

DESCRIPTIVE ROLL OF CLAIMANT

Particulars of Height and Personal Identification Marks in respect of
(Claimant name)

HEIGHT : Feet : Inches :

IDENTIFICATION MARKS in respect of (Claimant name)

1.

2.

SPECIMEN SIGNATURE in respect of (Claimant name)

1.

2.

3.

Signature of Claimant (name)

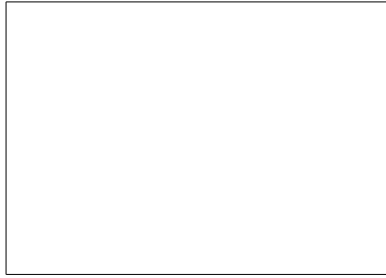
:

Place : Hyderabad

Date :

LATEST PHOTOGRAPH OF (INDIVIDUAL) (Claimant)

Name:



Signature of Claimant

(Name)

Place : Hyderabad

Date :

SPECIMEN SIGNATURES/DESCRIPTIVE ROLL OF CLAIMANT

SPECIMEN SIGNATURE in respect of (Claimant name):

1.

2.

3.

Place : Hyderabad

Date :

ANNEXURE - 1

Claimants/Pensioner's letter of Authority and Undertaking

Date:

To
Pr. CCA / CCA.....
.....

Sir,

I hereby opt to draw my Pension through a Bank Account under the direct disbursement of telecom pension by DOT through SAMPANN. I hereby authorize the bank to receive my monthly Pension on my behalf and credit the same to my account as per particulars given as follows:

- a. Name of the Bank :
- b. Branch :
- c. Account No. :
- d. IFSC Code :

2. I hereby undertake that any amount of excess/wrong payment of pension, if credited to my Bank Account will be refunded on your instructions.

3. I undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify the Bank / PDA in so crediting my pension to my account under the scheme and to forthwith refund/pay any amount due from me to the Bank/PDA and also irrevocably authorize the Bank/PDA to recover, any amount due from me by debit to my said account or any other accounts/deposits belonging to me in possession of the Bank.

Signature of the Claimant/Family
Pensioner

Witnesses:

1. Signature :

Name :

Designation:

Address:

2. Signature

Name:

Designation:

Address:

1. Personal details:

1. Name of the Pensioner
2. Designation
3. Date of Retirement
4. Address of the Pensioner

Family Pensioners only:-

5. Relationship with deceased:
6. Name of the Family Pensioner:

2. Bank Details:

7. Saving / Current Account No.
8. Name of the Bank :
9. Name of the Branch :

The rights conferred and the duties imposed on the Bank by Law and/or norm and/or regulations.

Signature of the Bank Manager
(Bank Accounts Seal)

Place:

Date:

Note-Part 1 & 2 to be filled in by the pensioner and Part 3 by Bank

MANDATE FORM

1.	Beneficiary Name	
2.	Beneficiary/Address & Telephone No.	
3.	Beneficiary Account No.	
4.	Account type (Saving/Current for Cash Credit)	
5.	Nine digit code number of the Bank & branch appearing on the MICR Cheque issued by the bank (if available)	
6.	Bank Name	
7.	Branch Name & Address with Telephone No.	
8.	IFSC (Indian Financial Services Code)	
9.	Photo copy of the cancelled cheque to confirm correctness of IFSC code and Account No. given.	

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 incompleteness or incorrectness of information given by me as above, I would not hold the user institution responsible.

Date:

(Signature of the Claimant)

Certified that the particulars furnished above are correct as per the record

Bank
Stamp:
Date:

(Signature of the Authorized Bank officer)

FORM 14

[See rules 77 (3) and 81 (2)]

Form of application for family pension on death of a Government servant/pensioner/family pensioner
Form of application for family pension on death of Government servant or on death or ineligibility of a family pensioner

1. .
 - (i) Name of the Government servant in respect of :
whom family pension is being claimed
 - (ii) Office/Department/Ministry served last :
 - (iii) Date of retirement of Government servant :
 - (iv) **Date of death of Government servant/pensioner/ date family of pensioner death or ineligibility of family :**
pensioner
 - (v) PPO No. of Government servant/pensioner/ family pensioner :

1 Name and other details of claimant—

Name	Date of birth	Relationship with the deceased Government servant	Postal Address

3. In case the claimant is minor or suffering from disorder or disability of mind, including mental retardation, details of guardian/nominee, wherever applicable—

Name	Date of birth	Relationship with the minor/ mentally disabled claimant	Relationship with the deceased Government servant	Postal Address

2. Details of surviving widow/widower, children, dependent parents and disabled siblings of the deceased Government servant / pensioner are enclosed in Family Member Certificate /Form 3.

3. Account No., name and BSR code of Branch of Bank to which family pension is to be credited:

4. Other source of family pension - Military or State Government and/or a Public Sector Undertaking/ Autonomous body/Local Fund under the Central or a State Government, if any—

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

Encl: As per the check-list.

Signature or left hand thumb impression of the
claimant/guardian
Mobile/Telephone
No.....

Permanent Account Number for Income Tax (PAN).....

Aadhar No., if available -

Signatures of two Witnesses with names and full addresses:

(i)

(ii)

Enclosures:

- (i) Death Certificate,**
- (ii) Date of Birth Certificate, (in case of minors)**

- (iii) Specimen signature/left hand thumb and finger impressions of the claimant/ guardian.**