

Application for forwarding of pension papers to the Accountant General, Assam .

To

The Under Secretary to the Government of Assam,
Sectt. Admn.(Estt.) Department, Dispur.

Subject :- Submission of pension papers and application for other post retirement benefits.

Sir,

1. I am to retire / have retired on superannuation from service onAfter noon.
2. I have entered into Government Service on..... and have rendered net Qualifying service of Years. Months. Days.
3. I am in occupation of Government accommodation and particulars thereof furnished below:-
 - (i) Type of Government Quarter in occupation:-
 - ii) Amount of Govt.outstanding rent (if any) :-
4. My home address after retirement :-
5. I have been contributing towards State Government Employees Group Insurance Scheme, 1983.
6. I have been contributing towards General Provident Fund in A/C No
7. The details of Government outstanding dues on the following loans and advances are noted below: -
 - i) House Building Advance (Govt.) :-Rs..
 - b) House Building Advance (HUDCO) :-Rs..
 - ii) Car purchase Advance :-Rs..
 - iii) Computer purchase Advance :-Rs..
 - iv) Scooter/Motor Cycle purchase Advance :-Rs..
 - v) Cycle purchase Advance :-Rs..
 - vi) Others :-Rs..

Total :-

I do hereby request you kindly to forward my pension proposal to Accountant General, Assam for issue of my Pension and Gratuity Payment Orders. I also request you kindly to take necessary arrangement for onward transmission of my applications for Final Withdrawal from General Provident Fund and commutation of Pension to the Account General, Assam.

The following Pension forms dully filled in along with other required particulars are furnished herewith for your kind perusal and necessary action

- i) Form No 1.
- ii) Form No 1(A). (duly signed by the Head of Office)
- iii) Descriptive Rolls in duplicate. (duly attested)
- iv) Specimen Signature Slip in duplicate. (duly attested)
- v) Joint/Single photographs (duly attested by the Head of Office) in duplicate.
- vi) Consent letter.
- vii) Application for sanction of accumulation in the Saving Fund under GIS.
- viii) Application for Final Withdrawal from General Provident Fund.
- ix) Application for Commutation of Pension.

Yours faithfully

Date.....

(Signature of the Officer)

Name :-

Father's Name:-

Religion:-

Mobile No :-

FORM NO. I

Particulars to be obtained by the Head of Office from the retiring Government servant eight months before the date of his retirement.

1. Name :
2. Date of birth :
3. Date of retirement :
4. Two * slips containing two specimen signatures each duly attested by a Gazetted Officer. :
5. Three copies of passport size joint photograph with wife/husband duly attested by Head of Office (Photograph of self only, in case the Govt. servant is un-married or a widow or a widower). :
6. Two ** slips each showing particulars of height and personal identification marks duly attested by a Gazetted Govt. servant. :
7. Present address :
8. Address after retirement (Any subsequent change of address should be notified to the head of office) :
9. Details of the family members as in form No.1A :
10. Name of the Treasury/Bank/ Bank Branch through which pension is to be drawn :

Signature
Designation
Department/Office.

* Two slips each bearing the left hand thumb and finger impressions duly attested may be furnished by a person who is not literate enough to sign his name. If such, a Government servant on account of physical disability is unable to give left hand thumb and finger impression he may give thumb and finger impressions of the right hand where a Govt. servant has lost both the hands, he may give his toe impression. Impressions should be duly attested by a Gazetted Govt. servant.

** Specify a few conspicuous marks, not less than two if possible.

FORM NO. I

Particulars to be obtained by the Head of Office from the retiring Government servant eight months before the date of his retirement.

1. Name :
2. Date of birth :
3. Date of retirement :
4. Two * slips containing two specimen signatures each duly attested by a Gazetted Officer. :
5. Three copies of passport size joint photograph with wife/husband duly attested by Head of Office (Photograph of self only, in case the Govt. servant is un-married or a widow or a widower). :
6. Two ** slips each showing particulars of height and personal identification marks duly attested by a Gazetted Govt. servant. :
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** Specify a few conspicuous marks, not less than two if possible.

FORM NO 1A
Details of family

Name of the Govt. servant _____

Designation _____

Date of birth _____

Date of appointment _____

Details of the members of my family as on _____

Sl No.	Name of the members of the 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

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

Place: _____

Dated the _____

Signature of the Government
servant.

Note : Family for this purpose means family as defined in rule 143(1) of A.S.(P) Rules 1969.

FORM NO 1A
Details of family

Name of the Govt. servant _____

Designation _____

Date of birth _____

Date of appointment _____

Details of the members of
my family as on _____

Sl No.	Name of the members of the 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

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

Place _____

Dated the _____

Signature of the Government
servant.

Note : Family for this purpose means family as defined in rule 143(1) of A.S.(P) Rules 1969.

TO,

* The _____

Sub: Application for payment of accumulation under
State Government Employees Group Insurance
Scheme, 1983.

Sir,

I have been a member of the State Government
Employees Group Insurance Scheme, 1983 since _____
** I have retired Voluntarily, from service after attaining
the age of _____ years/I have ceased to be
in employment with the State Government with effect from
_____. I was holding the post of _____
before retirement/cessation of employment with the State
Government. I request that the amount due to me under State
Government Employees Group Insurance Scheme may be paid to me.

Yours faithfully,

* Designation and address of the Head of Office.
** Month and year of becoming a member of the Scheme
may be indicated here.

DESCRIPTIVE ROLL

- 1. Name of the applicant :
- 2. Date of birth :
- 3. Height :
- 4. Identification mark :
- 5. Permanent address :

Attested by

Signature & Seal

DESCRIPTIVE ROLL

- 1. Name of the applicant :
- 2. Date of birth :
- 3. Height :
- 4. Identification mark :
- 5. Permanent address :

Attested by

Signature & Seal

SPECIMEN SIGNATURE OF THE APPLICANT

Name

Signature

1. Shri/Smti. _____

2. Shri/Smti. _____

Date _____

Attested by

(Signature & Seal of Gazetted Officer)

SPECIMEN SIGNATURE OF THE APPLICANT

Name

Signature

3. Shri/Smti. _____

4. Shri/Smti. _____

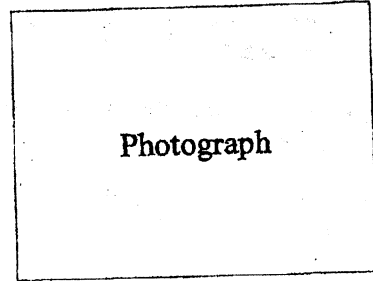
Date _____

Attested by

(Signature & Seal of Gazetted Officer)

FORM - A
COMMUTATION OF PENSION
(FORM OF APPLICATION)

(To be filled in by the applicant)



I Shri / Smti.....

desire to Commuted Rs.....out of my monthly
superannuation / Retiring Pension of Rs..... I certify that I have
answered correctly each and all of the question below. Two copies of Passport size photograph
(one attested copy and another not attested) are furnished.

Place..... Signature.....

Date..... Designation.....

Address.....

QUESTION

ANSWER

- | | |
|---|---|
| 1. What is the date of your birth | : |
| 2. Date of your superannuation | : |
| 3. Date of application | : |
| 4. How much of your pension do you wish to commute | : |
| 5. (a) Have you already commuted a portion of your pension. If so, give particulars. | : |
| (b) Has any application from you for communication of Pension ever been rejected or have you ever accepted / declined to accept communication of Pension on the basis of an addition of years to your actual age recommended by medical authority. If so, give particulars. | : |
| 6. From what treasury do you draw or propose to draw your pension and commutation money. | : |
| 7. (a) If you are already drawing your pension quote the number of your Pension payment order or Coloninel warrant | : |
| (b) State specifically whether you are drawing anticipatory pension. | : |

8. Without prejudice to the discretion of the sanctioning authority from what date approximately do you wish this communication to have effect.
9. At what station near the area in which you are ordinarily resident would you prefer for your medical examination to these places.
10. (a) Are you on re-employment or likely to be re-employed soon ?
 (b) If so, name the authority under whom you are re-employed or likely to be re-employed.
 (c) State your designation and address on re-employment.
 (d) Whether your Pension has been or will be allowed to be drawn in whole or in part during re-employment or it has been held in abeyance during re-employment.
11. State the amount of Provident Fund money (including any non-refundable withdrawals and the amount of death-cum-retirement gratuity received by you.
12. Name the Account Officer who authorised the payment of provident fund money (including any non-refundable withdrawals) and death-cum-retirement gratuity to you.

Place Date Signature

 The class of pension superannuation, retiring, invalid, compensation should be stated, and if the amount of Pension is not known, a suitable modification should be made in the form.

The portion of the Pension to be commuted should consist of whole rupee or of rupees and a multiple of five paise.

In case of anticipatory pension, the Pensioner may if desired, indicate his intension to commute the maximum amount in the event of his final pension being more than the anticipatory pension. In such a case, the amount proposed to be commuted, alternatively, may be expressed in terms of a percentage of full pension within the maximum permissible limit. The pensioner may also indicate whether he anticipates that the final amount of pension that he would be entitled to commute might exceed Rs. 25/- in case he desire to commute a sum excluding is Rs. 25/-.

 To be filled in by the forwarding authority in case govern by Rule 7(1)(

Name NO. Dated Dispar, the

Forwarded to the Accountant General, Assam, Maidangan, Beltala, Guwahati-29/ Director of Pension, Assam, Housefed Complex, Last Gate Guwahati-6. for favour of Admissibility report.

Signature :
 Designation:
 Department of :

T.SEAL.

ANNEXURE -III

(Ref.Para 11.1)

CONSENT LETTER.

I Shri _____ holder of
P.P.O.No. _____ agree
that in the event of any excess drawal consequent upon the re-fixation
of pension/Family pension as per ready reckoner and actual consolidation
of pension at any stage, Govt. of Assam will have full right to recover
the excess amount from the relief in pension payable to me in one
lunsum or in convenient instalments and I or my sucessor will not
object to this in ~~future~~ future.

Dated :

Witness with full
address.

Signature of the Pensioner/
Family pension holder.

1.

Full name _____

2.

Presnet address _____



Details for availing SMS Facility

Name (In block letters)	
Mobile no*	
PAN no*	
Aadhaar No (if available)	
Email address (if available)	
PRAN no (if available)	

(*Mandatory to receive SMS alerts)

Signature of the incumbent

Signature of DDO