become invalid.

Place :

Date :

Witness 1) Signature _____ (Name & address) _____

2) Signature _____ (Name & address) _____

Signature (or thumb impression if illiterate)
And name & address of the Pensioner

Certified that application /nomination has been received from:

Sri/Smt. _____

Whose address is :

Signature of the Pension Disbursing authority/
Head of Office

Acknowledgement to be sent by the Pension Disbursing Authority/
Head of Office.

Place _____ Dt. _____

Signature of the Pension Disbursing Authority/
Head of Office.

DECLARATION UNDER ARTICLE NO. 920(i)

I Sri / Smt. _____ hereby declare that if the amount of pension granted afterwards found to be in excess of that to which I am entitled under the Regulation, I shall be called upon to refund such excess.

Signature _____

Date _____

Designation _____

DECLARATION UNDER ARTICLE NO. 911 OF C.S.R.

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 to the orders which may be passed thereon.

Signature _____

Date _____

Designation _____

Family History in connection with pension and gratuity

To
The

Sir,

I beg to furnish herewith my family history as below for favour of your kind disposal:-

Sl. No.	Name	Dath of birth	Father's Name

Signature

This is to certify that Sri/ Smt _____
formerly _____ attached to _____
_____ under _____
retired from Govt. service on superannuation on _____ He has
drawn last Basic pay @ Rs. _____. Further, Sri/ Smt.
_____ has not been re-employed in any post under
the Govt. of West Bengal till date.

P.S.A.

NO DEMAND CERTIFICATE

Certify that no demand is lying outstanding for recovery from Sri/ Smt.
_____ attached to _____
_____ under _____
from his/her retiring gratuity.

P.S.A.

DECLARATION

Certified that:-

- 1) Sri/Smt. _____ is not a member of C.P.Fund.
- 2) No Provisional Pension/ Gratuity was granted to Sri/Smt. _____
_____.

P.S.A.

FORM - C

(To be submitted in duplicate)

PART - I

[Rule 14(1) (a)]

Form of Application for Commutation of Pension without Medical Examination

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

1. Name (in Block Letters) :
2. Date of birth :
3. Date of superannuation on :
attaining the age of 60 years.
4. Designation of the post held at :
the time of superannuation and
the name of the Department/
Office.
5. Amount of pension sanctioned and :
whether it is provisional or
final.
6. Class of pension as defined in :
the West Bengal Service (Death
cum Retirement Benefit) Rules
1971.
7. Name of Treasury or Bank and :
Account Number from which pension
is being drawn.
8. Name of Treasury or Bank through :
which the commuted value is
desired to be paid, if payment is
not desired through the Accounts
Officer who authorised the
pension.
9. Designation of the Accounts :
Officer and the number and date
of the Pension payment order if
issued.

Contd.

10. Amount (in whole rupees) of :
Pension and portion of Pension
proposed to be commuted.

11. Particulars of any application :
for commutation of pension made
previously and whether appeared
before any Medical Authority or
not.

Date : Signature _____

Full Address _____

PART - II

Forwarded to the _____
for authorising payment of the commuted value of pension. The receipt of Part-
I of FORM-C has been acknowledged in Part-III which has been forwarded
separately to the applicant on _____.

Date: Signature of the Competent Authority

PART - III

Acknowledgement

Received from Sri / Smt. _____ retired
_____ an application for commutation of Pension
without Medical examination.

Date: Signature of the Competent Authority