

PENSION FORMS

FORM-5

{See Rule 59(I) and 61(I)}

[Also see rules 5(2), 12 13(3), 14(1) and 15(3) of Central Civil Services (Commutation of Pension) Rules, 1981]
Particulars to be obtained by the Head of Office from the Retiring
Government / BSNL Servant six months before the date of retirement

1	Name	
2 (a)	PAN Number	
2 (b)	Aadhaar ID (if available)	
3	Specify few marks identification not less than two, if possible	
4	Height	
5	Address after Retirement / Permanent address for future correspondence	
6	Bank account No. to which pension is to be credited (Joint Account / Either or survivor / with Spouse) (In case of Head of Office is satisfied that it is not possible for the retiring Govt servant to open a joint account beyond his / her control this requirement may be relaxed)	
7	Name of the Branch of Bank through which pension is to be drawn	
	BSR code of the Branch	
	IFSC code of the Branch	
8	Indicate whether family pension is also admissible from any other source - ministry or state govt and / or a public sector undertaking / autonomous body / local fund under the central or state govt	
9	I desire to commute 40% (upto 40%) of my superannuation pension in accordance with the provision of central civil services (Commutation of pension) Rules, 1981.	

I am aware that future good conduct of the pensioner / family pensioner shall be implied condition for every grant of pension / family pension and its continuance

Enclosures : As per check list are enclosed

Place :

Signature :

Date :

Designation :

Ministry :

Department :

Office :

Mobile :

Land line :

FORM-3
See Rule 54 (12)
Details of Family

Name of the Government / BSNL Servant :
Designation :
Staff Number / HRMS Number :
Date of Birth :
Date of Appointment :

Details of members of my family

SL. No.	Name of the Member of Family	Date of Birth	Relationship with the officer	Initial of the Head Office	Remarks
1					
2					
3					
4					
5					

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

Signature of the Govt / BSNL Servant

Place :

Date :

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

Attested :

Signature of Unit Officer.

FORM 1
[See Rule 53(1)]
Nomination for Retirement gratuity / Death gratuity

When the Government servant 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 member(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 /BSNL in the event of my death while in the 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)	
1	2	3	4	5	6
Name(s) and addresses of nominee/nominees	Relationship with the Government Servant	Age	Amount or 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 Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount or share of gratuity payable to each

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

Dated

Witnesses to signature :

- 1.
- 2.

Signature of Govt / BSNL servant

(To be filled by the Head of Office)

Nomination by

Designation

Office

Signature of head of office

Date

Designation

FORM OF NOMINATION FOR COMMUTATION

To

The Accounts Officer (TCA)
O/o The GMM STR, Chennai

I Shri _____ hereby nominate the person named below under Rule 7 of CCS (Commutation of Pension) Rules 1981.

1	Name and Address of the Nominee	
2	Relationship with Pensioner	
3	Date of Birth	
4	If the Nominee is minor, D.O.B	
5	Name and address of the other nominee in case the nominee under col(1) predecessor the Pensioner	
6	Relationship with Pensioner	
7	D.O.B., if other nominee is minor	
8	Name & Address of person who may receive the pension during the other nominee's minority	
9	Contingency on happening of which nomination shall become invalid	

Place : _____ Signature (or thumb impression if illiterate) : _____
Date : _____ Name of the Pensioner : _____
Address : _____
Unit : _____

Witness :

Signature

Name & Address

Form A
NOMINATION FOR ARREARS OF PENSION

(See Rule 5(1) of the Payment of Arrears of Pension (Nomination) Rule, 1983)

To
The Pension Disbursing Authority / Head of Office
(Name of Bank / Treasury / Post Office / Accounts Officer etc.)

Place :

I Shri _____ hereby nominate the person named below under Rule 5 of Payment of Arrears of Pension (Nomination) Rules 1983.

1	Name and Address of the Nominee	
2	Relationship with Pensioner	
3	If the Nominee is minor, D.O.B	
4	Name & Address of person who may receive the said pension during the nominee's minority	
5	Name and address of the other nominee in case the nominee under col(1) predecessor the Pensioner	
6	Relationship with Pensioner	
7	D.O.B., if other nominee is minor	
8	Name & Address of person who may receive the pension during the other nominee's minority	
9	Contingency on happening of which nomination shall become invalid	

Place : Signature (or thumb impression if illiterate) :
Date : Name of the Pensioner :
Witness Address :
Signature :
Name :
Address :

Signature of pension Disbursing Authority Head of Office .

(Acknowledgement to be sent by the Pension Disbursing Authority / Head of Office)

Certified that application / nomination has been received from

Whose address is

Place : Signature of Pension Disbursing Authority

Date : Bank / Treasury / Post office / Accounts Office

Head of Office

Full Address

UNDERTAKING

I HEREBY UNDERTAKE TO REFUND ANY
EXCESS PAYMENT OF
PENSION OR ANY OTHER AMOUNT
TO WHICH I AM NOT ENTITLED

Signature :

Name :

Designation :

Unit :

**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 PAYMENT ORDERS**

(To be submitted in duplicate at least three months before the date of retirement)

PART – I

To

The (Here indicate the Designation
..... and full address of the Head
..... office)

Subject : Commutation of Pension without Medical examination

Sir/Madam,

I desire to commute a fraction of my pension in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981/BSNL Rules. Necessary particulars are furnished below :

1	Name in block letters	
2	Father's name (and also husband's name in the case of a female Govt servant)	
3	Designation	
4	Name of the Office / Dept / Ministry in which employed	
5	Date of Birth (by Christian era)	
6	Date of Retirement on Superannuation or on the expiry of extension in service granted under FR-56(d)	
7	Fraction of Superannuation Pension Proposed to be commuted	
8	Disbursing authority from which pension is to be drawn after retirement a) Name of the Post office / Bank	A/C Number : Bank : Branch : IFSC code :
	b) Accounts Office of the Ministry / Dept / Office	

Place : Signature :

Date : Present Postal Address :

Postal Address after :
Retirement

DESCRIPTIVE ROLL

Descriptive Roll Of Shri / Smt :

Designation :

Office of :

(OR)

Descriptive Roll Of Shri / Smt

Wife / Husband of Late Shri / Smt

.....

1. Personal Mark Of Identification :

2. Height :

ATTESTED

FORM OF PHOTOGRAPH

JOINT PHOTOGRAPH OF SHRI AND HIS WIFE SMT

(OR)

PASSPORT SIZE PHOTOGRAPH OF SHRI / SMT

WIFE / HUSBAND OF LATE SHRI / SMT

SPACE FOR PHOTOGRAPH

(Size - Length 2 ½" and width 2")

Note :

1. Three copies of joint photographs are to be furnished in the case of Superannuation and Voluntary Retirement
2. The attestation should be on the photos
3. Name of the retiring officer and his spouse should be imprinted on the top of the photo
4. Three copies of passport size photographs of self only required if the Govt servant is unmarried, widower or widow

SPECIMEN SIGNATURE

Specimen Signature Of Shri / Smt :

Designation :

(OR)

Specimen Signature Of Shri / Smt

Wife / Husband of Late Shri / Smt

1.

2.

3.

Signed before me

ATTESTED

FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCE IN THE GPF

To

Accounts Officer (BUDGET),
O/o The CGMM STR BSNL,
Chennai - 603 002

(Through Proper Channel)

Sir,

1. I am due to retire / have retired / have proceeded on leave preparatory to retirement for months / have been discharged / dismissed / have been permanently transferred to / have resigned finally from BSNL service / have resigned service under

..... BSNL to take up appointment with and my resignation has been accepted with effect from Afternoon. I joined service with on Forenoon / Afternoon

2. I request the entire amount at my credit with interest due under the rules may be paid to me / transferred to

3. My General Provident Fund account number is

4. I desire to receive payment through my office / through the

* Particulars of my personal marks of identification, left hand thumb and finger impressions (in case of illiterate subscribers) and specimen signature (in the case of literate subscribers) in duplicate, duly attested are enclosed

5. The under mentioned Life insurance policies financed by me from my Provident Fund Account may kindly be released

Policy Number

Name of the Company

Sum assured

Yours faithfully,

Station :

Date :

(Address in block letters)

*Score out if not necessary.

This applies only when payment is not desired through the Head of the Office

(FOR USE BY HEAD OF OFFICE)

1. The General provident fund account number of Shri / Smt / Kum as certified from the statement furnished to him / her from year to year is

2. He / She has finally retired / will retire / has proceeded on leave preparatory to retirement for months / have been discharged / dismissed / have been permanently transferred to / has resigned finally from BSNL service / has resigned service under BSNL to take up appointment with and his / her resignation has been accepted with effect from Forenoon / Afternoon

3. The last fund deduction was made from his/her pay in this office bill no dated for Rs (Rupees only) amount of deduction being subscription Rs (Rupees only) and recovered on account of refund of advance Rs (Rupeesonly)

4. Certified that he / she was neither sanctioned any Temporary advance or any final withdrawal from his / her provident Fund account during the 12 months immediately preceding the date of his / her quitting service under Govt / BSNL proceeding on leave preparatory to retirement or thereafter

OR

Certified that the following Temporary Advance / Final Withdrawals were sanctioned to him / her and drawn from his / her Provident Fund account during the 12 months immediately preceding the date of quitting service under Govt / BSNL proceeding on leave preparatory to retirement or thereafter

Amount of Advance/Withdrawal

Date

Vr.no:

5. Certified that no amount was withdrawn / the following amounts were withdrawn from his / her provident Fund account during the 12 months immediately preceding the date of his / her quitting service / proceeding on leave preparatory to retirement or thereafter for payment of insurance premia or purchase of a new policy

Amount

Date

Vr .no.

6. It is certified that no demands / following demands of Govt / BSNL are due for recovery

7. Certified that he / she has not resigned from Govt / BSNL service without prior permission of the Central Govt / BSNL to take up an appointment in another Department of the Central Govt or State Govt or under a body Corporate owned or controlled by Central / State

MANDATE FORM

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/ REAL TIME GROSS SETTLEMENT (RTGS) FACILITY
FOR RECEIVING PAYMENTS**

A. DETAILS OF ACCOUNT HOLDER :

NAME OF ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
TELEPHONE NUMBER / FAX / EMAIL	

B. BANK ACCOUNT DETAILS :

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
WHETHER THE BRANCH IS COMPUTERISED?	
WHETHER THE BRANCH IS RTGS ENABLED? IF YES, THEN WHAT IS THE BRANCH'S <u>IFSC CODE</u>	
IS THE BRANCH ALSO NEFT ENABLED?	
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT)	
COMPLETE BANK ACCOUNT NUMBER (LATEST)	
MICR CODE OF BANK	

DATE OF EFFECT :

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the scheme.

(.....)

Signature of Customer

Date :

Certified that the particulars furnished above are correct as per our records.

(.....)

Signature of Bank official

(Bank's Stamp)

Date :

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. In case your bank branch is presently not "RTGS enabled" then upon its up gradation to "RTGS enabled" branch, please submit the information again in the above proforma to the Department at the earliest.

LIFE INSURANCE CORPORATION OF INDIA

CLAIM FORM

(For CLAIMING BENEFITS PAYABLE UNDER THE GROUP SAVINGS LINKED INSURANCE SCHEME)

Master Policy Number GSLI

(To be completed by the Grantees)

1. Name of the Institution : BSNL
2. Master Policy Number : GSLI D.O.C
3. Name of the Insured Member : CATEGORY :
4. Employee No / Sl.No in the list :
5. Category / Salary Grade :
6. Amount of Insurance cover :
7. Date of Birth :
8. Date of entry in to the Scheme :
9. Amount of monthly contribution recovered from the Insured Member :
10. If there has been a change in the monthly contribution during his membership indicate date of change and the revised contribution :
11. Due date for payment of the first contribution and date of payment (indicate day, month and year) :
12. Date of exit from Scheme :
13. Due date for payment of the last Contribution (indicate day, month and year) :
14. The date on which the last Contribution was paid to the Corporation :
15. Mode of exit, (Death, Retirement, Resignation, Termination of service, etc) :
16. Cause of death (in case of exit by death) :
17. Was the member absent on grounds of ill health on the date of entry in to the scheme (if so give details of leave) :
18. Name of beneficiary and relationship to the member (in case of death) :
19. Nature of Proof of Death (Please enclose original death certificate) :
20. Whether any premium remains unpaid during Membership. If so give details :

SIGNATURE OF THE OFFICIAL

COUNTER SIGNED

LIFE INSURANCE CORPORATION OF INDIA
P & GS DEPT, CHENNAI - DO I
PENSION AND GROUP SCHEME DEPARTMENT

Please sign and return this discharge receipt to the above Office

DISCHARGE RECEIPT

Master Policy no: GSLI /416/ 88

Payment no:

We,

do hereby acknowledge the receipt from the LIFE INSURANCE CORPORATION OF INDIA,
the sum of Rs.

(Rupees _____)

in full duly scheduled in DD /cheque on all our claims under the above master policy on the life / lives of
member/s as detailed in LICs letter / statement dated _____

SL.No.	HEAD OF ACCOUNT	Rs.
1	Surrender Value	
2	Maturity Claim	
3	Death Claim	
4	Refundable term assurance / Pure Endowment premium	
	TOTAL	

Dated at this Day of

Witness :

.....

.....

Signature of the Policy Holder

FOR OFFICE USE ONLY

Date of payment :

Date of Receipt duly Executed by Grantess :

Endt no/ sl no . Date/s

Noted in payment register on :

MANDATE FORM FOR ELECTRONIC FUND TRANSFER THROUGH RTGS

Master Policy Number and LIC ID : PAN :
NAME OF THE MEMBER :
Address :

Telephone number :

Particulars of Bank Account :

- a. NAME OF THE ACCOUNT HOLDER :
[NAME OF THE ACCOUNT HOLDER SHOULD
MATCH WITH THAT OF THE MEMBER IN OUR
RECORDS ELSE IT IS LIKELY TO BE REJECTED]
- b. Date of opening of account :
- c. Bank Name :
- d. Branch name and address :

- e. City of the Bank Branch :
- f. 9 DIGIT MICR Code number of the branch
(as appeared in cheque book) :
- g. Type of Account :
- h. Saving / current / cash credit
(with code 10/11/13) :
- i. BSR code of BANK (4 digit code) :
- j. Account Number (15 digit code)(in digits) :
- k. Account Number (15 digit code)(in words) :

- l. IFSC CODE :
- m. Customer ID :
- n. Whether this branch is RTGS enabled :

We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of in complete or incorrect information, we would not hold the user institution responsible

Date:

(Signature of the member)

Certified that the particulars furnished above are correct as per our records

(Signature of the authorized Official from the bank)

ENCL: Cancelled / copy of cheque leaf / copy of the pass book, where account details are available

PRE-RECEIPT

Received a sum of Rupees (Rupees
..... only) from Accounts Officer (DoT Cell) Chennai towards
the settlement of Retirement benefits

ATTESTATION BY UNIT OFFCER

Place :

Signature :

Date :

Name :

From

To

Sir,

Sub : Submission of Pension papers - Reg

Ref :

With reference to the above cited Endorsement, the following filled papers related to pension submitted for further disposal please sir

1. Form-5 in **duplicate**
2. Form-3 Details of Family
3. Form-1 DCRG Nomination
4. Form-A in **triplicate** (Nomination for Arrears of Pension)
5. Nomination for Commutation of pension in **duplicate**
6. GSLI claim with discharge receipt and mandate form
7. GPF final claim in **duplicate** with mandate form

8. **Three** copies of personal identification marks and height to be attested
9. **Three** copies of specimen signature and to be attested
10. **Three** copies of joint photographs (length 2.5" x width 2") duly on the photos and to be attested
11. **Four** advanced stamp receipt duly signed and to be attested
12. Form for commutation of pension in **duplicate**
13. Proof for Date of Birth of spouse
14. Cancelled Cheque leaf and front page of bank pass book (3 sets)
15. Xerox copy of AADHAR CARD
16. Xerox copy of PAN card
17. Undertaking as required by DoT

All the claim papers may be attested and counter signed please sir,

Thanking you,

Yours faithfully,

Place :

Date :



भारतीय जीवन बीमा निगम

Life Insurance Corporation of India

दावा प्रपत्र CLAIM FORM

समूह इवत संबंधित बीमा योजना के अन्तर्गत देय दावा लाभ
For Claiming benefits payable under the Group Savings Linked
Insurance Scheme.

मास्टर पॉलिसी संख्या जीएसएलआई/
Master Policy Number GSLV

(प्रत्याभूति द्वारा भरा जाएगा)
(To be completed by the Grantees)

1. संस्था का नाम
Name of the Institution :
2. मास्टर पॉलिसी संख्या
Master Policy No. : जीएसएलआई/ डी.ओ. सी.
GSLV D.O.C.
3. बीमित सदस्य का नाम
Name of the Insured Member : वर्ग /Category
4. सूची में क्रम सं० /कर्मचारियों की सं०
Employee No./Sl. No. in the list :
5. वर्ग/वेतन पदक्रम
Category/Salary Grade :
6. बीमा संरक्षण की रकम
Amount of Insurance Cover :
7. जन्म तिथि
Date of Birth :
8. योजना में प्रवेश की तिथि
Date of entry into the Scheme :
9. बीमित सदस्य से मासिक अंशदान की रकम पुरस्तरित
Amount of monthly contribution recovered from the Insured Member :
10. अगर सदस्यता के दौरान मासिक अंशदान में परिवर्तन तो परिवर्तन की तिथि विहित और परिशोधित अंशदान
If there has been a change in the monthly contribution during his Membership indicate date of change and the revised contribution. :
11. प्रथम अंशदान के लिए देय राशि की देय तिथि (विहित दिन, मास एवं वर्ष)
Due date for payment of the first contribution (indicate day, month & year). :
12. योजना से बहिर्गमन की तिथि
Date of exit from scheme :
13. अन्तिम अंशदान के लिए देय राशि की देय तिथि (विहित दिन, मास एवं वर्ष)
Due date for payment of the last contribution (indicate day, month & year) :
14. निगम को दिए गए अन्तिम अंशदान की तिथि
The date on which the last contribution was paid to the corporation :
15. निर्गमन की पद्धति (मृत्यु/सेवा निवृत्ति/त्यागपत्र/सेवा समाप्ति)
Mode of exit (Death/retirement/retirement/resignation/termination of service) :
16. मृत्यु का कारण (बहिर्गमन के केस में मृत्यु द्वारा)
Cause of death (in case of exit by death) :
17. क्या सदस्य योजना में प्रवेश तिथि को अस्वास्थ्यता की पृष्ठभूमि में अनुपस्थित था (अगर है, तो अस्वास्थ्यता का विवरण दीजिए)
Was the member absent on grounds of ill-health on the date of entry into the Scheme (If so, give details of leave). :
18. हितधिकारी का नाम और सदस्य से संबंध (मृत्यु केस में)
Name of the beneficiary and relationship to the Member (in case of death) :
19. मृत्यु के प्रमाण की स्वरूप (सूचना यास्तविक मृत्यु प्रमाण संलग्न करें)
Nature of proof of death (Please enclose Original Death Certificate) :
20. सदस्यता के दौरान क्या अदेय शेष बचता है? (अगर है, तो विवरण दीजिए)
Whether any premium remains unpaid during Membership

Covered signed

SIGNATURE OF EMPLOYEE

MANDATE FOR ELECTRONIC FUND TRANSFER THROUGH RTGS

Master Policy No. & LIC ID :

PAN:

Name of the Member :

Address :

Telephone No. :

Particulars of Bank Account

a. Name of the Account holder :
[NAME OF THE ACCOUNT HOLDER SHOULD MATCH WITH THAT OF THE MEMBER IN OUR RECORDS ELSE IT IS LIKELY TO BE REJECTED]

b. Date of opening the Account :

c. Bank Name :

d. Branch Name and Address :

e. City of the Bank Branch :

f. 9 digit MICR Code Number of Branch :
(As appeared in Cheque Book)

g. Type of account :

h. Saving/Current/Cash Credit :
(with code 10/11/13)

i. BSR Code of Bank (4 digit code) :

j. Account Number (15 digit code) (in digit):

k. Account Number (15 digit code) (in words):

l. IFSC Code :

m. Customer ID :

n. Whether this branch is RTGS enabled :

We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, we would not hold the user institution responsible.

Date:

(Signature of the Member)

Certified that the particulars furnished above are correct as per our records.

(Signature of the authorised official from the Bank)

Incl: Cancelled/Copy of cheque leaf / Copy of the passbook, where account details are available.

विमुक्ति प्रपत्र
DISCHARGE RECEIPT

रुपये मात्र किए (रु० _____)
Received a sum of Rs _____ (Rupees _____)

भारतीय जीवन बीमा निगम से पूरे एवं अंतिम निश्चित हमारे दावे एवं मांग के संबंध में श्री _____

सेना से _____ से अन्तर्गत मास्टर पॉलिसी संख्या _____ जो मृत्यु/सेवा त्याग/सेवा निवृत्त _____ जो हुए।

From the Life Insurance Corporation of India in a full and final settlement of all our claims and demands in respect of

Shri _____ Assurance No _____ under Master Policy No _____

who expired/left service/Retired on _____

दिनांक _____ वा _____ दिन _____ 200
Dated at _____ this _____ Days of _____ 200

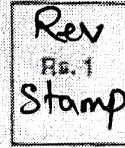
साक्षी :
WITNESS

हस्ताक्षर
Signature : _____

नाम
Name : _____

पद
Designation : _____

पता
Address : _____



अधिकृत हस्ताक्षरकर्ता
Signature of the Member / Beneficiary.

Counter Signature of D.D.O.

दृष्टिपूर्वक रूप से जांचें कि यह प्रपत्र सही है।