FORM NO. 21 A

FORM OF LETTER FORWARDING PAPERS FOR GRANT OF COMPASSIONATE FAMILY PENSION AND DEATH-CUM-RETIREMENT GRATUITY TO THE FAMILY OF A GOVERNMENT SERVANT WHO DIES WHILE IN SERVICE

No				•
GOVERNMENT OF ASSAM DEPARTMENT/OFFICE				
Dated the	τ .	·		
То,				_
The Accountant Gene	eral, Assam/The	Director of P	ension Assam.	
Sub—Grant of Compassionate Sir,	family pension	and death-cu	m-retirement gratuity	
Designation	the grant of far d is forwarded h ct of the decea y as indicated in the list of enclos may be acknow e disbursement	school died nily pension a nerewith for f sed Govt. Se Section II of sures which is owledge and t of family p	d on	His/Her nent gratuity. on. ed out of the A).
gratuity have been issued to the	he disbursing au	thority conce	erned.	
			Yours faithfully	
tist of Enclosures:			Head of the Office	

REVISED FORM NO. 10 A

(PENSION)

FORM OF APPLICATION FOR COMPASSIONATE FAMILY PENSION

(Under the Compassionate family Pension Scheme)

- 1. Name of the applicant :
 - i)Widow/Widower
 - ii)Guardian if the deceased person is
 - survived by child or children
- Name and age of surviving widow/widower And children of the deceased

Govt. servant/pensioner:

8.

Serial No.	Name	i i	tionship with eased person	Date of birth by Christian era
1. ; 2 3				
5. 6. 7.		٠.		

- 3. Date of death of Govt. servant/pensioner:
- 4. Office/Deptt. In which the deceased Govt. Servant /pensioner served last:
- 5. If the applicant is guardian, his date of birth and Relationship with the deceased Govt. Servant/Pensioner:
 - A) If the applicant is a widow/widower the Amount of service pension which she/he may be in receipt on the date of the husband/wife:

.4.4

6. Full address of the applicant:

- 7 Name of the Treasury or Sub-Treasury at which Payment is desired:
- 8. Enclosures:
 - i) Two specimen signature of the applicant, duly attested. (To be furnished in two separate sheets)
 - ii)Three copies of passport size photograph of the applicant duly attested.
 - iii)Two slips each bearing left hand thumb and finger impression of the applicant duly attested.
 - iv)Descriptive Roll of the applicant duly attested evidicating (a)height and (b) personal marks, if any, on the hand, face etc.(To be furnished in duplicated)
 - v) Certificate (s) of age (in original with two attested copies) showing the dates of birth of the children. The certificate should be form the Municipal Authorities or from the Local Panchayat or from the Head of a recognized school if the child is studying in such school. (This information should be furnished in respect of such child or children the particulars of whose date of birth are not available with the Audit Officer/Head of Office.
- Signature or left –hand thumb impression to be furnished in case the applicant if not literate enough to sign. his/her name of the applicant—
- 10. Attested by:

Name Full Address Signature

ii)

11. Witness:

i)

ii)

Note- Attestation should be done by two Gazetted Govt. Servant or two or more Persons Responsibility in the town, village or paragana in which the applicant resides.

FORM NO. 20 A

FORM FOR ASSESSING AND AUTHORISING THE PAYMENT OF COMPASSIONATE FAMILY PENSION AND DEATH-CUM-RETIREMENT GRATUITY WHEN A GOVERNMENT SERVENT DIES WHILE IN SERVICE

(To be sent in duplicate if payment is described in a different circle of accounting unit)

PART-I

Section-I

- Name of the deceased Govt. Servant :
- Father's name(and also Husband's name in the case
 Of female Govt, servant):
- 3. Date of Birth(by Christian Era):
- 4. Date of death(by Christian Era):
- 5. Religion:
- 6. Office/Department, in which last employed:
- 7. Appointment held last
 - i) Substantive:
 - ii) Officiating:
- 8. Date beginning of Service:
- 9. Date ending of service:
- i)Total period of military service for which pension gratuity was sanctioned, and
 - ii) Amount and nature of any pension gratuity received for the Military service.
- 11. Amount and nature of any pension received for previous civil service; if any:
- 12. Deptt. Under which service has been rendered:
- 13. The date on which intimation regarding the death of Govt. servant was receive by the Head of Office:
- 14. The date on which action initiated to:
 - i) Obtain claim or claims from the claimants in the appropriate form for death-cum-retirement gratuity and compassionate family pension:
 - ii) Obtain the 'No demand certificate' from the Es-

tate officer/Executive Engineer etc. :

- iii) Assess the Govt. dues other than the dues pertaining to occupation of Govt. accommodation:
- iv) Assess the service and emoluments qualifying for death-cum-retirement gratuity and compassionate family pension
- 15. Whether nomination made for D.C.R.G.
- 16. Length of service qualifying for death-cum-Retirement gratuity/pension
- 17. Period of non-qualifying serve
 - i) Interruption in service condoned
 - ii) Extra-ordinary leave not qualifying for gratuity:
 - iii) Period of suspension treated as non qualifying:

From -

To

- iv) Any other service not treated as qualifying service. Total period of non-qualifying service:
- 18. a)Emoluments reckoning for death-cumretirement gratuity:
 - b) Amount of death-cum-retirement gratuity:
- 19. Family pension, 1964:
 - i) Proposed Compassionate Family pension at,
 - ii) Enhanced rate (on the date of deemed superannuation)
 - iii) Ordinary rate
 - iv) Enhanced rate from
 - v) Enhanced rate to
- 20. Person to whom compassionate family pension is payable

Name:

Relationship with the deceased Government servant: Full postal address:

- 21. Details of Govt. dues recoverable out of gratuity:
 - i) Licence/rent fee for occupation of Govt. accommodation:

- ii) Amount of death-cum-retirement gratuity to be held over pending receipt of information from the Estate

 Officer, Executive Engineer etc.:
- iii) Dues other those pertaining to Govt. accommodation
- 22. Date on which claims received from the claimants:
- 23. Name of guardian who will receive payment of deathcum-retirement gratuity and compassionate family Pension in the case of minors:
- 24. Place of payment of pension(Treasury, Sub-treasury or Branches of Public Sector Bank):
- 25. Head of account, to which death-cum-retirement Gratuity & family pension are debitable:

ridce.	,				
Date:			•	Signature of Head	of Offi

PART-I

Section-II

DETAILS OF PROVISIONAL FAMILY PENSION AND GRATUITY

Provisional Family Pension: Rs. a) Gratuity[the amount mentioned in item 18(b) Of part-I] Rs Less a) Licence fee/rent recoverable from Gratuity for occupation of Govt. accommodation[as in item 21 A (i)of part-I] b) Amount of gratuity to be held over pending receipt of information from the Estate Officer as in item21A (ii) of Part-I. c) Other Govt. dues as mentioned in item 21A (iii) of Part-I $\overline{\cdot}$ Rs. d)Total of (a),(b)and (c) Rs, Total Place: Signature of Head of Office Date:

PART-II

Section-I

Audit Enfacement:

- 1. Total period of qualifying service which has been accepted for:
 - i) Death-cum-retirement gratuity:
- 2. Net amount of gratuity after adjustment Govt. dues:
- 3. Date from which compassionate family pension is Admissible:
- 4. Date from which Normal family pension is admissible: i)Enhanced rate w.e.f.
 - ii)Ordinary rate w.e.f.
- 5. Head of Account to which death-cumretirement gratuity and compassionate family pension are chargeable:

Section-II

- 1. Name of deceased Govt. Servant :
- 2. Date of death of the Govt. Servant :
- 3. Date on which pension papers received by the Audit Officer:
- 4. Amount of compassionate family pension authorized:
- 5. Amount of gratuity authorized:
- 6. Date of commencement of compassionate family pension ?
- 7. Date of which payment of compassionate family pension And gratuity authorized:
- 8. Amount recoverable from gratuity:
- 9. Amount of gratuity held over pending Receipt of 'No demand certificate':

Date:

Audit Officer.

FORM 5

(PENSION)

Form of intimation for death-cum-retirement gratuity/residuary gratuity in cases where valid nomination exists.

1	GOVE	RIMINENT OF	- ASSAIVI			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Depa	rtment		. ,
 - -	Office of the	,		************		
	Dated	the		**********		
Sub: Payment of	death-cum-retire	ement Gratulty,	/Residuary	Gratulty in	respect of	the
Late Shri/Smti		***************************************				•
Sir/Madam,	r					
l am directed to	state that in tern	ns of the nomir	nation made	e by the late	e Shri/Smt	i ,
		A	****************			
gratuity/residuary grat enclosed herewith. 2. I am to request that gratuity may be submit	a formal claim f	or the grant of	death-cum	n-retiremen	t gratuity,	/residuary
3. Should any conting render the nomination				-		
be stated.					•	• •
						. ,
			. Yo	urs faithfully		
	٠,		(D	esignation)		
To,						an e
Shri/Şmti	·····					

REVISED FORM NO.3

Form of Application for the Grant of the Death-Cum-Retirement Gratuity on the death of a

Government Servant

(To be filled in separately by each applicant)

 Name of the applicant 1) Name of the guardian in case the applicant is a minor Name of the deceased Govt. Servant Date of birth of the Govt. Servant Office / Deptt. In which the Deceased served last Relationship with deceased Govt. Servant Date of Birth of the applicant Name of the Treasury or Sub Treasury at which payment is desired Full address of the applicant 			
the applicant is a minor Name of the deceased Govt. Servant Date of birth of the Govt. Servant Deceased served last Relationship with deceased Govt. Servant Date of Birth of the applicant Name of the Treasury or Sub Treasury at which payment is desired	1.	Name of the applicant	
 Name of the deceased Govt. Servant Date of birth of the Govt. Servant Office / Deptt. In which the Deceased served last Relationship with deceased Govt. Servant Date of Birth of the applicant Name of the Treasury or Sub Treasury at which payment is desired 	2.	1) Name of the guardian in case	
 Date of birth of the Govt. Servant Office / Deptt. In which the Deceased served last Relationship with deceased Govt. Servant Date of Birth of the applicant Name of the Treasury or Sub Treasury at which payment is desired 		the applicant is a minor	
 5. Office / Deptt. In which the Deceased served last 6. Relationship with deceased Govt. Servant 7. Date of Birth of the applicant 8. Name of the Treasury or Sub Treasury at which payment is desired 	3.	Name of the deceased Govt. Servant	
Deceased served last 6. Relationship with deceased Govt. Servant 7. Date of Birth of the applicant 8. Name of the Treasury or Sub Treasury at which payment is desired	4.	Date of birth of the Govt. Servant	
 6. Relationship with deceased Govt. Servant 7. Date of Birth of the applicant 8. Name of the Treasury or Sub Treasury at which payment is desired 	5.	Office / Deptt. In which the	
Govt. Servant 7. Date of Birth of the applicant 8. Name of the Treasury or Sub Treasury at which payment is desired		Deceased served last	
7. Date of Birth of the applicant8. Name of the Treasury or Sub Treasury at which payment is desired	6.	Relationship with deceased	
8. Name of the Treasury or Sub Treasury at which payment is desired		Govt. Servant	
at which payment is desired	7.	Date of Birth of the applicant	
• •	8.	Name of the Treasury or Sub Treasury	
9. Full address of the applicant		at which payment is desired	
	9.	Full address of the applicant	

10. Signature or thumb impressionof the applicant :(To be furnished in a separate sheet duly attested.)

11. Attested by:

Name

Full Address

Signature

٠,

li)

12. Winess:

i)

^{*}Attestation should be done by two Gazetted Govt. Servant or two or more Persons of responsibility in the two, village or paragana in which the applicant resides.

FORM 6

(Pension)

Form of intimation for death-cum-retirement gratuity/residuary gratuity where valid nomination does not exit

GOVERNMENT OF ASSAM

Departme	ent
Office of the	•
No.	••••
Datedthe	
Sub: Payment of death-cum-retirement Gratuity/Residuary Gratuity	in respect of
late Shri/Smti	***************************************
Sir/Madam,	
I am directed to say that in terms of Liberalised Pension Rules, Cl Assam Services(Pension) Rules,1969, a death-cum-retirement grat payable to the following members of the deceased	
Shri/Smti	
(Designation) late a	
In the Office of the	4 4
Department of	
In Equal shares	

- (i) Wife/husband
- (ii) Son
- (iii) Unmarried daughters (including step-children and adopted children)
 2. In the event of there being no surviving member of family as indicated above, the death-cum-retirement gratuity/residuary gratuity will be payable to the following members of the family in equal shares.
 - (i) Widowed daughters, including step daughters and adopted daughters.
 - (iii) Brothers below the age of 18 years and unmarried or widowed sisters

(iii)Father

(iv)Mother

3 It is requested that a formal claim for the payment of the death-cum-retirement gratuity/residuary gratuity may be submitted in the enclosed revised Form No. 3 (Pension) as soon as possible.

17

Yours faithfully

(Designation)

FORM NO.- 5

Date
To
The
Subject :- Application for payment of amount due to late
Shri under
SHEE SURVEY STATES OF STATES OF STATES OF STATES
the State Government Employees Group Insurance
Scheme, 1983.
Cin .
Sir,
With reference to your letter No
•••••• I hereby
request that the full/ percent of
amount due to late under the
State Government Employees Group Insurance Scheme may be
paid to me.
-

Yours faithfully,

RAGA.

EORM 9A

(Pension)

Form of intimation Compassionate Family Pension (Under the Compassionate Family Pension Scheme)

				.9
		GOVERNMENT	T OF ASSAM	
			Department	
	Office	of the	•••••	
	No.			
	Dated.	th	e	
<u> </u>		•	under the Family Pension e (Pension) Rules, 1969) in res	
The undersigned	has learnt with	regret the death of		•
Shri/Smti	•		······································	
(Designation) late	e a			·····
Family Pension S Pension with pro	cheme, for Assi ovision of conv	am Government emp ersion to normal far	you that under provisions of loyees you are entitled to comily pension for life or reminate family pension is adm	ompassionate Family ärriäge whichever is
-2	u in the enclose	ed Form, of Applicatio	e grant of compassionate far n in a revised Form No. 10 A	
	:	',	Signature	
	;		(Designation)	
То,				
Shri/Smti		٠,		

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	<u>Signature</u>
1.	Shri/Smti.		
2.	Shri/Smti.——		
Da	te	_	
		f	Attested by
		(Signature &	Seal of Gazetted Officer)
		(oightaidio d	
		SPECIMEN SIGNATURE OF THE APP	LICANT
		<u>Name</u>	<u>Signature</u>
3.	Shri/Smti		
4.	Shri/Smti.——		**************************************
Da	nte		
			Attested by
		(Signature &	Seal of Gazetted Officer)