# FORM 8

(See Rule 63(1) and 79(2)

# Application by a Government servant/pensioner or his/her spouse for including /co-authorisation of names of permanently disabled child/dependent parents/disabled sibling as family pensioner in the Pension Payment Order

Photograph(s) of the Family member(s) to be co-authorized

1. **Details of Government servant/Pensioner :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Office/Dept./Ministry |  | Nationality |  |
| Date of retirement(DD/MM/YYYY) |  | Date of death(DD/MM/YYYY) |  | PPO No. (If issued) |  |

# Details of primary/existing family pensioner :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Relationship with deceasedGovernment servant/pensioner |  | PPO No. |  |

1. **Details of family member to be co-authorised for family pension i.e. Permanently Disabled Child/Dependent Parents / Permanently Disabled Sibling:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Date of birth(DD/MM/YYYY) |  | Aadhaar No.\*(voluntary) |  |
| PAN |  | Relationship with deceasedGovt. servant |  | Personal marks ofidentification |  |
| Signature/left hand Thumb impression |  | Whether in receipt of any other pension/family pension. If so, particulars and source from whichbeing drawn |  |  |

# Postal address of family member to be co-authorised for family pension:

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

1. **In case the family member to be co-authorised 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) |  | Aadhaar No.\*(voluntary) |  |
| PAN |  | Relationship with minor/ mentally disabled familymember |  |
| Relationship with the Government servant /pensioner |  |

Postal address of guardian/nominee:

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

1. **Details of Bank account** of family member to be co-authorised (Optional)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| A/c No. (Optional) |  | Bank’s Name and branch |  |
| IFS Code |  |  |  |

Signature or left hand thumb impression of the Government servant/Pensioner/family pensioner Address..........................................................................................................

Mobile/Telephone No……………………

Notes:- (i) If more than one family member are proposed to be co-authorised for family pension, photographs and details in item 3 to item 6 above in respect of all such family members may be given in separate sheets with this Form

* 1. The name(s) of permanently disabled child/children/siblings and/or dependent parents shall be added in the PPO only if there is no other eligible prior claimant for family pension
	2. The co-authorisation shall become invalid in case any other member of family becomes entitled to family pension prior to the co- authorised family member.

# List of Documents to be submitted with Form 8 in respect of each family member who is proposed to be co-authorised for family pension.

* + 1. Two specimen signatures (to be furnished in a separate sheet) .If the member of the family cannot sign his/her name then he/she is required to put the impression of his/her left/right thumb etc. on the document in lieu of specimen signature.
		2. Proof of identity.
		3. Proof of relationship with the deceased Government servant/pensioner.
		4. Two copies of self attested passport size photographs of the member of the family.
		5. Certificate of age showing the dates of birth. The certificate should be from the municipal authorities or from the local panchayat or from the head of a recognized school or Central/state board of education.
		6. Two specimen signatures of guardian (to be furnished in a separate sheet if the member of the family is minor or suffering from mental disability)
		7. If the guardian cannot sign his/her name then he/she is required to put the impression of his/her left/right thumb etc. on the document in lieu of specimen signature.
		8. A copy of Photo ID proof of the guardian along with proof of Permanent Address.
		9. Two self attested copies of passport size photograph of the guardian/nominee
		10. Last Income Tax Return failing which Certificate from SDM failing which any other document regarding income in support of the claim for family pension.
		11. Copy of the first page of the Pass Book or cancelled cheque or any other document showing name and account number in which the family pension is to be credited. (Name of the claimant in the form and in the bank account should be the same)