Specimen Signature of Sri / Smt.

Date of Death of Govt. Servant / Pensioner :

1.

2.

3.

Attested Countersigned

Personal marks of identification of Sri / Smt.

Date of Death of Govt. Servant / Pensioner

1. Height :
2. Personal Marks :

Attested Countersigned

Photograph of Sri / Smt.

Date of Death of Govt. Servant / Pensioner :

Attested Countersigned

FORM 4 [See rules 50 (15), 57, 58, 59, 60, 62, 74, 79 and 801

Details of Family

### Important

I. 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.

1. 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.
2. 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.
3. Wife and husband shall include judicially separated wife and husband.
4. The pensioner shall intimate the details of change in family structure after retirement in Form 5.
5. 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 Family Pensioner |  |  | 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. |  |  |  |  |  |  |  |

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

Email: (Optional) Place:

Mobile: Date: Signature

\*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.

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 eligible dependant is \_\_\_\_\_\_\_\_\_\_\_\_\_\_and his/her mark of identification is

a)

b)

Yours faithfully,

Signature: Signature:

eligible dependant Name: Name:

Address:Address:

Witnesses:

1. Signature 2. Signature

Name: Name:

Address: Address:

Date: Date:

**SELF DECLARATION**

Option for availing CGHS facilities/Fixed Medical Allowance

\*A. I Wish to avail CGHS facilities after retirement at the following residential address:

\*B. As my residential address does not fall under the CGHS covered area. I wish to avail “Fixed Medical Allowance” every month.

Signature:

Name:

Designation:

Date:

(\*Strike out which ever is not applicable)

UNDERTAKING

I hereby undertake that in the event of my Pension/ Family Pension having been fixed in a manner contrary to the provisions contained in these Rules, as detected subsequently, any excess payment so made shall be refunded by me to the Government either by adjustment against future payments due to me or otherwise.

Signature of Family Pensioner

Place:

Date :