

**FORMAL APPLICATION FOR PENSION
PROFORMA**

(G.O.No. FD (SPL) 63 CPP 83 DATED 18 SEP 1984)

PARTICULARS TO BE OBTAINED FROM THE RETIRING GOVERNMENT SERVANT

1)	Name	:		
2)	(A) Date of Birth			
	(B) Date of Retirement	:		
3)	Three Specimen Signature (to be furnished in two separate slips) duly attested by a Gazetted Govt. Servant.	:		
4)	Three Copies of Passport size joint Photograph Wife / Husband duly attested by Gazetted Govt. Servant.	:		
5)	Three slip showing the particulars of Height and Personal Identification Marks duly attested by Gazette Govt. Servant	:		
6)	Present Address	:		
7)	Address after Retirement	:		
8)	Name of the Treasury / Bank through which pension is to be Drawn	:		
9)	Details of the Family in the following form	:		
Sl. No.	Name in full	Relationship to Govt. Servant	Actual Date of Birth	Married or Un-Married in respect of Daughter
1.				
2.				
3.				
4.				

Contd.....2

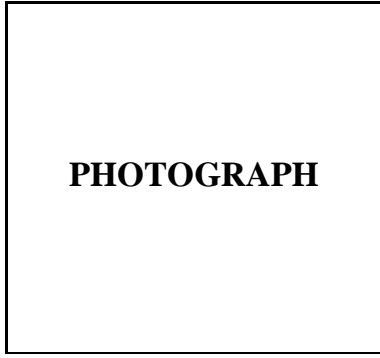
10) Declaration to Commute a portion of :
Pension (See G.O.No.FD (SLP)) 26
PCP 83 dated 15 May 84.

I, (Name and Designation)
.....
..... hereby declare my
.....
intention to commute (indicate the portion
of pension) of my pension in accordance with the provision of G.O.No. FD (SPL) 26
PCP 83 dated 15 May 84.

(Score out which is not applicable)

Place : Signature :
Date : Designation :

Passport Size Joint Photograph Taken with Wife / Husband of



Shri / Smt. _____
Retired _____
Place _____
Date _____ Designation _____
Head of Office _____

Counter Signed

Place _____ Date _____

(To Be forwarded to the Treasury)

SPECIMEN SIGNATURE OF

Sri / Smt. / Kumari : _____

Retired : _____

1)

(Specimen Signature)

2)

(Specimen Signature)

3)

(Specimen Signature)

Place : _____

Date : _____

Counter Signed

Head of Office

Place : _____

Date : _____

Designation : _____

Declaration Required Under Rule

Where as the Comptroller, University of Horticultural Sciences, Bagalkote _____

Dist : _____

And Accountant General Bangalore has Sanctioned Rs. _____

A month as the Amount of Pension due to me. I here by Acknowledge that in accepting this amount. I fully understand that the pension due to me is subject to revision on its being found to be in excess of that to which I am entitled as per rules and I promise to base on objection to such revision. I further promise to repay any amount advance to me in excess of that to such I may be eventually found entitled.

Place: _____

Signature: _____

Date : _____

Designation _____

Counter Signed

Place: _____

Head of the Office

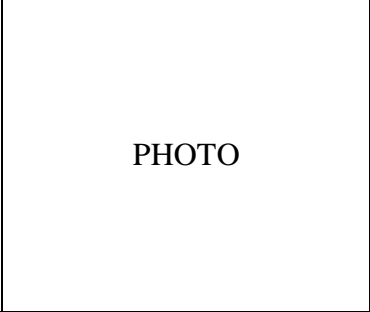
Date : _____

Designation _____

FORM NO.12
(See Rule 383)

COMMUTATION OF CIVIL PENSION
PART I – FORM OF APPLICATION

I _____ Desire to commute
Rs. _____ Of my Pension of Rs. _____
A Month. I certify that I have furnished correctly each and all of the
details below.



Place _____ Signature _____
Date _____ Designation _____
Address _____

QUESTIONS	
1.	What is your date of birth? :
2.	a) What is your date of retirement :
	b) What that retirement of superannuation or otherwise? :
3.	Whether the pension sanctioned in anticipatory provisional or final :
4.	How much of your pension do you wish to commute? :
5.	a) Have you already commuted a portion of your Pension? :
	b) Has any application from you are commutation of pension ever been rejected or have you ever been accepted / declined to accept commutation of pension on the basis of an addition of years to your actual age recommended by the medical authority? If so, give particulars. :
6.	From what treasury do you drawn or propose to draw your pension and commutation money? :
7.	If you the drawing your pension outside Karnataka State, which Account Officer issued the authority for payment your pension? :
8.	If you are already drawing your pension, quote the number of your Pension Payment Order :
9.	At what station (near the area in which you are ordinarily resident) would you prefer your medical examination to take place? (in cases where applicable)? :
10.	The Office from which you retired from service (full address should be given). :
11.	The designation and address of the authority who Sanctioned your Pension :

Signature _____

Place: _____
Date : _____

Designation _____

Signature of the
Head of the Office _____

Place: _____
Date : _____

Signature _____

Name of the
Office / Institution } _____

Tq. _____
Dist. _____
State _____

LAST PAY CERTIFICATE

Last Pay Certificate of Shri / Smt. _____

Proceeding on _____

to _____

2. He / She has been paid up to _____ at the following rates _____

Particulars	Rates
Substantive Pay	_____
Officiating Pay	_____
Allowance etc.	_____
Deductions	_____

3. He / She made over change of the Office of _____

4. Recoveries are to be made from the pay of the Government servant as detailed on the reverse.

5. He / She has been paid leave salary as detailed below. Deductions have been made as noted on the reverse,

From	Period	to	Date	at Rs.	Amount
_____		_____	_____	_____	_____ a month
_____		_____	_____	_____	_____ a month
_____		_____	_____	_____	_____ a month

6. He / She also entitled to draw the following _____

7. He / She is also entitled to joining the time for _____ Days.

8. The details of Income tax recovered from him / her up to the date from the beginning of the current year are noted on the reverse.

Signature _____

Date _____

Designation _____

Details of Recoveries

Name of Recoveries _____
 Amount of _____
 To be Recovered in _____

Deductions made from Leave Salary

From _____ to _____ on Account of _____ Rs. _____
 From _____ to _____ on Account of _____ Rs. _____
 From _____ to _____ on Account of _____ Rs. _____

Name of Month/Year	Pay	General Fee	Funds and Other Deduction	Amount of Income Tax Recovered	Remarks
April					
May					
June					
July					
August					
September					
October					
November					
December					
January					
February					
March					

Last Pay drawn Rs. _____

Proposed Pension Rs. _____

Certified that the shown above includes only Basic Pay & no emulation of House Rent Allowance on Dearness Allowance has been included

Place _____

Date _____

Counter Signed

Place _____

Date _____

Head of Office

Designation _____

Declaration for the Grant of Anticipatory Pension

Where as the Accountant General _____ has consent Provisionally, to advance to me the sum of Rs. _____

_____ a month in anticipation of the completion of enquires necessary to enable the Government to fix the amount of pension I hereby acknowledge that the accepting this advance. I fully understand that my pension is subject to revision on the completion of the necessary normal enquires on promise to base objection to such revision on the ground that the provisional pension now to be paid to me exceeds to pension to which I may be eventually found entitled. I further promise to repay any amount advanced to me is excess of the pension to which I may be eventually found entitled.

Place _____

Date _____

Place _____

Date _____

Signature _____

Designation _____

Head of Office _____

Designation _____

Counter Signed

Consent Letter for Recoveries

I _____ Retired _____ hereby agree for any deduction of recoveries, if any, from my Pension.

Place _____

Date _____

Place _____

Date _____

Signature _____

Designation _____

Head of Office _____

Designation _____

Counter Signed

Declaration for the Non – Payment of Pension

I _____ Retired _____ hereby declare That I have neither applied for nor received any Pension or Gratuity in respect of my portion of the service included in the application and in respect of which pension or gratuity is claimed therein, nor shall I submit any application here after without quoting a reference to the application and the order with may be Passed thereon.

Place _____

Date _____

Place _____

Date _____

Signature _____

Designation _____

Counter Signed

No Dues Certificate

On Due Verification of records of this office **No Government dues** are pending against Sri / Smt. / Kumari _____

Retired _____

Place _____

Date _____

Place _____

Date _____

Signature _____

Designation _____

Counter Signed

FORM NO.7 (K.C.S.R.)
(Form for Pension and Gratuity)

1) Name of the Government Servant :				
2) Father's Name (and also Husband's name in case of a Woman Government Servant) :				
3) Religion and Nationality :	Hindu-Indian			
4) Permanent Residential Address showing Village, Town / District and State				
5) Present or Last Appoint, including name of Establishment :				
6) Class of Pension or Service Gratuity applied for any cause of application :				
7) Pension Rules opted / eligible :				
8) Government under which service has been rendered (in order of employment) :				
9) Period of service qualifying for Pension a) Period of Civil Service : b) Period of War Military Service : c) Amount and nature of any Pension / Gratuity Received for Military Service : d) Amount and nature of any pension / Gratuity received for Civil Service :		Year	Month	Days
	a)			
	b)			
	c)			
	d)			
	TOTAL:			
10) a) Average Emoluments :	Rs.			
b) Emoluments for Gratuity :	Rs.			

11) Pay at defined in Rule 8 (32)	:	Rs. /-
12) Proposed Pension	:	Rs.
13) Proposed Gratuity	:	Rs.
14) Whether the Family Pension Rules, 1964 are applicable, if so the amount of life-time family pension becoming payable on the entitled members of the family of the Government servant in the event of his / her death.	:	Yes Enclosed
15) Date from which pension is to commence	:	
16) Place of payment of a) Pension (Treasury / Sub-Treasury) b) Gratuity (Treasury / Sub-Treasury) (Head of the Office)	:	
17) Whether nomination made for i) Family pension under Part – IV of KCSR, if Applicable ii) Death-Cum-Retirement Gratuity	:	
18) Whether Government Servant has paid all Government Dues	:	
19) Date of Birth by Christian Era of i) Government Servant ii) Government Servant's wife	:	
20) Height	:	_____ Cm
21) Identification Marks	:	1) 2)

●● 22. Thumb and Finger Impression					
	Thumb	Fore finger	Middle finger	Ring finger	Little finger
(I) Of Govt. Servant					
(II) Of Govt. Servant Wife / Husband					

23. Date on which the Government :
servant applied for pension in form I -
B

Signature of Head Office / Department

Audit Officer

●● Person who are literate enough to sign their names in English, Hindi or the official regional language are exempted from recording their left-hand thumb and finger impressions provided they further certified copies of passport size photographs. In case of a Government Servant who is literate enough to sign his name in English, Hindi or the Official regional language, but is unable to sign any document on account of loss of control over the hand owing to illness or disability, the production of thumb and finger impression duly attested as in the case of illiterate Government Servants shall be necessary.

- In case of Gazetted Government Servant only.

SECTION – I

Details of Shri / Shrimati / Kumari

Date of Birth

Establishment	Appo int- ment	Officiating / Substantive	Date of Beginning	Date of Ending	Period reckoning as Service	Period not reckoning as Service	Remarks the Auditor officer
1	2	3	4	5	6	7	8
					Y M D		
Total							

SECTION – II

Emoluments drawn during the last • 12 months

Post Held	From	To	Pay	Personal / Special Pay
<u>EMOLUMENTS</u>				
<p data-bbox="261 594 1040 666">Rules of calculation of Average Emoluments deleted last pay drawn Rs.29600/- pm. in the scale 22800-43200</p>				

• Average Emoluments:

Note: Date of commencement and date of ending of each period of Military Service, if any should be indicated in this section.

SECTION – III

Period non-qualifying

Post Held	From	To	Y	M	D
1. Interruption (a) ...	NIL				
2. Extra ordinary leave not qualifying for pension ...	NIL				
3. Period of suspension not treated as qualifying ...	NIL				
4. Any other service not treated as qualifying ...	NIL				
TOTAL ...					

SECTION – IV

Period of service not verified with reference to Acquittance Rolls

Nil

Where the above period verified is in accordance with the provisions of Rule 100 (iv) of K.C./S. Rules or corresponding provisions in the previous rules applicable and if not whether the necessity of verification of the aforeside period of service dispensed with under order of the appropriate authority.

(a) Audit Enforcement :

- 1) Total period of qualifying service which has been accepted for the grant of superannuation / retiring invalid / Compensation pension / gratuity with reasons for disallowance if any (other than disallowance indicated above)

Note: Service for the period commencing from _____ and upto the date of Retirement has not yet been verified, this should be done before the payment order is issued.

2) Amount of super annuation / Retiring / invalid compensation pension / gratuity, that has been admitted.	1. Pension Rs. _____ P.M. 2. Gratuity Rs. _____						
3) Amount of super annuation / Retiring / invalid compensation pension gratuity, Admissible after taking into account reduction of any in pension and gratuity made by the authority sanctioning pension.	1. Pension Rs. _____ P.M. 2. Gratuity Rs. _____						
4) Total period of qualifying service which has been approved for the grant of special addition pension.	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Yrs.</td> <td style="width: 33%;">Months.</td> <td style="width: 33%;">Days</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	Yrs.	Months.	Days			
Yrs.	Months.	Days					
5) Total amount of special additional pension if any, admitted under the rules.							
6) The date from which the special additional pension is admissible.							
7) The Date from which the superannuation / retiring / invalid / compensation pension / gratuity is admissible.							
8) Head of Account to which the Superannuation / Retiring / invalid / compensation and Special additional pension / gratuity is chargeable.							
9) The amount of life time family pension becoming payable to the entitled members of family in the events of death of the government servant after retirement.	Rs. _____ P.M.						

Accounts Officer
Accountant General

1) Date of submission of pension application by the Government Servant.	
2) Name of Government Servant	
3) Class of pension or gratuity	
4) Sanctioning Authority	
5) Amount of pension sanctioned	
6) Amount of gratuity sanctioned	
7) Date of commencement of Pension	
8) Date of sanction	
9) Amount of family pension admissible in the event of death of Pensioner	
10) Amount to be recovered from Gratuity under Rule 10 of the Family Pension Rules, 1964:	
11) Government dues held over from the gratuity	

FORM NO.7 – A (K.C.S.R.)

Form for Sanctioning Pension

1) Name of the Government Servant	
2) Father's Name (and also husband's name in the case of a women Government Servants)	
3) a) Present or last appointment including name of establishment i) Substantive ii) Officiating if any	
b) Remarks by Receiving Authority 1) As to character and pass conduct of Government servant	<u>Good / fare</u> Indifferent / Bad
2) Explanation of any suspension or degradation.	
3) Any other remarks	
4) Special opinion of the Receiving authority whether the service claimed is established and should be admitted or not.	Service claimed is established and may be admitted for sanction of pension and gratuity
<p>c) Order of the pension Sanctioning authority. The under signed having satisfied himself that the service of Shri / Smt. / Kumari _____ have been thoroughly satisfactory, hereby orders the grant of the full pension, death – cum – retirement gratuity, service gratuity which may be accepted by the audit Office are admissible under the rule.</p> <p style="text-align: center;">OR</p> <p>The undersigned having satisfied himself the service of Shri / Smt. / Kumari _____ has not been thoroughly satisfactory, hereby orders that full pension and / or gratuity which may be accepted by the Audit Officer are admissible under the rules shall be reduced by the specified amount of percentage indicate below.</p> <p style="text-align: center;">Amount or percentage of reduction in pension _____</p> <p style="text-align: center;">Amount or percentage of reduction in gratuity _____</p> <p style="text-align: center;">The grant of pension and / or gratuity shall be taken effect from _____</p> <p>d) In the event of death of Shri / Smt. _____ a family Pension of Rs. _____ Will be admitted to Smt. _____ as admissible under the Family Pension Rules 1964.</p>	

e) In terms of rule 1 of the aforesaid scheme he / she is required to contribute portion of gratuity equal to two months emoluments or pay as the case may be necessary Recovery out of the gratuity payable to
Shri/Smt. _____ Has been / may be made.

f) A sum of Rs. _____ on account of _____ is to be held from gratuity till the outstanding government dues are assessed and adjusted.

g) The following service of the Government servant has been approved for the grant of special addition a pension admissible under the rules.

Post / posts held _____

Period of service _____

The pension and gratuity are payable _____

Treasury / Sub-treasury and chargeable to the
Head _____

The order is subject to the condition that if the amount of pension of gratuity as authorized to be after wards found to be in excess of amount of which pension there is entitled under the rules he / she shall be called upon to refund such excess.

Date _____

**Signature and Designation of the
Pension sanctioning Authority**

Details of provisions and gratuity to be drawn by the Head Office in accordance with the procedure laid down in below Rule 341.

Provisional	... Rs.
Gratuity (3/4 of the full gratuity mentioning against item 3 of form 7)	... Rs.
Less	... Rs.
i) Contribution towards family pension Rule 1964 (see item 3 (e) of the form)	... Rs.
ii) Amount held over for adjustment of Govt. dues (see item (f) the form)	... Rs.
Note: Amount of gratuity to be paid provisionally	... Rs.

Signature of Head of Office

INSTRUCTIONS

- CALCULATION OF AVERAGE EMOLUMENTS
- 1 The calculation of emoluments mentioned of item 10 of the first page is not necessary as revised pension rule at the pension is calculate on the basis of last pay drawn proportionate to the length of qualifying service.
- 2 a) If the application is for a compensation pension or gratuity the particulars of the savings effected should be duly stated against item 6 of the first page.
- b) State why employment was not found also where.
- HISTORY OF SERVICE
- 3 (a) Give date, month and year of the various appointments / promotions and cessations. For the purpose of adding towards broken periods a month is reckoned at thirty days.
- (b) All periods not reckoned as service should be distinguished and reasons for their exclusions given in the remarks column.
- IDENTIFICATION MARKS
- 4 Specify a few conspicuous marks, not less than two, if possible.
- NAME
- 5 When initials or names of Government Servants are incorrectly given in the various records consulted, mention this fact in the letter forwarding the pension papers to avoid inviting reference for the Audit Officer.
- DATE OF RETIREMENT
- 6 Show in the Service Book and the last pay certificate.
- REINSTATEMENT
- 7 In the case of an Officer who has been reinstated after having been suspended, compulsorily retired, removed or dismissed brief statements leading to his reinstatement should be appended.
- ALTERATION
- 8 Mark in red ink under dated initials of a Gazetted Govt. Servant.
- CALANDER MONTH
- 9 The following examples show how a period started in a calendar month should be calculated.

Examples : **A period of six calendar month --**

Beginning on the	...	Ends on the
28 th February	...	27 th August
31 st March or 1 st April	...	30 th Sept
28 th August	...	29 th Feb
30 th August or	...	Last date of
1 st September		February

A period of three calendar month --

27 th November	...	28 th Feb.
30 th December	...	Last date of
		February

(Rule 302) (vi)

FORM 5

Nomination for Death – cum - Retirement Gratuity
(When the Officer has no family and wishes to nominate more than one pension)

I HAVING NO FAMILY / HAVING FAMILY, hereby nominate the persons mentioned below and confer on them the right to receive to the extent specified below, any gratuity that may be sanctioned by Govt. in the event of my death while in service and the right to receive on my death, to extent specified below any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Names and Address of Nominees	Relationship with Officer	Age	Amount or share of Gratuity payable to each •	Contingencies on the happening of which the nomination shall become invalid	Name and Address and Relationship of the person or persons if any, to whom the right conferred on the nominees shall pass in the event of the nominee pre-deceasing the Officer or the nominee dying after the death of the officer but before receiving the payment of the gratuity	Amount or Share of gratuity payable to each ••
				-	-	-

N.B. : The Officer should draw lines across blank space below the last entry to prevent the insertion of any names after he has signed.

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

Dated this Thirtieth Day of April at Two Thousand fourteen.

Witnesses to Signature

1. _____ **Signature:** _____

2. _____ **Designation : Retd.:** _____

- Note: (1) This column should be filled in so as to cover the whole amount of gratuity.
- Note: (2) The Amount / Share of gratuity shown in this column should cover the whole amount of share payable to the original nominees.

(To be filled in by the Head of Office in the case of a Non-Gazetted Officer)

Nomination by : Shri/Smt/Kumari _____

Designation : Retd. _____ Date: _____

Office _____ Designation _____

Statement of Earned Leave / Commuted Leave / Half Pay Leave / Surrender Leave / L.W.P. / Extraordinary Leave – Availed By:

Shri /Smt / Kumari _____

Period		Total			Nature of Leave
From	To	Y.	M.	Days	

Declaration for the Non-Employment

I _____ Retired

Hereby declare that

I have not been re-employed any where and after my retirement from the above School / Office.

Place _____

Date _____

Place _____

Date _____

Place _____

Date _____

Counter Signed

Signature

Designation

Signature

Designation

Declaration Regarding Disciplinary Cases

Certified that there is no disciplinary cases pending against

Shri /Smt / Kumari _____

Retiring on _____ Pension on _____

Place _____

Date _____

Place _____

Date _____

Counter Signed

Signature

Designation

Head of the Office

Designation

CERTIFICATE OF HEIGHT AND IDENTIFICATION MARKS

Certified that the following are the Height and Identification Marks in respect of

Shri /Smt / Kumari _____

Designation _____

1) Height _____

2) Identification Marks _____

I)

II)

Place _____

Date _____

**Signature of the
Medical Officer**

FORM 6 (Rule 294)
 NOMINATION FOR FAMILY PENSION

I hereby nominate the persons mentioned below who are members of family of receive in the order shown below the Family Pension which may be granted by Government in the extent of my death after completion of 10 year's qualifying service.

Name and Address of Nominee	Relationship with Govt. Servant	Age	Whether married or Unmarried

N.B. : The Govt. Servant should draw lines across blank space below the last entry to prevent the insertation of any name after he has signed.

Cont... (next pg)

- Continued -

The Nomination supersedes the nomination made by earlier on
..... (date) which stands cancelled.

Dated this day of

Signature of Witness

1

2

Signature of Government Servant

To be filled in the Head Office in the case of a non-Gazetted (Govt. Servant)

Nomination by

Signature of Head Office

Designation

Designation

Office

Date

STATEMENT OF FAMILY MEMBERS

Name of Govt. Servant Shri / Smt. / Kumari

Designation : Retd.

Sl. No.	Name in Full	Relationship to Govt. Servant	Age	Actual Date of Birth	Married / Un Married	Remarks
1.						
2.						
3.						
4.						

Signature:

Designation Retd. :

ATTESTED

Head of the Office:

(Signature)

Designation: