

FORM-5 ANNEXURE

Particular to be obtained by the Head Office from the retiring Government Servant before eight months of the Date of retirement.

1	Name of the Government Servant	
2	Date of Birth/Retirement	
3	Two specimen signature duly attested (furnished in a separate sheet)	Enclosed
4	*Three copies of the passport size joint photographs of the Govt. Servant with his/her wife/husband	Enclosed
5	Two slips showing the particulars of height and personal identification marks duly attested.	Enclosed
6	Present Address	
7	@ Address after retirement Phone No.	
8	Name of the Treasury/public sector Bank Branch Through which the Government Servant wants to draw his pension	
9	@@ details of the family in form-3	

Place :

Signature

Designation

Ministry/Deptt/Office:

Two slips each bearing the left hand finger impressions duly attested, may be furnished by a person who is not literate enough to sign his name, if such a Govt. Servant 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 a Government Servant has lost both the hands, he may give his toe impressions, impressions should be duly attested.

*Only two copies of passport size photographs of self need be furnished.

(1) If the Government Servant is governed by rule 55 of the CCS (Pension) Rules, 1972 and is unmarried or a widower or widow.

(2) If the Government Servant is governed by rule 55 of the CCS (Pension) Rules, 1972.

**where it is not possible for a Govt. Servant to submit a photograph with his wife/her husband he/she may submit separate photographs. The photographs shall be attested by the Head of Office.

@Any subsequent change of address should be notified to the Head of Office/Audit Office.

@@ Applicable only where rule 54 of the CCS (Pension) Rules applies to the Govt. Servant.

FORM-2

(When the Officer has a family and wishes to nominate one member thereof)

I hereby nominate the person mentioned below which is member of my family and confer on him the right to receive any gratuity that may be sanctioned by Government in the event of my death while in service and the right to receive on my death any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Name and Address of the nominee	Relationship with officer	Age	Contingencies on the having which the nomination shall become invalid	Name, address & relationship of the person or persons, if any, to whom the right conferred on nominee shall pass in the event of the nominee predeceasing the officer of the *nominee dying after the death of the officer but before receiving payment of the gratuity	Amount or share of gratuity payable to each*

This nomination supercedes the nomination made by me earlier on which stands cancelled:

Dated this _____ Day of _____ 20____

Witness to Signature

1-

Signature of Officer

2-

To be filled in by the Head of Office in the case of a non gazetted officer.

Nomination by

Designation

Date

Signature of Head of Office

*This column should be filled in so as to cover the whole amount gratuity.

FORM-3
(SEE RULE 54(12))

Details of Family

Name of the Government Servant

Designation :

Date of Birth:

Date of appointment :

Details of the members of My family as on

S.No.	Name of the member of family	Date of birth-age	Relationship with the officer	Initials of the head of office	Remarks

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

Signature of Govt. Servant

Place :

Date :

*Family for this purpose means:

- (a) Wife in the case of a male Govt. Servant.
- (b) Husband in the case of female Govt. Servant.
- (c) Sons below 21 years of age and unmarried daughters below 24 years of age including such sons or daughters adopted legally before retirement.

Note : Wife and Husband shall include respectively judicially separated wife and husband.

FORM-D

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION WHEN APPLICANT DESIRES THAT THE PAYMENT OF THE COMMUTED VALUE OF PENSION SHOULD BE AUTHORISED THROUGH THE PENSION PAYMENTS ORDER.

(To be submitted in duplicate 3 months before the date of retirement)

Part-I

To,
The Chief Secretary to the Government of U.P.
LUCKNOW.

Subject: COMMUTATION OF PENSION WITHOUT MEDICAL EXAMINATION.

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of the AIS (Communication of Pension) Regulation 1959. The necessary particulars are furnished below:

1	Name of the Government Servant	
2	Father's name (and husband's name in the case of female Member of the service)	
3	Designation	
4	*Name of Office/Department/Ministry in which posted	
5	Date of Birth (by Christian era)	
6	Date of retirement on superannuation or on the expiry of Extension in service	
7	Fraction of superannuation pension proposed to be Commuted	
8	Disbursing authority from which pension is to be drawn after retirement	
(a)	Treasury/Sub Treasury (Name and complete address of the Treasury/Sub Treasury Office indicated)	
(i)	Branch of the nationalized bank with complete postal address	
(ii)	Bank account No. to which monthly S.B.A./ No.	

(b)	Designation and address of the Accounts Officer (Applicable in a case where the pension is proposed to be drawn through an Account Officer other than the A.O. Issuing the P.P.O.	
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Signature

Present Postal
Address:

Postal Address
after retirement:

Place :

Date :

NOTE : The payment of commuted value of pension shall be made through the disbursing authority from which pension is to be drawn after retirement. It is not open to an applicant to draw the commuted value of pension from a disbursing authority other than disbursing authority from which pension is to be drawn.

INDEMNITY BOND

This deed of indemnity is made on the _____ date of _____ 20____
corresponding to Saka Samvat the _____ day of _____ 200____
SHRI _____ S/o _____
Resident of _____ (Bounden)
Favour the Governor of Uttar Pradesh (called "the Governor"----- whereas:-

The Bounden above name was/is in the service of the Government of Uttar Pradesh (called "Government") as _____ (Designation) in _____
_____ (name of office).

The bounden above name has retired/is due for retirement. A No demand certificate is required to be issued in favour of the bounder by _____ before sanction of pension gratuity etc. to the Bounden but the said certificate could not be issued so far and the scrutiny or records for that purpose is likely to take further time.

The Government is willing to sanction pension and gratuity etc. To this Bounden of condition that the Bounden shall execute a bond, being these presents, to indemnify and save harmless the Government from any loss which the government may incur by reason of any moneys found due against the bounden within a period of two years from the date of retirement of the Bounden.

NOW THIS DEED WITNESSES-

- 1) In consideration of Government agreeing to sanction pension and gratuity etc. to the Bounden before issue of "No demand Certificate" in this favor, the Bounden hereby covenants with the Governor that the bounden shall pay on demand to the Government all moneys which may be discovered: within a period of two years from the date of retirement of the Bounden: to be
- 2) Any amount due under this deed may; on the certificate of _____ which shall be final: conclusive and binding on the Bounden: be recovered from him as arrears of land revenue.

In witness to the above written bond and the conditions there of the Bounden has signed hereunder on the day and year first above written.
The stamp duty on this instrument will be borne by the Government.

Witness:-

Signed by Bounden

(1).....
Address.....
.....
.....

Witness:-

(2).....
Address.....
.....
.....

FORM-E

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)

Part-I

To,
The Chief Secretary to the Government of U.P.
LUCKNOW.

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 All India Service (Communication of Pension) Regulation 1959. The necessary particulars are furnished below:

1	Name of the Government Servant	
2	Father's name (also husband's name in the case of female Member of the service)	
3	Designation of the post held at the time of retirement	
4	*Name of Office/Department/Ministry in which posted	
5	Date of Birth (by Christian era)	
6	Date of retirement	
7	Class of pension on which retired (i.e. superannuation pension, retiring pension etc.)	
8	Amount of pension authorized (In case final amount of pension has not been authorized indicate the amount of anticipatory pension sanctioned under rule 27 of AIS (DORD) rules 1959)	

9	Fraction of pension proposed to be commuted	
10	Designation of Accounts Officers who authorized the pension and the No. and date of pension payment order, if issued.	
11	Disbursing authority for payment of pension	
(a)	Treasury/Sub Treasury (Name and complete address of the Treasury/Sub Treasury Office indicated)	
(b)	(i) Branch of the nationalized bank with complete postal address	
	(ii) Bank account No. to which monthly pension is being credited each month	
(c)	Designation and address of the Accounts Officer (Applicable in a case where pension is being drawn through an Accounts Officer other than the Accounts Officer who issued the P.P.O.)	

Signature

Postal Address
after retirement:

Place :

Date :

NOTE : The payment of commuted value of pension shall be made through the disbursing authority from which pension is being drawn drawn. It is not open to an applicant to draw the commuted value of pension from a disbursing authority other than disbursing authority from which pension is to be drawn.

Particulars of height and personal identification marks of
Govt. Servant

1. Height
2. Identification mark

ATTESTED

SPECIMEN SIGNATURE OF GOVT. SERVANT

1.

2.

Signatures Attested