

Dated the:
दिनांक: 19 APR 2024

- Subject:** Uploading pension papers and the checklist for retiring Faculties of AIIMS, N.D. on the official website of AIIMS, N.D-regarding.
- विषय:** सेवानिवृत्त संकाय सदस्यों हेतु पेंशन एवं चैक-लिस्ट संबंधी दस्तावेजों को संस्थान की आधिकारिक वेब-साइट में अपलोड कराने हेतु।
- Ref.:** Minutes of the Faculty Meeting-General Discussion .
- संदर्भ:** संकाय सदस्यों की बैठक में हुई आम-चर्चा का कार्यवृत्त।

Any faculty member who is superannuating or taking VRS is required to fill pension papers to be submitted with the faculty cell.

सूचित किया जाता है कि कोई भी संकाय सदस्य जो सेवानिवृत्ति अथवा स्वेच्छिक सेवानिवृत्ति योजना के तहत आवेदन करता है को पेंशन संबंधी दस्तावेजों को भरकर संकाय प्रकोष्ठ में जमा कराने की आवश्यकता होती है।

To facilitate the same you are requested to upload the enclosed checklist as well as various documents which are required to be filled at the time of superannuation/VRS by the faculty members on institute website.

इस से संबंधित सुविधाओं को प्रदान करने हेतु इस पत्र के साथ संलग्न चैक लिस्ट तथा विभिन्न दस्तावेजों को संस्थान की आधिकारिक वेब-साइट में अपलोड कराने की कृपा करें जो कि सेवानिवृत्त/ स्वेच्छिक सेवानिवृत्ति योजना के तहत आने वाले संकाय सदस्यों द्वारा उस समय भरकर संकाय प्रकोष्ठ में जमा कराने की आवश्यकता होती है।

Please arrange to upload these documents in a downloadable format on the official AIIMS website. This will help our faculty to easily access and download these document at their convenience.

कृपया इन दस्तावेजों को डाउनलोड करने योग्य प्रारूप में संस्थान की वेब-साइट में अपलोड कराने हेतु आवश्यक व्यवस्था करने की कृपा करें। इससे हमारे संकाय सदस्यों को अपनी सुविधानुसार इन दस्तावेजों को आसानी से डाउनलोड करने में मदद मिलेगी।

Encl: As above

संलग्नक: यथोपरि



(बी.एस. गिल)
(B.S. GILL)

वरिष्ठ प्रशासनिक
SR. ADMN. OFFICER

The Professor In-charge,
आचार्या प्रभारी
Computer Facility,
कम्प्यूटर सुविधा
अ.भा.आ. संस्थान, नई दिल्ली
AIIMS, N.D.

- 1 -

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029

Performa for acknowledging the receipt of the nomination form by the Establishment Section

To,

.....
.....
.....
.....

Sir,

In acknowledging the receipt of your nomination, dated the / cancellation dated the of the nomination made earlier in respect of gratuity in Form I am to state that it has been duly placed on record.

Place:

Yours faithfully,

Dated:

(Administrative Officer)

NOTE: The Employee is advised that it would be in the interest of his nominees if copies of the nominations and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death.

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FORM 1
(See Rule 53 1)

Nomination for Retirement Gratuity / Death Gratuity

(When the AIIMS Employee has a family and wishes to nominate one member, or more than one member, thereof).

I hereby nominate the person/ persons mentioned below who is / are members (s) of my family, and confer on him / them the right to receive to the extent specified below, any gratuity the payment of which may be authorized by the Central Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death:-

Original nominee(s)				Alternate nominee (s)	
Names and addresses of nominee/ Nominees	Relationship With the AIIMS Employee	Age	Amount of share of gratuity payable to each*	Name, address relationship and age of the person or persons, if any, to whom the right conferred on the nominee, shall pass in the event of the nominee pre-deceasing the AIIMS Employee or the nominee dying after the death of the AIIMS Employee but before receiving payment of gratuity.	Amount of share of gratuity payable to each**
1	2	3	4	5	6

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

- NOTE: i) The AIIMS Employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.
- ii) Strike out which is not applicable.

Dated:

Place:

Signature of AIIMS Employee

Signature of 02 witnesses

1. Signature:

Name & Designation:

2. Signature:

Name & Designation:

- * This column should be filled in so as to cover the whole amount of the gratuity.
- ** The amount/share of the gratuity shown in this column should cover the whole amount / share payable to the original nominee(s).

(To be filled by the Establishment Section)

Nomination by:

Signature of Administrative Officer

Designation:

Date:

Office:

Designation

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FORM-3

Details of Family

(See Rule 54 (12))

Name of the AIIMS Employee :

Designation :

Date of Birth :

Date of appointment :

Details of the members of my family
*as on :

Serial No.	Name of the Members of family	Date of Birth	Relationship with the officer	Initials of the Head of Office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

Place:

Dated:

Signature of AIIMS Employee

* Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rule, 1972.

NOTE: Wife and husband shall include respectively judicially separated wife and husband.

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FORM 4
(Omitted)

FORM 5

(See Rule 59 (1) (c) & 61 (1))

Particulars to be obtained by the Administrative Officer from the retiring AIIMS Employee eight months before the date of his retirement.

1. Name and Designation:
2. (a) Date of birth:
- (b) Date of retirement:
3. Two specimen signature (to be furnished in a separate sheet) duly attested by a Gazetted Government servant / an officer of the Institute.
4. Three copies of passport size joint photograph with spouse (duly attested by a Gazetted Govt. Servant / an officer of the Institute).
5. Two slips showing the particulars of height and personal identification marks duly attested by a Gazetted Government servant / an officer of the Institute.
6. Present address:
7. Address after retirement:
8. Name of the Branch of Public Sector Bank through which the pension is to be drawn:
9. Details of the family in Form 3 :
10. Indicate whether family pension is admissible from any other source - Military or State Government and / or a Public Sector Undertaking / Autonomous body / Local Fund under the Central or a State Government.

Place:

Dated:

Signature of the AIIMS Employee

- Footnote: 1. Two slips each bearing the left hand thumb and finger impressions duly attested may be furnished by a person who is not literate to sign his name. If such an AIIMS Employee on account of physical disability is unable to give left hand thumb and finger impressions, he may give thumb and finger impressions of the right hand. Where an AIIMS Employee has lost both the hands, he may give his toe impressions. Impressions should be duly attested by a Gazetted Government Servant/an officer of the Institute
2. Two copies of passport size photograph of self only need to be furnished if the AIIMS Employee is governed by Rule 54 of the Central Civil Services (Pension) Rules, 1972 and is unmarried or a widower or widow.
 3. Where it is not possible for an AIIMS Employee to submit a photograph with his wife or her husband, he or she may submit separate photographs. The photographs shall be attested by a Gazetted Officer / Officer of the Institute.
 4. Specify a few conspicuous marks, not less than two, if possible.
 5. Any subsequent change of address should be notified to the Head of Office
 6. Applicable only where Rule 54 of the Central Civil Services (Pension) Rules, 1972, applies to the AIIMS Employee

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FORM 5

(Omitted)

FORM 7

(Superscript 2 means Substituted by G.I. Dept. of Pen & P.W., Notification No. 58/84/89 - P & P.W. (F), dated the 3rd September, 1993)

See Rule 58, 60, 61 (1) & (3) and 55 (1)

Form for assessing Pension / Family Pension and Gratuity

1. Name of the retiring AIIMS Employee:
2. Father's / Husband's name:
3. Marks of Identification:
4. Date of Birth:
5. Particulars of post held at the time of Retirement :-
 - a) Name of the Office:
 - b) Post held:
6. Whether declared substantive in any Post:
7. Date of beginning of service:
8. Date of ending of service:
9. Cause of ending of service:-
 - a) Voluntary retirement on being declared Surplus (Rule 29):
 - b) Permanent absorption in public sector, Undertaking/autonomous body (Rule 37-A):
 - c) Due to abolition of post (Rule 59):
 - d) Superannuation (Rule 35):
 - e) Invalidment on medical ground (Rule 38):
 - f) Voluntary / premature retirement at the Initiative of the AIIMS Employee (under Rules 48, 48 - A and FR 56 (k)):
 - g) Premature retirement at the initiative of the institute (Rule 48 or FR 56 (j)):
 - h) Compulsory retirement (Rule 40):
 - i) Removal / dismissal from service (Rules 24 and 41):
 - j) Death:
10. In the case of compulsory retirement, the order of the competent authority whether Pension may be allowed at full rates or at reduced rates and in case of reduced rates, the percentage at which it is to be allowed:

11. In case of removal / dismissal from service
Whether orders of competent authority have
been obtained for grant of compassionate
allowance and if so, at what rate:

12. Particulars relating to military service, if any -
a) Period of military service:

b) Terminal benefits drawn / being drawn
for military service:

c) Whether opted for counting of military
Service towards civil pension:

d) If answer to (c) above is in the affirmative,
Whether the terminal benefits have
been refunded:

e) In case of ex-servicemen who are eligible
for family pension under the Armed Forces
Rules, whether opted to retain family pension
under the Armed Forces Rules or to draw
Family pension under the Civil Rules:

13. Whether any departmental or judicial proceedings
are pending against the retiring employees:

14. Net Qualifying Service:

15. Emoluments -

a) Emoluments drawn during 10 months preceding Retirement / Last Pay drawn:-

From (1)	To (2)	Rate of Pay (3)	Amount (4)

b) If the officer was on foreign service
immediately preceding retirement, the
notional emoluments which he would
have drawn under Government but for
being on foreign service :

c) Average emoluments reckoned for pension:

d) Emoluments reckoned for retirement:

e) Retirement Gratuity / Death Gratuity:

f) Emoluments reckoned for family
Pension:

16. Complete and up-to-date details of the family as given in Form 3:-

Sl. No.	Name of the Member of the Family	Date of Birth	Relation with the Govt. Servant
(1)	(2)	(3)	(4)

17. Whether nomination made for death Gratuity / retirement gratuity:

18. The date on which action initiated to:-

a) obtain the 'No demand certificate' from the Estates Section:

b) assess the service and emoluments qualifying for pension as provided in Rule 59 and:

c) assess the Institute dues other than the dues relating to the allotment of Institute accommodation as Provided in Rule 73 (1):

19. Details of Institute dues recoverable out of gratuity -

a) License fee for Institute Accommodation (see sub-rules (2), (3) and (4) of Rule 72):

b) Dues referred to in Rule 73:

20. a) Proposed pension / service gratuity :-
Pension proposer:

(i) Upto the age of 80 years : Rs. /- (Basic Pension)

(ii) After crossing of 80 years' age (i.e. w.e.f.) upto the age of 85 years : Rs. /- (120% Basic Pension)

(iii) After crossing of 85 years' age (i.e. w.e.f.) upto the age of 90 years : Rs. /- (130% Basic Pension)

(iv) After crossing of 90 years' age (i.e. w.e.f.) upto the age of 95 years : Rs. /- (140% Basic Pension)

(v) After crossing of 95 years' age (i.e. w.e.f.) upto the age of 100 years : Rs. /- (150% Basic Pension)

(vi) After crossing of 100 years' age (i.e. w.e.f.) : Rs. /- (200% Basic Pension)

b) Proposed dearness relief on pension : (as on the date of retirement)

c) Date from which pension is to commence:

21. Rate of Family Pension:-

- a) Enhanced rate:
- b) Period for which family pension will be payable at enhanced rate :
- c) Ordinary rate :
- d) Date from which ordinary rate of Family pension will be payable:-

Family Pension proposed:

- (i) Upto the age of 80 years : Rs. /- (Basic Family Pension)
- (ii) After crossing of 80 years' age (i.e. w.e.f.) upto the age of 85 years : Rs. /- (120% Basic Pension)
- (iii) After crossing of 85 years' age (i.e. w.e.f.) upto the age of 90 years : Rs. /- (130% Basic Pension)
- (iv) After crossing of 90 years' age (i.e. w.e.f.) upto the age of 95 years : Rs. /- (140% Basic Pension)
- (v) After crossing of 95 years' age (i.e. w.e.f.) upto the age of 100 years : Rs. /- (150% Basic Pension)
- (vi) After crossing of 100 years' age (i.e. w.e.f.) : Rs. /- (200% Basic Pension)

22. Amount of retirement gratuity / death gratuity: Rs.

23. Commutation of pension

- a) Whether simultaneously applied for Commutation of pension with the Pension application (applicable only in the case of those who retire on superannuation pension):
- b) The portion of pension commuted:
- c) Commuted value of pension:
- d) Amount of residuary pension after Deducting Commuted portion:
- e) Date from which reduced pension is Payable:

24. Name and address of Bank from where pension is to be drawn:

25. Post-retirement address of the retiree:

Signature: _____ Signature: _____ Signature: _____

Prepared by: _____ Verified by: _____ Checked by: _____
(Dealing hand's name) (Office Superintendent's name) (Admn. Officer's name)

Countersigned: _____

Name: _____

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029

FORM B

(Form of letter to the Account Officer forwarding the Pension papers of an AIIMS Employee)

To,

The Accounts Officer (Pension),
AIIMS

Subject : Pension papers of Shri / Shrimati / Kumari for
authorization of pension.

Sir,

I am directed to forward herewith the pension papers of Shri./Shrimati /Kumari of this office for further necessary action.

2. The details of the Institute dues which will remain outstanding on the date of retirement of the AIIMS Employee and which need to be recovered out of the amount of retirement gratuity are indicated below.

(A) Pension proposed:

- (i) Upto the age of 80 years : Rs. /- (Basic Pension)
- (ii) After crossing of 80 years' age (i.e. w.e.f.) upto the age of 85 years : Rs. /- (120% Basic Pension)
- (iii) After crossing of 85 years' age (i.e. w.e.f.) upto the age of 90 years : Rs. /- (130% Basic Pension)
- (iv) After crossing of 90 years' age (i.e. w.e.f.) upto the age of 95 years : Rs. /- (140% Basic Pension)
- (v) After crossing of 95 years' age (i.e. w.e.f.) upto the age of 100 years : Rs. /- (150% Basic Pension)
- (vi) After crossing of 100 years' age (i.e. w.e.f.) : Rs. /- (200% Basic Pension)

(B) Family Pension proposed:

- (i) Upto the age of 80 years : Rs. /- (Basic Family Pension)
- (ii) After crossing of 80 years' age (i.e. w.e.f.) upto the age of 85 years : Rs. /- (120% Basic Pension)
- (iii) After crossing of 85 years' age (i.e. w.e.f.) upto the age of 90 years : Rs. /- (130% Basic Pension)
- (iv) After crossing of 90 years' age (i.e. w.e.f.) upto the age of 95 years : Rs. /- (140% Basic Pension)
- (v) After crossing of 95 years' age (i.e. w.e.f.) upto the age of 100 years : Rs. /- (150% Basic Pension)
- (vi) After crossing of 100 years' age (i.e. w.e.f.) : Rs. /- (200% Basic Pension)

(C) Gratuity proposed.

- (i) Retirement Gratuity Proposed: Rs. / (Rupees Only)
- (ii) Death Gratuity Proposed Rs. (Rupees Only)

(D) Commutation:

- (i) Percentage of commutation sought:
- (ii) Amount to be commuted from basic pension: Rs (Up to 40% only)
 commutation sought) /- (Basic Pension x % of)
- (iii) Total commuted amount: Rs (Rupees)
 [Commutated amount (D)(ii) above x 12 x Commutation factor]

(E) Residual Pension after commutation: Rs /-
[Basic Pension minus commuted amount]

(F) Deduction to be made from Gratuity:

- (i)
- (ii)
- (iii)
- (iv)
- (v)
- (vi)

(G) Gratuity to be paid: Rs /- (Rupees)
[(C)-F(iv)]

a) Family pension authorized:-

- i) At enhanced rate for 10 years or 67 yrs. :
- ii) At normal rates for after 10 years / 67 yrs. :

b) Death gratuity authorized:

c) Retirement Gratuity authorized:

[Additional family pension to be paid will be as per the details given in Col. Z(B)]

3. Recoveries to be effected :

- a) Balance of the house-building or conveyance Advance: Rs
- b) Overpayment of pay and allowances including leave salary: Rs
- c) Income Tax deductible at source under the Income Tax Act, 1961 (43 of 1961) : Rs
- d) Arrears of licence fee for occupation of Institute Accommodation : Rs
- e) The amount of licence fee for the retention of institute accommodation for the permissible period of two months beyond the date of retirement : Rs
- f) Any other assessed dues and the nature thereof : Rs
- g) The amount of gratuity withheld for the adjustment of unassessed dues, if any : Rs
- h) The Gratuity to be paid [2(d) or (e) - Total of 3] : Rs

TOTAL @

Rs.

4. Your attention is invited to the list of enclosures which is forwarded herewith
5. The receipt of this letter may be acknowledged and this Institute informed that necessary instructions for the disbursement of pension have been issued.
6. The retirement gratuity will be drawn and disbursed by Institute on receipt of authority from you. The outstanding Institute's dues as mentioned in para. 2 above will also be recovered out of the retirement gratuity before making payment.

Yours faithfully,

Administrative Officer

List of enclosures

1. For 5 * and Form 7 duly completed.
2. Medical certificate of incapacity (if the claim is for invalid pension)
3. Statement of the savings effected and the reasons why employment could not be found elsewhere (if claim is for compensation pension or gratuity).
4. Service Book (date of retirement to be indicated in the service book).
5. (a) Two specimen signature, duly attested by a Gazetted Government servant/an officer of Institute or in the case of pensioner not literate enough to sign his name, two slips bearing the left hand thumb and finger impressions, duly attested by a Gazetted Government servant.
- ** (b) Three copies of passport size photograph with wife or husband (either jointly or separately) duly attested by the Head of Office.
- (c) Two slips showing the particulars of height and identification marks, duly attested by a Gazetted Government servant.
6. A statement indicating the reasons for delay in case the pension papers are not forwarded before six months of the retirement of Institute's servant.
7. Written statement, if any, of the AIIMS Employee as required under Rule 59 (1) (a).
8. Brief statement leading to reinstatement of the AIIMS Employee, in case the AIIMS Employee has been reinstated after having suspended, compulsorily retired, removed or dismissed from service.

NOTE - When initials or name of the AIIMS Employee are or is incorrectly given in the various records consulted, this fact should be mentioned in the letter.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
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ACKNOWLEDGEMENT

Received from Shri (Name) [with
designation] application in Part I of Form 1 for the commutation of a fraction of pension without income
examination.

Place :

Date :

(ADMINISTRATIVE OFFICER)

NOTE - This acknowledgment is to be signed, stamped, and dated and is to be detached from the form
and handed over to the applicant. If the form has been received by the post it has to be
acknowledged on the same day and the acknowledgment sent under registered cover.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029

FORM 1
PART I

FORM OF APPLICATION FOR COMMUTATION OF A
FRACTION OF PENSION WITHOUT MEDICAL EXAMINATION
(To be submitted in duplicate after retirement but within one year of the date of retirement)

To, _____
Administrative Officer,
Establishment Section, _____
AIIMS, New Delhi- 110029.

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 the Central Civil Services (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below:-

1. Name (in Block Letters): _____
2. Father's name (also husband's name in the case of a female AIIMS Employee): _____
3. Designation at the time of retirement: _____
4. Name of Office / Department / Cadre in which employed: _____
5. Date of birth (by Christian era): _____
6. Date of retirement: _____
7. Class of pension on which retired: _____
8. Amount of pension authorized. (In case final amount of pension has not been authorized, indicate the amount of pension sanctioned under Rule 64 of the Central Civil Services (Pension) Rules, 1972): _____
9. *Fraction of pension proposed to be commuted (Not more than 40%): _____
10. Designation of the Accounts Officer who authorized the pension and the No. and date of the Pension Payment Order, if issued: _____
11. Disbursing authority for payment of pension:-
 - i) Branch of the Nationalized Bank with complete postal address: _____
 - ii) Bank Account No. to which monthly pension is being credited each month: _____
 - iii) MICR code of the Bank: _____

Place: _____

Signature: _____

Date: _____

Postal Address: _____

* The applicant should indicate the fraction of the amount of the monthly pension subject to maximum of 40 % thereof which he desires and not the amount in Rupees
Score out which is not applicable.

PART II

1. Forwarded to the Accounts Officer (here insert the address and designation) with the remarks that:
 - i) The particulars furnished by the applicant in Part I have been verified and are correct:
 - ii) The applicant is eligible to get a fraction of his Pension commuted without medical examination
 - iii) The commuted value of pension determined with reference to the Table applicable at present comes to Rs.
 - iv) The amount of residuary pension after commutation will be Rs.
2. It is requested that further action to authorize the payment of the amount of commuted value of pension may be taken as in Rule 15 of the Central Civil Services (Commutation of Pension) Rules, 1981.
3. The receipt of Part I of the Form has been acknowledged in Part II which has been forwarded separately to the application on
4. The commuted value of pension is debit to Head of Account:

Place:

Date:

(ADMINISTRATIVE OFFICER)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi-110029

FORM 5

(See Rule 7)

To,

The Director,
AIIMS, New Delhi-110029

I, (Name of the pensioner in Capital Letters) hereby nominate the person named below, under Rule 7 of the Central Civil Services (Commutation of Pension) Rules, 1981.

Name and address of the nominee	Relationship with the pensioner	Date of birth	Name and address of person who may receive the said commuted value during the Nominee's minority	Name and address of other nominee in case the nominee under column (1) pre-deceases the pensioner	Relationship with pensioner	Date of birth, if the other nominee is minor	Name and address of person who may receive the commuted value of pension during the other nominee's minority *	Contingency or happening of which nomination shall become invalid
1	2	3	4	5	6	7	8	9

* In case of two or more nominees, the share to be apportioned to each nominee.

Place :

Date :

Witness

(Signature)

Name and Address:

.....
.....
.....

(Signature / thumb impression, if illiterate)

Name and Address of the Pensioner:

.....
.....
.....

(ADMINISTRATIVE OFFICER)

श्री/श्रीमती/कुमारी _____
Specimen Signature of Shri/Mrs. _____

- 1.
- 2.
- 3.

सत्यापित
Attested _____

श्री/श्रीमती/कुमारी _____
Left Hand Thumb & Fingers Impressions of Shri/Mrs. _____ के बायें हाथ का अंगूठा और अंगुलियों के

- 1.
- 2.
- 3.
- 4.
- 5.

सत्यापित
Attested _____

श्री/श्रीमती/कुमारी _____
Identification marks for Shri/Mrs. _____ के पहचान चिन्ह ऊँचाई का विवरण
Particulars of Height also _____

- 1 ऊँचाई
- 1. Height
- 2.

सत्यापित
Attested _____

TO WHOM IT MAY CONCERN

I hereby undertake that any excess payment that may be found to have been made as a result of incorrect fixation of pay/pension or any excess payment detected in the light of discrepancies noticed subsequently will be refunded by me to the AIIMS either by adjustment against future payments due to me or otherwise.

Signature _____

Name _____

Designation _____

Section/Deptt. _____
AIIMS, N..D.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029
(PENSION CELL)

I. LIFE CERTIFICATE

(To be submitted by Pensioner once a year in November)

Certified that I have seen the pensioner Sh./Smt. _____ holder of
Pension order No. _____ and that he is alive on this date.

Name: _____

Designation of Authorized Officer _____

Place: _____

SEAL

Date: _____

II. NON-EMPLOYMENT/ RE-EMPLOYMENT CERTIFICATE

(To be given by retire Group 'A' Officer in May & November each year)

(A) I declare that I have been employed /re-employed in the Office which is a part of financed by _____ and was in receipt of Rs. _____ as monthly rates of emoluments during the year ended Nov20____ or during the month of within the said year.

Further, that the orders of my re-employment do/ do not stipulate my pension being held in abeyance during the re-employment period.

I declare I have not accepted any commercial employment in India,

OR

I declare that I have accepted commercial employment in India, after obtaining previous sanction of the Central Government and none of the conditions, if any, attached thereto by Government has been violated.

Note:- This declaration is required to be given for a period of two years from the date of retirement.

(B) I declared that I have/have not accepted any employment under a Government outside India/ an International Organization of which the Government of India is not a member and none of the conditions attached thereto by the Government has been deviated from.

Place: _____

Signature _____

Date: _____

Name of the Pensioner _____

PAN No. _____

PPO No. _____

Address _____

Phone No. _____

SBI A/C No. _____

Aadhaar Card No. _____

III. CERTIFICATE OF REMARRIAGE / MARRIAGE

I hereby declare that I have not got remarried and I undertake to report any such event promptly to the Pension Disbursing Authority/ Bank.

(Application only for widow recipient of family pension and to be furnished only once)

I hereby declare that I am not married/ I have not got married during the past six months.

(To be submitted by widowers and unmarried daughters once every six month in May & November)

Place: _____

Signature _____

Date: _____

Name of the Pensioner _____

PAN No. _____

PPO No. _____

Address _____

Phone No. _____

SBI A/C No. _____

Aadhaar Card No. _____

ANNEXUE-XII

(Referred to in para 11.5)

LETTER OF UNDERTAKING

THE BRANCH MANAGER
STATE BANK OF INDIA
ANSARI NAGAR, NEW DELHI-110029.

Respected Sir,

Payment of pension under PPO No. _____
Through your office.

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 the 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 successors, 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 authorize 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.

Yours faithfully,

Signature:

Name:

Address:

Contact No.

Dated:

Witness:-

(i) Signature:

Name:

Address:

(ii) Signature:

Name:

Address: