<table>
<thead>
<tr>
<th>Form</th>
<th>Rule in which referred</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-A</td>
<td>9.4, 9.6, 9.7, (1)(3)</td>
<td>Application for pension or gratuity and death-cum-retirement gratuity.</td>
</tr>
<tr>
<td>2</td>
<td>9.11(1)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>8.38</td>
<td>Form of application for family Pension, dependents of private individuals who are killed while assisting State authorities.</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Deleted</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Deleted</td>
</tr>
<tr>
<td>6</td>
<td>8.36(2)</td>
<td>Form of application for injury pension or gratuity</td>
</tr>
<tr>
<td>7</td>
<td>Ditto</td>
<td>Form of application for family Pension</td>
</tr>
<tr>
<td>8</td>
<td>Ditto</td>
<td>Form to be used by Medical Boards when reporting on injuries</td>
</tr>
<tr>
<td>9</td>
<td>9.2</td>
<td>Application for sanction of pension</td>
</tr>
<tr>
<td>10</td>
<td>10.11 and note thereunder</td>
<td>Pension Payment Order</td>
</tr>
<tr>
<td>11</td>
<td>10.19</td>
<td>Colonial (Pension Payment) Warrant</td>
</tr>
<tr>
<td>12</td>
<td>11.1, 11.4, 11.8 etc.</td>
<td>Application for commutation of pension after medical examination by an applicant.</td>
</tr>
<tr>
<td>12-A</td>
<td>11.1, 11.11, 11.18, 11.19, 11.20, 11.21</td>
<td>Form of application for commutation of a fraction of pension without medical examination.</td>
</tr>
</tbody>
</table>
13. 11.7
Letter to the Chief Administrative Medical Officer, Officer to report to Chief Medical
and Administrative Sanction

14. 11.7(1) and (iii), 11.9
Report of the Medical Authority regarding medical examination. See
11.9(1)

15. 9.17(1)
Certificate of verification of service for pension. See
9(1) .

16. 9.21(1)
Letter to Audit Officer forwarding the pension papers of a Government employee.
9(1)

17. 9.22(1), 9.24(1)
Form for assessing and authorising the payment of family pension and D.C.R.G. when a
Government employee dies while in service.
9(1)

18. 9.24(1)
See Form 19.

19. 9.21(1)
See Form 20.

20. D.P.
See Form 21.
P.F.
Series

1. 13.7(2) and 14.5(2)
   "Form of Nomination when the subscriber has a family and wishes to nominate more than one member thereof"

1-A 13.7(3) and 14.5(3)
   "Form of Nomination, when the subscriber has no family and wishes to nominate one person"

1-B 13.7(3) and 14.5(3)
   "Form of Nomination, when the subscriber has no family and wishes to nominate more than one person"

2 Cancelled

3 13.20(1)(a) and 14.19(1)(1)
   "Form of Assignment"

4  Ditto
   "Form of Assignments"

5 Ditto
   "Form of Assignment"

6 Ditto
   "Form of Assignment"

7 13.22 and 14.21
   "Form of Re-assignment by the Governor of the Punjab"

8 13.23(1)(1) and 14.22(1)(1)
   "Form of Re-assignment to the Government of the Punjab"

9 Note 2 below
   "See Form P.F. 9-A."
   Rule 13.31 & Rule 14.29.

9-A Ditto
   "See Form P.F. 9-A."

9-B Ditto
   "See Form P.F. 9-A."

11 Government Employees Service Rules

12 Class of Posts applicable

13 Notes
[FORM PEN 1]**

[See rules 9.4, 9.6, 9.7(1),(3) and 9.11(1)]

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

PART I

1. Name of the Government employee

2. Father's name (and also husband's name in the case of a female Government employee)

3. Date of birth (by Christian era)

4. Religion and Nationality

5. Permanent residential address showing village, district and state

6. Present and last appointment including name of establishment

   (i) Substantive

   (ii) Officiating, if any

7. Date of beginning of service

8. Date of ending of service

9. (i) Total period of military service for which pension or gratuity was sanctioned

   (ii) amount and nature of any pension/gratuity received for the military service

10. Amount and nature of any pension/gratuity received for previous civil service

11. Government under which service has been rendered in order of employment

   Years  Months  Days

12. Class of pension applicable
13. The date on which action initiated to
   (i) Obtain the "No demand certificate" from the Accounts Officer (Rent) Rents Assessing Authority as provided in rule 9.5; and
   (ii) Assess the service and emoluments qualifying for pensioner as provided in rule 9.5(1) and
   (iii) Assess the government dues other than the dues relating to the allotment of Government accommodation as provided in rule 9.19(1)

14. Details of omissions, imperfections or deficiencies in the service book which have been ignored under rule 9.5(1)(b)(ii).

15. Total length of qualifying service (for the purpose of adding towards broken periods, a month is reckoned as thirty days).

16. Periods of non-qualifying service from to
   (i) Interruption in service condoned under rule 9.17A.
   (ii) Extraordinary leave not qualifying for pension.
   (iii) Period of suspension not treated as qualifying service under rule 9.5(1)(b)(ii)(i) monetary.
   (iv) Any other service not treated as qualifying for pension.

17. Emoluments reckoning for gratuity.

18. Average emoluments:

<table>
<thead>
<tr>
<th>Emoluments drawn during the last ten months of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post held</td>
</tr>
</tbody>
</table>

---
19. Date on which Form PM 9 has been obtained from the Government employees to be obtained eight months before the date of retirement of Government employees.

20. (i) Proposed pension.


22. Date from which pension is to commence.

23. Proposed amount of provident pension, if any, and if judicial proceeding is instituted against the Government employee before retirement.

24. Details of Government assets recoverable out of gratuity.

25. Whether nomination made for death-cum-retirement gratuity.
26. (i) The amount of the family pension becoming payable to the family of the Government employee, if death takes place after retirement

(a) before attaining the age of 65 Rs.
years

(b) after attaining the age of 65 Rs.
years

(ii) Complete and up to date details of the family, as given below:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of the member</th>
<th>Date of birth</th>
<th>Relationship with Govt. employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. Height

28. Identification marks

29. Place of payment of pension (Treasury, Sub-treasury or Branch of Public Sector Bank)

30. Head of Account to which pension and gratuity are debitable

Signature of the Head of Office
[Deleted]**
FORM OF APPLICATION FOR THE GRANT OF DEATH-CUM-RETIREMENT-GRATUITY ON THE DEATH OF A GOVERNMENT EMPLOYEE

(To be filled in separately by each claimant and in case the claimant is minor, the Form should be filled in by the guardian on his/her behalf. Where there are more than one minor, the guardian should claim gratuity in one form on their behalf).

1. (i) Name of the claimant in case he is not minor
   (ii) Date of birth of the claimant

2. (i) Name of the guardian in case the claimants are minors
   (ii) Date of birth of the guardian

3. (i) Name of the deceased Govt. employee in respect of whom gratuity is being claimed
   (ii) Date of death of Govt. employee
   (iii) Office/Department in which the deceased served last

4. Relationship of the claimant/guardian with the deceased Government employee.

5. Full postal address of the claimant/guardian

6. (i) Where gratuity is claimed by the guardian on behalf of minors, the names of the minors, their ages, relationship with the deceased Government employee, etc.:-

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name</th>
<th>Age</th>
<th>Relationship with the deceased Govt. employee</th>
<th>Postal address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
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<tr>
<td>4</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
(ii) Relationship of the guardian with minor

7. Place of payment of pension and gratuity (Treasury/Sub-treasury, Public Sector Bank Branch)

Signature/Thumb impression of the claimant/guardian

8. Two specimen signatures or left hand thumb and finger impressions of the claimant/guardian duly attested

9. Attested by:-

<table>
<thead>
<tr>
<th>Name</th>
<th>Full address</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Witnesses:

| (i)    |              |
| (ii)   |              |

"To be furnished in case the applicant is not literate enough to sign his name."
FORM PEN. 1C
NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY

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

I hereby nominate the person mentioned below, who is a 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:—

<table>
<thead>
<tr>
<th>Name and address of the nominee</th>
<th>Relation-ship with officer</th>
<th>Contingencies on which the nomination shall become invalid</th>
<th>Name, Address &amp; relationship of the person or share of persons, if any, of right conferred</th>
<th>Amount payable to nominee pending the decease of the officer or the nominee dying after the death of the officer but before receiving payment of gratuity.</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

1 2 3 4 5 6

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

Dated this ___________ day of ___________ 19.

at ___________.

Witnesses to signature

1. ___________
2. ___________

Signature of officer

*Note: This column should be filled in so as to cover the whole amount of gratuity.*
Nomination by

Designation

Office

Signature of
Head of office

Date

Designation

PRO FORMA FOR ACKNOWLEDGING THE RECEIPT OF THE NOMINATION FORM BY THE HEAD OF OFFICE/AUDIT OFFICER

To

Sir,

In acknowledging the receipt of your nomination dated cancellation dated of the nomination made earlier, in respect of D.C.R.G. in Form. I am to state that they have been duly placed on record.

Signature of Head of Office/Audit Officer.

Dated (Designation)
FORM PEN. 1D

NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY

When the officer has a family and wishes to nominate more than one member thereof.

I hereby nominate the persons mentioned below who are members of my family and confer on them the right to receive, to the extent specified below, any gratuity that may be sanctioned by Govt. in the event of my death while in 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:

<table>
<thead>
<tr>
<th>Names and addresses of nominees</th>
<th>Relation-ship with officer</th>
<th>Age</th>
<th>Amount</th>
<th>Contingencies on which gratuity is payable</th>
<th>Name of nominee</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<td></td>
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<td>7</td>
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</tr>
</tbody>
</table>

This nomination supersedes the nomination made by me earlier on which stands cancelled.
N.B.: The officer shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

*Note-1: This column should be filled in so as to cover the whole amount of gratuity.

Note-2: The amount/share of gratuity shown in this column should cover the whole amount/share payable to the original nominees.

Dated this Day of 19.

at

Witnesses to signature

1. __________

2. __________

Signature of officer

(To be filled in by the Head of office in the case of non-gazetted officer).

Nomination by __________

Designation __________

Office __________

Signature of Head of Office __________

Pro forma for acknowledging the receipt of the nomination form by the head of office/audit officer

To __________

Sir,

In acknowledging the receipt of your nomination dated __________ cancellation dated __________ of the nomination made earlier, in respect of D.C.R.G. in Form. I am to state that they have been duly placed on record.

Signature of Head of Office/ Audit Officer (Designation)

Dated __________
FORM PEN 1E

NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY

When the officer has no family and wishes to nominate one person,

I, having no family, hereby nominate the person mentioned below 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:-

<table>
<thead>
<tr>
<th>Name and address of the nominee</th>
<th>Relation/Age with officer</th>
<th>Contingencies on the happening of which the nomination shall become invalid</th>
<th>Name, Address &amp; Amount of the person or share of any person to whom the gratuity shall be paid in the event of the nominee predeceasing the officer or the nominee dying after the death of the officer but before receiving the payment of gratuity.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

1. 2. 3. 4. 5. 6.

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

Dated this day of 19.

Witnesses to signature

1. 2.

*Note: This column should be filled in so as to cover the whole amount of gratuity.*
PRO FORMA FOR ACKNOWLEDGING THE RECEIPT OF THE NOMINATION FORM BY THE HEAD OF OFFICE/AUDIT OFFICER

TO

Sir,

In acknowledging the receipt of your nomination dated _______ of cancellation dated _______ of the nomination made earlier, in respect of D.C.R.G. in Form ______ I am to state that they have been duly placed on record.

Signature of Head of Office/Audit Officer

Dated _______
FORM PEN. IF

NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY

When the officer has no family and wishes to nominate more than one person,

I, having no family, hereby nominate the persons mentioned below, and confer on them the right to receive to the extent specified below, 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, to the extent specified below any gratuity which having become admissible to me on retirement may remain unpaid at my death:

| Names and relation to officer | Age or share of gratuity | Continuance on death or on decease of nominee | Amount of gratuity payable | Names & address of person(s) or order of marriage | Amount of gratuity payable
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Names and addresses of nominees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

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

Dated this ____________ day of ____________ 19 ________

at ____________

Witnesses to signature

1. ____________
2. ____________

Signature of Officer
N.B.: The officer shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

*Note-1: This column should be filled in so as to cover the whole amount of gratuity.

Note-2: The amount/share of gratuity shown in the column should cover the whole amount/share payable to the original nominees.

(To be filled in by the Head of Office in the case of Non-gazetted officer)

Nomination by__________________ Signature of Head of Office__________________

Designation__________________ Date__________________

Office__________________ Designation__________________

PRO FORMA FOR ACKNOWLEDGING THE RECEIPT OF THE NOMINATION FORM BY THE HEAD OF OFFICE/AUDIT OFFICER

To

__________________

Sir,

In acknowledging the receipt of your nomination dated ______ cancellation dated ______ of the nomination made earlier, in respect of D.C.R.G. in Form______, I am to state that they have been duly placed on record.

Signature of Head of Office/Audit Officer.

Dated__________________ (Designation)
FORM PEN. 1G

NOMINATION FOR FAMILY PENSION

I hereby nominate the persons mentioned below who are members of my family, to receive in the order shown below the family pension which may be granted by Government in the event of my death after completion of 10 years qualifying service.

<table>
<thead>
<tr>
<th>Name and address of nominee</th>
<th>Relationship with officer</th>
<th>Age</th>
<th>Whether married or unmarried</th>
</tr>
</thead>
</table>

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

I.B.: The officer should draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

Dated this day of 19 .

At

Witnesses to signature

1. 
2. 

Signature of officer

(To be filled in by the Head of Office in the case of a Non gazetted Officer).

Nomination by Signature of

Head of Office

Designation Date

Office Designation
PRO FORMA FOR ACKNOWLEDGING THE RECEIPT OF THE NOMINATION FORM BY THE HEAD OF OFFICE/AUDIT OFFICER

To

Sir,

In acknowledging the receipt of your nomination dated_________ cancellation dated_________ of the nomination made earlier, in respect of family pension in Form__________, I am to state that they have been duly placed on record.

Signature of Head of Office/
Audit Officer

Dated__________

(Designation)
FORM PEN 2

[Deleted]**
FORM PEN 3:
(Referred to in Rule 8.38)

FORM OF APPLICATION FOR FAMILY PENSION

Application for an extraordinary pension for the family of A.B. late a ________, killed or died of injuries received as a result of _______________.

Submitted by the

1. Name and residence, showing village
   tehsil and district

2. Age

3. Description of the claimant
   a. Height
   b. Race, caste or tribe
   c. Marks for identification
   d. Present occupation and pecuniary circumstances
   e. Degree of relationship to deceased

4. Name

5. Occupation

6. Income of the deceased

7. Nature of injury causing death

8. Description of the deceased
   a. Amount of pension or gratuity proposed
   b. Place of payment
   c. Date from which pension is to commence
   d. Remarks

Name ___________________ Date of birth by Christian era ________________

[ ] Sons ___________________
[ ] Daughters ___________________
[ ] Surviving kindred of deceased
[ ] Daughters ___________________
[ ] Father ___________________
[ ] Mother ___________________

Note: If the deceased has left no son, widow, daughter, father or mother surviving him the word "son" or "dead" should be entered opposite to such relative.

(Place) ___________________
(Date) ___________________

Signature of Head of Office
[Deleted]**
FORM PEN. 5

[Deleted]**
FORM PEN No. 6
[Referred to in Rule 8.36 (2)]
FORM OF APPLICATION FOR INJURY PENSION OR GRATUITY

1. Name of applicant.

2. Father's name

3. Race, sect and caste

4. Residence showing village, tehsil and district.

5. Present or last employment, including name of establishment.

6. Date of beginning of service

7. Length of service, including interruptions, of which:

   Superior
   Inferior

   Non-qualifying and interruptions

8. Classification of injury

9. Pay at the time of injury

10. Proposed pension or gratuity

11. Date of injury

12. Place of payment

13. Special remarks, if any

14. Date of applicant's birth by Christian era

15. Height

16. Marks

Thumb and finger impressions.

Thumb forefinger middlefinger ringfinger littlefinger
17. Date on which the applicant applied for pension.

Signature of Head of Office

Note: In the case of European ladies, gazetted Government employees, Government title-holders and other persons who may be specially exempted by Government, thumb and finger impressions and particulars of height and personal marks are not required.

*If not known exactly, must be stated on the best information or estimate.
FORM PEN.7
[Referred to in Rule 6.36(2)]

- FORM OF APPLICATION FOR FAMILY PENSION

Application for an extraordinary pension for the family of ________ late a ________ killed, or died of injuries received as a result of special risk of office or risk of office.

Submitted by the

1. Name and residence, showing village, tehsil, and district.
2. Age
3. Height
4. Race, caste or tribe
5. Marks for identification
6. Present occupation and pecuniary circumstances.
7. Degree of relationship to deceased.
8. Name
9. Occupation and service
10. Length of service
11. Pay when killed
12. Nature of injury causing death
13. Amount of pension or gratuity proposed
14. Place of payment
15. Date from which pension is to commence

Name Date of birth by Christian era.

1. Sons
2. Widows
3. Daughters
4. Father
5. Mother

Note: If the deceased has left no son, widow, daughter, father or mother surviving him, the word "none" or "dead" should be entered opposite to such relative.

(Place)

(Date)

Signature of Head of Office
FORM PEN.8
[Referred to in Rule 8.36(2)]
FORM TO BE USED BY MEDICAL BOARDS WHEN REPORTING ON INJURIES PROCEEDINGS OF MEDICAL BOARD

CONFIDENTIAL

Proceedings of a Medical Board assembled by order of _______ for the purpose of examining and reporting on the present state of the injury sustained by/diseases contracted by at (place of injury, etc.) on the (date of injury, etc.)

(a) State briefly the circumstances under which the injury/disease was sustained/contracted.

(b) What is the Government employee's present condition?

(c) Is the Government employee's present condition wholly due to the injury/disease?

If not, state to what other causes it is attributable.

(d) In the case of disease from which date does it appear that the Government employee has been incapacitated?

The opinion of the Board upon the questions below is as follows:--

PART A - FINAL EXAMINATION

The severity of the injury should be assessed in accordance with the following classification and details given in the remarks column below.

1. Is the injury- Yes  No

   (i) (a) the loss of an eye or a limb?
       (b) the loss of more than one eye or limb?
   (ii) more severe than the loss of an eye or a limb?
   (iii) equivalent to the loss of an eye or a limb?
   (iv) very severe?
   (v) severe and likely to be permanent?
   (vi) severe, but not likely to be permanent?
   (vii) slight but likely to be permanent?
2. For what period from the date of the injury -
   (a) has the Government employee been unfit for duty?
   (b) is the Government employee likely to remain
       unfit for duty?

Remarks - Here the classification above may be amplified, if
necessary, or details of additional injuries to the
main injury may be given.

PART B - SECOND OR SUBSEQUENT EXAMINATIONS

If the original degree of disability of the
Government employee has changed in which of the
above categories, should it now be placed?

Remarks - In this space additional details may be given if
necessary.

Instructions to be observed by the Medical Board
preparing the Report:

1. The medical board before recording their opinion
   should invariably consult the proceedings of previous
   Medical Boards, if any, as also all previous medical
documents connected with the Government employee
brought before them for examination.

2. If the injuries be more than one, they should be
   numbered separately; and should it be considered
   that, for instance, though only "severe" or "slight"
   in themselves, they represent together the equivalent
   of a single "very severe" injury, such an opinion may
   be expressed in the columns provided.

3. In answering the questions in the prescribed form the
   Medical Board will confine itself exclusively to the
   medical aspect of the case and will carefully
discriminate between the Government employee's
unsupported statements and the medical documentary
evidence available.

4. The board will not express any opinion, either to the
   Government employee examined, or in their report, as
   to whether he is entitled to compensation, or as to
   the amount of it, nor will it inform the Government
   employee how the injury has been classified.
Particulars to be obtained by the Head of Office from the retiring Government employee before eight months of the date of retirement.

1. Name of the Government employee

2. Date of Birth/Retirement

3. Two specimen signatures duly attested (to be furnished in a separate sheet)

4. Three copies of passport size joint photographs of the Government employee with his/her wife/husband

5. Two slips showing the particulars of height and personal identification marks duly attested

6. Present address

7. Address after retirement

8. Name of the treasury/Public Sector Bank Branch through which the Government employee wants to draw his pension.

9. Details of the family as defined in Appendix 1 of the Punjab C.S.R., Vol.II

Signature

Designation

Dated the

Department/Office

*Two slips each bearing the left hand thumb and finger impressions attested, may be furnished by a person who is not literate enough to sign his name. If such a Government employee on account of physical disability is unable to give left hand thumb and finger impressions, he may give the thumb and finger impressions of the right hand. Where a Government employee 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 if the Government employee is governed by Appendix 1 of Punjab C.S.R. Vol.II and is unmarried or a widower or widow.

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

Where it is not possible for a Government employee to submit a photograph with his wife/her husband, he/she may submit separate photograph. The photographs shall be attested by the Head of Office.

Applicable only where Appendix 1 of the Punjab C.S.R. Vol.II is applied to the Government employee.
FORM PEN. 10
(Referred to in Rule 10.11 and note thereunder)

Debitable to __________________ Government

Head of account :

PENSION PAYMENT ORDER

Major Head
Minor Head
Voted/Charged/Non-Voted

DISBURSER'S PORTION

Place for Signature of Pensioner on the first payment made.

<table>
<thead>
<tr>
<th>Class</th>
<th>Personnel Height</th>
<th>Approximate Secmate</th>
<th>Residence showing</th>
<th>Amount of monthly</th>
<th>pension</th>
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<td>and identification</td>
<td>date of birth</td>
<td>village</td>
<td>Rs.</td>
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</tbody>
</table>
REVERSE OF DISBURSER'S PORTION

Amount of pension Rs. _______________________(in words)

This Document is to be retained by the Disbursing Officer so long as the authority remains in force in such manner that the pensioner shall have no access to it. Every separate payment is to be recorded below:-

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- November
- December
- January
- February

*Note of Pensioners identification

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March
April
May
June
July
August
Sept.
October
Nov.
Dec.
Jan.
Feb.

*Note of Pensioner's identification*

*If the payment is by Postal Money Order identification is required twice a year as prescribed, otherwise annually.*
PENSIONER'S PORTION
PENSION PAYMENT ORDER

Pensioner's Portion
Debitable to Government

Head of Account
Major Head
Minor Head
Voted/Charged/Non-voted

Name of Pensioner

<table>
<thead>
<tr>
<th>Class of Pension and date of order sanctioning it</th>
<th>Approximate date of birth</th>
<th>Sect</th>
<th>Residence</th>
<th>Amount of monthly showing village pension</th>
<th>Rs. Ps.</th>
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</thead>
</table>

OFFICE OF THE

No. _______________________________ Dated __________ 19

Sir,

UNTIL FURTHER NOTICE, and on the expiration of every month be pleased to pay to _______________________________ The sum of Rupees _______________________________ (less income tax) being the amount of _______________________________ PENSION as upon the production of this order and a receipt according to usual form.

The payment should commence from _______________________________

Signature _______________________________

Designation _______________________________
To

THE TREASURY OFFICER,

AT

Note-1: No pension shall be liable to seizure, attachment or sequestration by process of any Court in India at the instance of a creditor for any demand against the pensioner (Section II, Act XXIII of 1871).

Note-2: Payment under this order is to be made only to the pensioner in person with the following exceptions:

(a) To persons specially exempted by Government.

(b) To females unaccustomed to appear in public and to person unable to appear on account of illness or bodily infirmity.

(Payment in both cases (a) and (b) is made on production of a Life Certificate signed by a responsible officer to Government or other well-known and trustworthy person)

(c) To any person sending a Life Certificate signed by some person exercising the powers of a Magistrate of any class under the Criminal Procedure Code or by any Registrar or Sub-Registrar under the Registration Act, or by any pensioned officer who before retirement exercised the powers of a Magistrate or by a Chaplain or any Gazetted Officer of Government or by a Munsiff or by any person holding a Government title.

(d) In all cases referred to in clauses (a), (b) and (c), the Disbursing Officer must, at least once a year, require proof, independent of that furnished by the Life Certificate, of the continued existence of the pensioner.

Note-3: On the death of the pensioner this order should be immediately returned by his family to the District Officer with a report of the date of his death.
<table>
<thead>
<tr>
<th>Month for which pension is due</th>
<th>Date of payment</th>
<th>Disbursing officer's initials</th>
<th>Date of payment</th>
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<th>Disbursing Officer's initials</th>
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(In words)

below by the Disbursing Officer

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| payment | ing officer's initials | payment | ing officer's initials | |
| 19 -19  |          | 19 -19   |          |         |
(Deleted)
FORM OF APPLICATION FOR COMMUTATION OF PENSION AFTER MEDICAL EXAMINATION BY AN APPLICANT

(To be submitted in duplicate)

PHOTO

PART I

To

The ) (here indicate the
) designation and full address
) of the Head of office

Subject:— Commutation of pension after medical examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of rule 11.1 of these rules, an attested copy of my photograph is pasted on the application and an unattested copy is enclosed. The necessary particulars are furnished below:

1. Name (in block letters)

2. Father's name (and also husband's name in case of female Government Employee).

3. Designation.

4. Name of Office/Department in which employed.

5. Date of Birth (by Christian era).

6. Class of pension on which retired.

7. Date of retirement.

8. Amount of pension authorised.

9. Fraction of pension proposed to be commuted.

10. Designation of the Accounts Officer who authorised the pension and the number and date of the pension payment order.
11. Disbursing authority for payment of pension.

**(a) Treasury/Sub-treasury (Name and Complete address of the Treasury/Sub-treasury to be indicated)

(b) (i) Branch of the Nationalised Bank with complete postal address.

(ii) Bank Account No. to which monthly pension is being credited each month.

12. Appropriate date from which commutation is desired to have effect.

13. The amount of pension already commuted, if any.

14. Preference for station where medical examination is desired to take place.

Place: ____________________________
Date: ___________________ Signature
Postal Address: _______________________

*The applicant should indicate the fraction of the amount monthly pension (subject to a maximum of one-third thereof) which he desires to commute and not the amount in rupees.

**Score out which is not applicable.

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

PART II

ACKNOWLEDGEMENT

Received from Shri, (Name and designation) application in Part I of Form PEN 12 for commutation of a fraction of pension after medical examination.

Place: ____________________________
Date: ___________________ Signature
Head of Office

Postal Address: _______________________

*The applicant should indicate the fraction of the amount monthly pension (subject to a maximum of one-third thereof) which he desires to commute and not the amount in rupees.

**Score out which is not applicable.

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

PART II

ACKNOWLEDGEMENT

Received from Shri, (Name and designation) application in Part I of Form PEN 12 for commutation of a fraction of pension after medical examination.

Place: ____________________________
Date: ___________________ Signature
Head of Office

Postal Address: _______________________

*The applicant should indicate the fraction of the amount monthly pension (subject to a maximum of one-third thereof) which he desires to commute and not the amount in rupees.

**Score out which is not applicable.

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

No. ___________________________ Dated ___________________________

Forwarded to the Accounts Officer (here indicate the address and designation) with the remarks that the particulars furnished by the applicant in Part I, have been verified and are correct and the applicant is eligible to get a fraction of his pension commuted after medical examination.

2. It is requested that Part IV of the Form may be completed and returned to this office as early as possible.

Place:

Date: ___________________________

Head of the Office

PART IV

1. Name of the applicant.

2. Date of birth (by Christian era)

3. Date of retirement.

4. Amount of pension authorised.

5. Class of pension.

6. Amount of pension desired to be commuted, on the basis of

<table>
<thead>
<tr>
<th>Normal</th>
<th>Added years</th>
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<tbody>
<tr>
<td>age</td>
<td>1 yr. 2 yrs.</td>
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</tbody>
</table>

7. (i) Sum payable if commutation becomes absolute before the applicant's next birthday, which falls on _________

Rs. _________

(ii) Sum payable if commutation becomes absolute after the applicant's next birth day which falls on _________

Rs. _________

8. The Head of Account to which the commuted value is debitable.

9. Number of enclosures, if any (See note below).
10. The sum payable will be a charge on:-

Central Revenue Rs. ___________ and the Government of ________ (State) Rs. ____________.

Note: The Accounts Officer should enclose with the Form a copy of the report of statement of the applicant's case if the applicant has been granted invalid pension or has previously commuted a part of his pension or declined to accept commutation on the basis of an addition of years to actual age, or has been refused commutation on medical grounds.

Place: ________________________

Signature and Designation of the Accounts Officer

Date: ________________________

Countersigned

(Head of Office)

Full Address.
[FORM: PEN 12-A]**

(See rules 11.1, 11.11, 11.18, 11.19, 11.20, 11.21)

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__________________ (Here indicate the designation and full address of the Head of Office)

Subject:- Commutation of pension without medical examination.

Sir,

I furnish below the relevant particulars and request that I may be permitted to commute a part of my pension as indicated below:-

1. Name (in Block letters)

2. Father's name (also husband's name in case of a female Government employee)

3. Designation at the time of retirement.

4. Name of Office/Department in which employed.

5. Date of Birth (by Christian era).

6. Date of retirement.

7. Class of pension on which retired.

8. Amount of pension authorised (in case final amount of pension has not been authorised, indicate the amount of provisional pension).

9. Fraction of pension proposed to be commuted.

10. Designation of the Accounts Officer who authorised the pension and No. and date of the 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 to be indicated).**

(b)(i) Branch of the Nationalised Bank with complete postal address.

(ii) Bank Account No. to which monthly pension is being credited each month.

Place: __________________
Date: __________________
Signature: __________________
Postal Address: __________________

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

**The applicant should indicate the fraction of the amount of monthly pension (subject to the maximum of one-third thereof) which he desires to commute and not the amount in rupees.**

**Score out which is not applicable.**

---

PART II

ACKNOWLEDGEMENT

Received from Shri ____________________________
(Name and former designation) Application in Part I of Form 12A for the commutation of a fraction of pension without medical examination.

Place: __________________
Date: __________________
Signature: __________________
Head of Office

Note: This acknowledgement is to be signed, stamped and dated and is to be detached from the Form and handed over to the applicant. If the form has been received by post, it has to be acknowledged on the same day and the acknowledgement sent under registered cover.
PART III

No._________________ Dated____________

Forwarded to the Accounts Officer (here indicate the address and designation)_________with the remarks that:-

(i) the particulars furnished by the applicant in Part I have been verified and are correct

(ii) the applicant is eligible to get a fraction of his pension commuted without medical examination;

(iii) the commuted value of pension determined with reference to the Table applicable at present comes to Rs.__________.

(iv) the amount of residuary pension after commutation will be Rs.__________________

2. It is requested that further action to authorise the payment of the amount of commuted value of pension may be taken in accordance with rule 11.21 of these rules.

3. The receipt of Part I of the Form has been acknowledged in Part II which has been forwarded separately to the applicant on ________________.

4. The commuted value of pension is debitable to Head of Account, namely, ______________

Place:

Dated:_________________ Head of Office

Signature_________________
FORM OF LETTER TO THE CHIEF ADMINISTRATIVE MEDICAL OFFICER

No. ____________________________

Government of Haryana
Department of ______________________
Dated ____________________________

To ______________________________________

Subject: Medical Examination - Commutation of pension.

Sir,

Shri ____________________________ who retired __________________ from service on ____________________________ as ____________________________ (Designation) has applied for commuting a fraction of his pension for a lumpsum payment. The following documents are forwarded herewith:

(a) Application in Form PEN 12 in original together with:

(i) an unattested copy of the applicant's photograph.

(ii) Part IV of Form 12 in original duly completed by the Accounts Officer.

(b) A copy of Form PEN 14 with a spare copy of Part III of the Form.

(c) Report of the statement of the applicant's case if he has been granted invalid pension, or has previously commuted a fraction of his pension or declined to accept commutation on the basis of addition of years to his actual age or has been refused commutation on medical grounds.

2. In terms of rule 11.9 of these rules Shri ____________________________ should be examined by a Medical Board/Medical Officer not lower than the rank of Chief Medical Officer or a Principal Medical Officer. It is requested that arrangement may be made to get Shri ____________________________ examined as expeditiously as possible before his next birthday which falls on ____________________________.
3. It is requested that arrangements for medical examination by the medical authority indicated in para 2 above may be made at the nearest available station mentioned by Shri __________ in his application in Form PEN 12. The attention of the Medical authority may be drawn to the provisions of rule 11.9 of these rules.

4. It is requested that Shri __________ may be informed direct under intimation to this Ministry/Department/Office as to where and when he should appear before the appropriate authority for medical examination. A copy of this letter is being endorsed to him so that he may comply with your instructions on hearing from you.

5. The receipt of this letter may please be acknowledged.

Yours faithfully,

(Head of Office)

Copy forwarded to Shri __________ (here give complete postal address) with the remarks that subject to the medical authority recommending commutation, he will on the basis of the report of the Accounts Officer, be eligible for the lumpsum payment in lieu of the amount of pension to be commuted as follows:

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<th>Normal age</th>
<th>Added Years</th>
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<tbody>
<tr>
<td>1 Year</td>
<td>2 Years</td>
</tr>
</tbody>
</table>

(i) Sum payable if commutation becomes absolute before the applicant's next birth-day which falls on ________ Rs.

(ii) Sum payable if commutation becomes absolute after applicant's next birthday which falls on ________ Rs.

The table of the present value, on the basis of which the calculation by the Accounts Officer has been made, is subject to alteration at any time without notice and consequently the basis are liable to revision before payment is made. The sum payable will be sum appropriate to the applicant's age on his birth day next after the date on which the commutation become absolute or if the medical authority directs that years will be added to that age, to the consequent assumed age.
Shri ________ should report for medical examination to the medical authority direct. He should take with him the enclosed Form PEN 14 with the particulars required in Part I completed except the signature or thumb or finger impressions.

Place: ____________________________

Date: ____________________________

Signature: _________________________

Head of Office

---

Copy forwarded to the Accounts Officer (here indicate designation and address) with reference to his letter No. ____________________________

dated ____________________________

Signature: _________________________

Head of Office.
[FORM PEN 14]*

[Referred to in rules 11.7 (i) and (iii), 11.9 (iii) and (iv) etc.]

MEDICAL EXAMINATION BY THE

(here enter the medical authority)

PART I

The applicant must complete this statement prior to his examination by the
and must sign the declaration appended thereto in the presence of that authority:-

1. Name of the applicant (in block letters)
2. Date of birth(by Christian era).
3. Place of birth.
4. Particulars regarding parents, brothers and sisters:-

<table>
<thead>
<tr>
<th>Father's age if living and state of health</th>
<th>Father's age at death and cause of death</th>
<th>Number of brothers living, death and cause of their ages death and state of health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother's age if living and state of health</th>
<th>Mother's age at death and cause of death</th>
<th>Number of sisters living, their ages at death and state of health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Have you ever been examined -

(a) for life Insurance, or /and

(b) by any Government Medical Officer or Medical Board.
6. Have you been granted or considered for grant of invalid pension? If so, state the ground thereof.

7. Have you ever been granted leave on medical certificate during the last five years? If so, state periods of leave and nature of illness.

8. Have you ever -

(a) Had small pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks, rhumatism, appendicitis, epilepsy, insanity, or other nervous disease, discharge from or other disease of the ear syphilis, or genorrhea; or

(b) had any other disease or injury which required confinement to bed, or?

(c) undergone any surgical operation? or

(d) suffered from any illness, wound or injury sustained while on active service? or

(e) presence of albumen or sugar in urine.


(a) have you a hernia?

(b) Have you varicocele, varicose vein or piles?

(c) Is your vision in each eye good (with or without glasses)?

(d) Is your hearing in each ear good?

(e) Have you any congenital or acquired malformation, defect or deformity?
(f) Have you lost or gained weight markedly during the last three years?

(g) Have you been under treatment of any doctor within the last three months and, nature of illness for which such treatment was taken.

DECLARATION BY APPLICANT

(To be signed in the presence of Medical authority)

I declare all the above answers to be, to the best of my knowledge and belief, are true and correct.

I am fully aware that he will fully making a false statement or concealing a relevant fact. I shall incur the risk of loosing the commutation I have applied for and of having my pension withheld or withdrawn under rule 2.2 of the Punjab Civil Services Rules Volume II.

Applicant's signature or thumb-impression in case of illiterate applicant

Signed in presence of

Signature and designation of Medical Authority.

PART II

(To be filled in by the examining medical authority)

1. Apparent age.
2. Height.
3. Weight.
4. Describe any scars or identifying marks of the applicant.
5. Pulse rate.
   (a) Sitting.
   (b) Standing.
What is the character of pulse?

   (a) Systolic.
   (b) Diastolic.

7. Is there any evidence of disease of the main organs?
   (a) Heart
   (b) Lungs
   (c) Liver.
   (d) Spleen.
   (e) Kidney.

8. Investigations -
   (i) Urine State Specific gravity.
   (ii) Blood.
   (iii) X-Ray/Chest.
   (iv) E.C.G.

9. Has the applicant a hernia? If so, state the kind and if reducible.

10. Any additional finding.

PART III

I/We have carefully examined Shri/Shrimati/Kumari and am/are of opinion that__________ He/She is in good bodily health and has the prospect of an average duration of life.

OR

He/She is not in good bodily health and is not a fit subject for commutation.

OR

Although he/she is suffering from__________, he/she is considered a fit subject for commutation but his/her age for the purpose of commutation, i.e., the age next birthday should be ________ (in words) years more than his/her actual age.

Station: ____________________________
Dated: ____________________________
Signature and designation of examining medical authority.
FORM OR CERTIFICATE OF VERIFICATION OF SERVICE FOR PENSION

No.
Government of Haryana,
Department of ___________________ Dated________________

CERTIFICATE

It is certified, in consultation with the Accounts Officer, that Shri________ has completed a qualifying service of (names and designation) _______ years _______ months and _______ days as on _______ (date) as per details given below. The service has been verified on the basis of his service documents and in accordance with the rules regarding qualifying service in force at present. The verification done under sub-rules (1) and (2) of rule 5.34 A shall be treated as final and shall not be re-opened except when necessitated by a subsequent change in the rules and orders governing the conditions under which the service qualifies for pension.

DETAILS OF QUALIFYING SERVICE

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

Signature of Accounts Officer,
Head of Office.

To

Shri________
(Name and designation).
FORM OF LETTER TO THE AUDIT OFFICER FORWARDING THE PENSION PAPERS OF A GOVERNMENT EMPLOYEE

No

Government of Haryana
Department/Office
Dated the

To
The Accountant General, Haryana

Subject:- Pension papers of Shri/ Shrimati/ Kumari for authorization of pension.

Sir,

I am directed to forward herewith the pension papers of Shri/Shrimati/Kumari of this department/office for further necessary action.

2. The details of Government dues which will remain outstanding on the date of retirement of the Government employee and which need to be recovered out of the amount of death-cum-retirement gratuity are indicated below:-

(a) Balance of the house building or conveyance advance Rs.

(b) Over payment of pay and allowances including leave salary Rs.

(c) Income Tax deductible at source under the income Tax Act 1961 (43 of 1961) Rs.

(d) Arrears of licence fee for occupation of Government accommodation Rs.

(e) The amount of licence fee for the retention of Government accommodation for the permissible period of two months beyond the date of retirement Rs.

(f) Any other assessed dues and the nature thereof Rs.

(g) The amount of gratuity to be withheld for adjustment of unassessed dues, if any Rs.

TOTAL


3. Your attention is invited to the list of enclosures which is forwarded herewith.

4. The receipt of this letter may be acknowledged and this department/office informed that necessary instructions for the disbursement of pension have been issued to disbursing authority concerned.

Yours faithfully,

Head of Office/Pension Sanctioning Authority

List of Enclosures:

1. Form PEN 1 and Form PEN 9* duly completed.

2. Medical certificate of incapacity (if the claim is for invalid pension)

3. Statement of the savings effected and the reasons why employment could not be found elsewhere (if claims is for compensation pension or gratuity)

4. Service book (date of retirement to be indicated in the service book).

5. (a) Two specimen signatures, duly attested by a gazetted Government employee or in the case of pensioner not literate enough to sign his name, two slips bearing the left hand thumb and finger impressions, duly attested by a gazetted Government employee.

   *(b) Three copies of passport size photograph with wife or husband (either jointly or separately) duly attested by the Head of Office.

   (c) Two slips showing the particulars of height and identification marks, duly attested by a gazetted Government employee.

6. A statement indicating the reasons for delay in case the pension papers are not forwarded before six months of the retirement of Government employee.

7. Written statement, if any, of the Government employee as required under rule 9.5(1)(a).

8. Brief statement leading to reinstatement of the Government employee in case the Government employee has been reinstated after having been suspended,
compulsorily retired, removed or dismissed from service.

Note: When initials or name of the Government employee are/is incorrectly given in the various records consulted, this fact should be mentioned in the letter.

* If a Government employee is compulsorily retired from service and delay is anticipated in obtaining Form PEN 9 from the Government employee, the Head of Office may forward the pension papers to the Accounts Officer without Form PEN 9. The form may be sent as soon as it is obtained from the Government employee.

** Only two copies of passport size photograph need be furnished if the Government employee is governed by Appendix 1 (i.e. a Family Pension Scheme 1964) and is unmarried or a widower or a widow.
FORM FOR ASSESSING AND AUTHORISING THE PAYMENT OF FAMILY PENSION AND DEATH-CUM-RETIREMENT GRATUITY WHEN A GOVERNMENT EMPLOYEE DIES WHILE IN SERVICE.

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

PART I

SECTION I

1. Name of the deceased Government employee.

2. Father's name and also husband's name in the case of female Government employee.

3. Date of birth (by Christian era).

4. Date of death (by Christian era).

5. Religion and Nationality.

6. Office/Department in which last employed.

7. Appointment held last
   (1) Substantive
   (2) Officiating

8. Date of beginning of service

9. Date of ending of service

10. (i) Total period of military service for which pension/gratuity was sanctioned; and

(ii) Amount and nature of any pension/gratuity received for military service.

11. Amount and nature of any pension received for previous civil service, if any.

12. Government under which service has been rendered in order of employment.
13. The date on which intimation regarding the death of a Government employee was received 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 death-cum-retirement gratuity and family pension as provided in rule 9.21.

(ii) Obtain the "No demand certificate" from the Accounts Officer (Rent)/Rent Assessing Authority as provided in rule 9.27(1).

(iii) Assess the Government dues other than the dues pertaining to occupation of Government accommodation as provided in rule 9.24(2).

(iv) Assess the service and emoluments qualifying for death-cum-retirement gratuity and family pension as provided in rules 9.22 and 9.23.

15. Whether nomination made for death-cum-retirement gratuity.

16. Length of service qualifying for death-cum-retirement gratuity/pension.

17. Period of non-qualifying service.

(i) interruption in service condoned under rule 3.17- A.

(ii) extraordinary 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-cum-retirement gratuity.
   (b) Amount of death-cum-retirement gratuity.

19. If Family Pension Scheme 1964 applies
   (i) Proposed family pension at:
       (a) enhanced rates (if service rendered at the time of death is more than seven years) (as in para 2 of Appendix 1 to these rules)
       (b) Ordinary rates (as in para 1 of Appendix 1 to these rules).
   (ii) Period of tenability of Family Pension Scheme, 1964.

From To
(a) enhanced rates
(b) Ordinary rates.

20. Person to whom family pension is payable.

   Name:
   (Relationship with the deceased Government employee)
   Full postal address

21. Details of Government dues recoverable out of gratuity:
   (i) Licence fee for occupation of Government accommodation (See rule 9.27).
   (ii) Amount of death-cum-retirement gratuity to be held over pending receipt of information from the Accounts Officer (Rent)/Rent Assessing Authority. [See rule 9.27(1)(v)]
   (iii) Dues referred to in rule 9.27(2). 
22. Date on which claim received from the claimants.

23. Name of guardian who will receive payment of death-cum-retirement gratuity and family pension in the case of minors.

24. Place of payment (Treasury, Sub-treasury or branch of public sector bank)

25. Head of Account to which death-cum-retirement gratuity and family pension are debitable.

Place: __________________________

Dated the __________________________

Signature of Head of Office

SECTION II

Details of provisional family pension and gratuity to be sanctioned by the Pension Sanctioning Authority in accordance with rule 9.25.

Provisional family pension ..........Rs__________

Gratuity (the amount mentioned in item 18(b) of part 1) ..........Rs__________

Less

(a) Licence fee recoverable from gratuity for occupation of Government accommodation (as in item 21(i) of part 1) ..........Rs__________

(b) Amount of gratuity to be held over pending receipt of information from the Accounts Officer (Rent)/ Rent Assessing Authority as in item 21(ii) of part 1) ..........Rs__________

(c) Other Government dues as mentioned in item 21(iii) of part 1 ..........Rs__________

(d) Total of (a), (b) and (c) ..........Rs__________

Place: __________________________

Dated, the __________________________

Signatures of Head of Office
FORM OF LETTER TO THE AUDIT OFFICER FORWARDING PAPERS FOR THE GRANT OF FAMILY PENSION AND DEATH-CUM-
RETIREMENT-GRATUITY TO THE FAMILY OF A GOVERNMENT EMPLOYEE WHO DIES WHILE IN SERVICE.

No
Government of Haryana
Department/Office
Dated, the

To
Accountant General, Haryana,

Subject:- Grant of Family Pension and death-cum-retirement gratuity.

Sir,

I am directed to say that Shri ____________ designation ________ died on _____________. His family has become eligible for the grant of family pension and death-cum-retirement gratuity. Form PEN 17 duly completed is forwarded herewith for the further necessary action.

2. Government dues in respect of the deceased Government employee will be recovered out of the death-cum-retirement gratuity as indicated in Section II of Part I of Form PEN 17.

3. Your attention is invited to the list of enclosures which is forwarded herewith.

4. The receipt of this letter may be acknowledged and this Department/Office informed that necessary instructions for the disbursement of family pension and death-cum-retirement gratuity have been issued to the disbursing authority concerned.

Yours faithfully,

Head of Office/Pension Sanctioning Authority.

List of enclosures:-

1. Form PEN 17 duly completed.
2. Service Book (date of death to be indicated in the service book)
3. The specimen signature or left hand thumb and finger impressions of the claimant or guardian duly attested.

4. Two copies of passport size photographs of the claimant or guardian duly attested.

5. Two copies of descriptive roll of the claimant or guardian duly attested indicating height and personal marks.

6. Postal address of the claimant or guardian.
FORM OF LETTER TO THE MEMBER OR MEMBERS OF THE FAMILY OF A DECEASED GOVERNMENT EMPLOYEE WHERE VALID NOMINATION FOR THE GRANT OF THE DEATH-CUM-RETIREMENT-GRAUITY EXISTS.

No.____________________
Government of Haryana
Department of____________________
Dated the____________________

To

____________________

Subject:- Payment of death-cum-retirement-gratuity in respect of the late Shri/Smt____________________

Sir/Madam,

I am directed to state that in terms of the nomination made by the late Shri/Shrimati (Designation) in the office/Department of __________________________, a death-cum-retirement gratuity is payable to his/her nominee(s). A copy of the said nomination is enclosed herewith.

2. I am to request that a claim for the grant of the gratuity may be submitted by you in the enclosed Form PEN 1-B.

3. Should any contingency have happened since the date of making the nomination, so as to render the nomination invalid, in whole or in part, precise details of the contingency may kindly be stated.

Yours faithfully,

Head of Office
FORM OF LETTER TO THE MEMBER OR MEMBERS OF THE FAMILY OF A DECEASED GOVERNMENT EMPLOYEE WHERE VALID NOMINATION FOR THE GRANT OF THE DEATH-CUM-RETIREMENT-GRAUTUITY DOES NOT EXISTS.

No
Government of Haryana
Department of
Dated the ____________

To

Subject:- Payment of death-cum-retirement gratuity in respect of the late Shri/Shrimati________

Sir/Madam,

I am directed to say that in terms of Rule 6.16 A of Punjab CSR VOL.II, a death-cum-retirement-gratuity is payable to the following members of the family of late Shri/Shrimati________ (Designation), in the Office/Department of________ in equal share:-

(i) Wife/Husband including judicially separated wife/husband
(ii) Sons ) including step ) children and
( ) adopted children.
(iii) Unmarried daughters )

2. In the event of there being no surviving member of the family as indicated above, the gratuity will be payable to the following members of the family in equal share:--

(i) Widowed daughters (including step daughters and adopted daughters)
(ii) Father ) including adoptive parents in case ) of individuals whose personal law
 ) permits adoption.
(iii) Mother )
(iv) Brother below the age of eighteen years and unmarried and widowed sisters including step brothers and step sisters.
(v) Married daughters, and
(vi) Children of a pre-deceased son.
3. It is requested that a claim for the payment of gratuity may be submitted in the enclosed Form PEN 1 B as soon as possible.

Yours faithfully,

Head of Office.
FORM P.F. 1

[Referred to in Rules 13.7(3) and 14.5(3)]

FORM OF NOMINATION

When the subscriber has a family and wishes to nominate one member thereof.

I hereby nominate the person mentioned below, who is a member of my family as defined in Rule 13.2/14.2 of the Punjab Civil Services Rules, Volume II, to receive the amount that may stand to my credit in the Haryana General Provident/ Contributory Provident Fund in the event of my death before that amount has become payable, or having become payable has not been paid:

<table>
<thead>
<tr>
<th>Name and address of nominee</th>
<th>Relation with subscriber</th>
<th>Age</th>
<th>Contingencies on which the nomination shall become invalid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address and relationship of the person or persons, if any, to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber or on the happening of the contingency or contingencies specified in the previous column</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dated this _________ day of _______ 19

Signature of subscriber

Two witnesses to signature

(1) ____________________________

(2) ____________________________
FORM P.F. 1-A
[Referred to in Rules 13.7(3) and 14.5(3)]

FORM OF NOMINATION

When the subscriber has a family and wishes to nominate more than one member thereof

I hereby nominate the persons mentioned below, who are members of my family as defined in Rule 13.2/14.2 of the Punjab Civil Services Rules, Volume II, to receive the amount that may stand to my credit in the Haryana General Provident Fund/Haryana Contributory Provident Fund in the event of my death before that amount has become payable, or having become payable has not been paid, and direct that the said amount shall be distributed among the said persons in the manner shown below against their names:-

<table>
<thead>
<tr>
<th>Name and Relation of Nominee</th>
<th>Age</th>
<th>Amount or Share of Accumulations to be Paid to Each</th>
<th>Continuance of Relationship of Person</th>
<th>Name, Address and Relationship of Person Predeceasing the Subscriber</th>
</tr>
</thead>
</table>

Dated this ___________ day of ___________ 19.

Signature of Subscriber ____________________________

Two witnesses to signature :

(1) _____________________________________________

(2) _____________________________________________

*Note: This column should be filled in so as to cover the whole amount that may stand to credit of the subscriber in the G.P. Fund, at any time.*
FORM OF NOMINATION

When the subscriber has no family and wishes to nominate one person.

I, having no family as defined in Rule 13.2/14.2 of the Punjab Civil Services Rules, Volume II, hereby nominate the persons mentioned below to receive the amount, that may stand to my credit in the Haryana General Provident Fund/Contributory Provident Fund, in the event of my death, before that amount has become payable, or having become payable, has not been paid.

<table>
<thead>
<tr>
<th>Name and address of nominee</th>
<th>Relationship with subscriber</th>
<th>Age</th>
<th>Contingencies on the happening of which the nomination shall become invalid</th>
</tr>
</thead>
</table>

Name, address and relationship of the person or persons, if any, to whom the right of the nominee shall pass in the event of his/her predeceasing the subscriber or on the happening of the contingency or contingencies specified in the previous column.

Dated this ______ day of ______ 19.

at ________.

Signature of Subscriber

Two witnesses to signature:

(1) ____________________________

(2) ____________________________

Note: Where a subscriber who has no family makes a nomination, he shall specify in the column that the nomination shall become invalid in the event of his subsequently acquiring a family.
FORM P.F. 1-C
[Referred to in Rules 13.7(3) and 14.5(3)]

FORM OF NOMINATION

[When the subscriber has no family and wishes to nominate more than one person]

I, having no family as defined in Rule 13.2/14.2 of the Punjab Civil Services Rules, Volume II, hereby nominate the persons mentioned below to receive the amount that may stand to my credit in the Contributory Provident Fund/Haryana General Provident Fund, in the event of my death before that amount has become payable, or having become payable has not been paid, and direct that the said amount shall be distributed among the said persons in the manner shown below against their names:

<table>
<thead>
<tr>
<th>Name and Relationship of Subscriber</th>
<th>Age</th>
<th>Amount or Share of Accumulations to be Paid to Each Nominee</th>
<th>Continency on the Happening of the Event Specified in the Contingency or Contingencies Specified in the Previous Column</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address and relationship of the person or persons, if any, to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber or on the happening of the contingency or contingencies specified in the previous column.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dated this ______________ day of ______________ 19.

Signature of Subscriber ______________________

Two witnesses to Signature:

(1) ______________________________________

(2) ______________________________________

*Note 1: The column should be filled in so as to cover the whole amount that may stand to the credit of the subscriber at any time.

Note 2: Where a subscriber who has no family makes a nomination he shall specify in the columns that the nomination shall become invalid in the event of his subsequently acquiring a family.
FORM P.F. 3

[Referred to in Rules 13.20(1)(a) and 14.19(1)(a)]

FORM OF ASSIGNMENT*

I, A B of________ hereby assign unto the Governor of the Haryana the within policy of assurance as security for payment of all sums which under Rule 13.25 of the Haryana General Provident Rules/14.23(2) of the Contributory Fund Rules, I may hereafter become liable to pay to that Fund.

I hereby certify that no prior assignment of the within policy exists.

Dated this __________ day of _______ 19.

Station________.

Signature of Subscriber__________________________

One witness to Signature________________________

*Note: The assignment may be executed on the policy itself either in the subscriber's handwriting or in type, or alternatively a typed or printed slip containing the assignment may be pasted on the blank space provided for the purpose on the policy. A typed or printed endorsement must be duly signed and if pasted on the policy it must be initialled across all four margins.
FORM P.F. 4

[Referred to in Rules 13.20(1)(a) and 14.19(1)(a)]

FORM OF ASSIGNMENT*

We, A.B. (the subscriber) of __________ and C.D. (the joint assured) of __________ in consideration of the Governor of the Haryana agreeing at our request to accept payments towards the within policy of assurance in substitution for the subscriptions payable by me the said, A.B. to the Haryana General Provident Fund/Haryana Contributory Provident Fund (or, as the case may be, to accept the withdrawal of the sum of Rs. __________ from the sum to the credit of the said A.B. in the Haryana General Provident Fund/Contributory Provident Fund for payment of the premium of the within policy of assurance hereby jointly and severally assign unto the said Governor of the Haryana the within policy of assurance as security for payment of all sums which under Rule 13.25 of the Haryana General Provident Fund/14.23(2) of the Haryana Contributory Provident Fund Rules the said A.B. may hereafter become liable to pay to that Fund.

We hereby certify that no prior assignment of the within policy exists.

Dated this __________ day of __________ 19.

Station __________.

Signature of Subscriber and the Joint Assured __________

One witness to Signature __________

*Note: The assignment may be executed on the policy itself either in the subscriber's handwriting or in type, or alternatively a typewritten slip containing the assignment may be pasted on the blank space provided for the purpose on the policy. A typed or printed endorsement must be duly signed and if pasted on the policy it must be initialled across all four margins.
FORM P.F. 5

[Referred to in Rules 13.20(1)(a) and 14.19(1)(a)]

FORM OF ASSIGNMENT*

I, ___________ wife of ___________, and the assignee of the within policy, having at the request of the assured, agreed to release my interest in the policy in favour of ___________, in order that may assign the policy to the Governor of the Haryana, who has agreed to accept payments towards the within policy of Assurance in substitution for the subscriptions payable by ___________ to the Haryana General Provident Fund/Contribution Provident Fund hereby at the request and by the direction of ___________, assign and confirm unto the Governor of the Haryana the within policy of Assurance as security for payment of all sums which under Rule 13.26/14.24(2) of the rules of the said Fund, who has effected an insurance policy under the rules of that Fund.

We, hereby certify that no prior assignment of the within policy exists. Dated this ___________ day of ___________ 19.

Station ___________.

Signature of Assignee and of the Subscriber ___________.

One witness to Signature ___________.

*Note: The assignment may be executed on the policy itself either in the subscriber's handwriting or in type, or alternatively a typed or printed slip containing the assignment may be pasted on the blank space provided for the purpose on the policy. A typed or printed endorsement must be duly signed and if pasted on the policy it must be initialled across all four margins.
FORM P.F.6

[Referred to in Rules 13.20(1)(a) and 14.19(1)(a)]

"Form of single tenant assignment to be used in cases where a subscriber to the Contributory Provident Fund/General Provident Fund, who has effected an insurance policy under the rules of that fund is admitted to the General Provident Fund/Contributory Provident Fund".

I, _____________________________ of _____________________________

(Subscriber's name) (Subscriber's address)

hereby further assign unto the Governor of Haryana the said policy of assurance as security for the payment of all sums which under Rule 14.23 of Contributory Provident Fund Rules / Rule 13.25 of General Provident Fund Rules the said may hereafter become liable to pay to the Contributory Provident Fund/General Provident Fund.

I, hereby certify that except an assignment to the Governor of Haryana as security for payment of all sums which the said _____________________________ has become liable to pay under Rule _____________________________ of the Contributory Provident Fund Rules/ General Provident Fund Rules, no prior assignment of the within policy exists.

Dated this _____________________________ day of 19

Station _____________________________

One witness _____________________________

Signature of the Subscriber.
FORM P.F. 6-A

(Referred to in Rules 13.20(1)(a) and 14.19(1))

"Form of joint tenant assignment to be used in cases where a subscriber to the Contributory Provident Fund/General Provident Fund who has effected an insurance policy under the Rules of that Fund, is admitted to the Contributory Provident Fund/General Provident Fund".

We, __________________________ (Subscriber's name) of __________________________ (Subscriber's address) and __________________________ (Wife's name) wife of __________________________ hereby jointly and severally further assign unto the Governor of Haryana, the within policy of assurance as a security for the payment of all sums which under Rule 14.23(1) of the Punjab Contributory Provident Fund Rules, Rule 13.25 of General Provident Fund Rules, the said __________________________ (Subscriber's name) may hereafter become liable to pay to the Contributory Provident Fund/General Provident Fund.

We hereby certify that except an assignment to the Governor of Haryana as security for payment of all sums which the said __________________________ (Subscriber's name) has become liable to pay under Rule __________________________ of the Contributory Provident Fund Rules/General Provident Fund Rules, no prior assignment of the within policy exists.

Dated, this ______________ day of ______________ 19.

Station __________________________

One witness __________________________

Signature of the Subscriber and the Joint Tenant.
FORM P.F.7

FORMS OF REASSIGNMENT BY THE GOVERNOR OF THE HARYANA

PART I

[Referred to in Rules 13.22(1)(d)(i) and 14.21]

All sums which have become payable by the above-named A.B./A.B. and C.D. under Rule 13.25 of the Punjab General Provident Fund Rules/14.23 of the Punjab Contributory, Provident Fund Rules having been paid and/or all liability for payment by him of any such sums in the future having ceased, the Governor of the Haryana doth hereby reassign the within policy of assurance to the said A.B./A.B. and C.D.

Dated this day of 19 .

Executed by Accounts ) Signature Officer of the Fund for and on behalf of ) of the the Government of the Haryana in the ) Accounts presence of ) Officer.

Y. Z.

(One witness who should add his designation and address).

PART II

[Referred to in Rules 13.22(2)(i) and 14.21(2)(ii)]

The above named having died on the date of 19 , the Governor of the Haryana doth hereby reassign the within policy of assurance to

Dated day of 19 .

Executed by Accounts ) Signature Officer of the Fund for and on behalf of ) of the the Governor of the Haryana in the ) Accounts presence of. ) Officer

Y Z

(One witness who should add his designation and address).

*Fill in particulars of person or persons legally entitled to receive the policy.
FORM P.F.8

[(Referred to in Rule 13.23(1)(i) 14.22(i)(i)]

FORM OF REASSIGNMENT BY THE GOVERNOR OF THE HARYANA.

The Governor of the Haryana doth hereby reassign the within policy to the said A.B./A.B. and C.D.

Dated this day of 19.

Executed by _______ Accounts Signature
Officer of the Fund for and on behalf of ) of the
the Governor of the Haryana in the ) Accounts
presence of. ) Officer

Y Z

(One witness who should add his designation and address).
FORM OF APPLICATION FOR FINAL PAYMENT/TRANSFER TO BOBES CORPORATE/OTHER GOVERNMENTS OF BALANCE IN THE ______________ P.F.A./C.

To

The Accountant General, Haryana,

(Through the Head of Office/Department)

Sir,

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 Government service under ___________ Government to take up appointment with ___________ and my resignation has been accepted, with effect from ___________ forenoon/afternoon. I joined service with ___________ on ___________ forenoon/afternoon.

2. My Provident Fund Account No. is ___________.

3. My specimen signatures in duplicate, duly attested by another gazetted officer are enclosed.

PART I

(To be filled in when the application for finally payment is submitted up to one year prior to retirement)

4. I request that the amount of Rs. ___________ standing to the credit in my P.F. Account as indicated in the Accounts Statement issued to me for the year ___________(enclosed)/as appearing in my ledger account being maintained by you, may please be arranged to be paid to me through ___________ Treasury/Sub-Treasury
5. Certified that I had taken the following advances in respect of which instalments of Rs. are yet to be repaid to the fund Account. I had taken the following final withdrawals:

<table>
<thead>
<tr>
<th>Temporary Advances</th>
<th>Final withdrawals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

6. Certified that the following amounts were withdrawn by me to finance my Life Insurance Policy from my P.F. Account:

| 1.     |
| 2.     |
| 3.     |
| 4.     |

7. Certified that after the payment of first instalment of my Provident Fund balance, I will apply for the payment of the subsequent instalments in Part II of the form immediately on retirement.

Signature of the Subscriber

Name
Office Address
Residential Address

CERTIFICATION BY THE HEAD OF OFFICE/DEPARTMENT

Certified that the above information has been verified from the records maintained in this office and is correct.

Signature of Head of Office/ Department.
PART II

8. In continuation of my application for final payment sent to you, vide No. dated I request that the balance in my Provident Fund account may please be paid to me.

OR

I request that the entire amount at my credit with interest due under the rules may be paid to me through Treasury/Sub-Treasury may be transferred to my Provident Fund Account. My P.F. Account is

9. A sum of Rs. (Rupees ) was last deducted as Provident Fund Subscription and recover on account of refund of advance from my pay bill for the month of for Rs. encashed on at Treasury/Sub-treasury.

10. I certify that I have neither drawn any temporary advance nor made any final withdrawal from my Provident Fund account during the 12 months immediately preceding the date of my quitting service under

OR

Details of the temporary advances drawn by me/final withdrawals made by me from my Provident Fund Account during the 12 months preceding the date of my quitting service under Government/proceeding on leave preparatory to retirement or thereafter are given below:

<table>
<thead>
<tr>
<th>Amount of advance</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>

11. I hereby certify that no amount was withdrawn/the following amounts were withdrawn by me from my Provident Fund account during 12 months immediately preceding the date of my quitting service under Government/proceeding on leave preparatory to retirement or thereafter for payment of insurance premia or for the purchase of a new policy.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>
The particulars of the Life Insurance Policies financed by me from the Provident Fund which are to be released by you are given below:

<table>
<thead>
<tr>
<th>Policy No.</th>
<th>Name of the Co.</th>
<th>Sum assured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yours faithfully,

Station: __________________________
Signature: _______________________
Date: ___________________________
Address for Correspondence: ______

Para 4 applies only when payment is desired at a treasury other than the one at the District Headquarters where the subscriber last served. Otherwise it may be struck out.

CERTIFICATE BY THE HEAD OF OFFICE/DEPARTMENT

Forwarded in continuation of endorsement No _______________________

1. (a) It is certified after due verification with reference to the records in my office, that no temporary advance/final withdrawal was sanctioned to the applicant from his/her Provident Fund account during the 12 months immediately preceding the date of his/her quitting service under ________________ Government/proceeding on leave preparatory to retirement or thereafter.

OR

2. It is certified that after due verification with reference to the records in my office, that the following temporary/final withdrawals were sanctioned to and drawn by the applicant from his/her Provident Fund Account during 1/2 months immediately preceding the date of his/her quitting service under ________________ Government/proceeding on leave preparatory to retirement or thereafter.

<table>
<thead>
<tr>
<th>Amount of advance/withdrawal</th>
<th>Date</th>
<th>Voucher No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. It is certified that no demands/following demands of Government are due for recovery.

4. Certified that he/she has not resigned from Government service with prior permission of the Government to take up an appointment in another Department of the Central Government or under a State Government or under a body corporated owned or controlled by the State.

(Signature of the Head of Office/Department.)

Certificate No. 3 to be furnished in the case of Contributory Provident Funds only.

Please score out, if not necessary
[FORM PF -9(A)]**
(For Non-Gazetted Officers)
(Referred to in Note 2 below Rules 13.31 and Note 2 below Rule 14.29)

FORM OF APPLICATION FOR FINAL PAYMENT/TRANSFER TO CORPORATE BODIES OTHER GOVERNMENTS OR BALANCES IN THE P.F. A/C

To

The Accountant General, Haryana,

(Through the Head of Office)

Sir,

I am 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 Government Service/have resigned service under ____ Government to take up appointment with ____ and my resignation has been accepted with effect from ____. I joined service at ____ on ____. 

2. My Provident Fund Account No is ________.

3. I desire to receive payment through my office/through the ______ Treasury/ Sub-Treasury. Particulars of my personal marks of identification left-hand thumb and finger impression (in the case of illiterate subscriber) and specimen signature (in the case of literate subscriber) in duplicate duly attested by a gazetted officer of the Government are enclosed.

PART I

[To be filled in when the application for final payment is submitted up to one year prior to retirement]

4. I request that the amount of Rs ______ standing in to the credit in my P.F. Account as indicated in the Accounts Statement issued to me for the year (enclosed) as appearing in my ledger being maintained by you, Treasury/ Sub-Treasury/ Head of Office, may please be arranged to be paid to me as first instalment of final payment.
5. The under-mentioned Life Insurance Policies were being financed by me from my Provident Fund Account.

<table>
<thead>
<tr>
<th>Policy No.</th>
<th>Name of the Company</th>
<th>Sum assured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. After payment of the first instalment of my P.F. balance, I will apply for the payment of subsequent instalments Part II of the Form immediately on retirement.

Yours faithfully,

Station________________________ Signature________________________
Date________________________ Name________________________
Office Address________________________ Residential Address________________________

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

---

(FOR USE BY HEADS OF OFFICES)

1. Forwarded to the Accountant General, Haryana for necessary action.

2. The Provident Fund Account No. of Shri/Smt./Kumari (as verified from the statements furnished to him/her from year to year) is __________________.

3. He/She is due to retire from Government service on __________________.

4. Certified that he/she had taken the following Advances in respect of which instalments of Rs. _______ are yet to be recovered and credited to the Fund Account. The details of the final withdrawals granted to him/her are also indicated below:-

<table>
<thead>
<tr>
<th>Temporary Advances</th>
<th>Final Withdrawals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>
5. Certified that the following amounts were withdrawn from his/her Account to finance the Life Insurance Policy:
   1. 
   2. 
   3. 
   4. 

   Signature of the Head of Office.

PART II

In continuation of my earlier application dated for the final payment of P.F. balances, I request that the entire balance at my credit with interest due under the rules may be paid to me.

OR

I request that the entire amount at my credit with interest due under the rules may be paid to 

Signature

Name

Address for correspondence:

__________________________

(FOR USE BY HEAD OF OFFICES)

1. Forwarded to the Accountant General/ for necessary action. In continuation of endorsement No. , dated .

2. He/She has finally retired/proceeded on leave preparatory to retirement for months has been discharged/dismissed/has been permanently transferred to has resigned finally from Government service/has resigned service under Government to take up appointment with and his/her resignation has been accepted with effect from forenoon/afternoon. He joined service with on forenoon/afternoon.

3. The last fund deduction was made from his/her pay in this office Bill No. dated for Rs. (Rupees ) cash vouchers No. of
Treasury the amount of deduction being Rs.________ and recovery on account of refund of advance Rs.________.

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

OR

Certified that the following temporary advances/final withdrawals were sanctioned to him/her and drawn from his/her provident fund account during the 12 months immediately preceding the date of his/her quitting service under __________ Government/proceeding on leave preparatory to retirement or thereafter.

Amount of advance/withdrawal Date Voucher No.
1.
2.
3.

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 under __________ Government/proceeding on leave preparatory to retirement or thereafter for payment of Insurance Premia or for the purchase of a new Policy.

Amount Date Voucher No.
1.
2.
3.

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

7. Certified that he/she has not resigned from Government service with prior permission of the Government to take an appointment in another Department of the Government or under a State Government or under a body corporate owned or controlled by the State.

Signature of Head of Office/Department.

*Certificate No.6 to be furnished in the case of Contributory Provident Fund only.
Please score out if not necessary.
FORM PF-9(B)
(For Gazetted/Non-Gazetted Officers)

(Referred to in Note 2 below Rule 13.31 and Note 2 below Rule 14.29)

FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCES IN THE PROVIDENT FUND ACCOUNT OF A SUBSCRIBER TO BE USED BY THE NOMINEES OR ANY OTHER CLAIMANTS WHERE NO NOMINATION SUBSISTS.

To,

The Accountant General, Haryana,

(Through the Head of Office)

Sir,

It is requested that arrangements may kindly be made for payment of the accumulation in the provident fund account of Shri/Smt. The necessary particulars required in this connection are given below:

1. Name of the Government employee
2. Date of Birth
3. Post held by the Government employee
4. Date of death
5. Proof of death in the form of a death certificate issued by the Municipal authorities etc., if available.
6. Provident Fund Account No. allotted to the subscriber
7. Amount of provident fund money standing to the credit of the subscriber at the time of his death, if known.
8. Details of the nominees alive on the date of death of the subscriber if a nomination subsists.

<table>
<thead>
<tr>
<th>Name of the Nominee</th>
<th>Relationship with the subscriber</th>
<th>Share of the nominees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. In case the nomination is in favour of a person other than a member of the family, the details of the family, if the subscriber subsequently acquired a family.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship with the subscriber</th>
<th>Age on the date of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. In case no nomination subsists, the details of the surviving members of the family on the date of death of the subscriber. In case of a daughter or a daughter of a deceased son of the subscriber married before the death of the subscriber, it should be stated against her name whether her husband was alive on the date of death of the subscriber.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship with the subscriber</th>
<th>Age on the date of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. In case of amount due to a minor child whose mother (widow of subscriber) is not a Hindu, the claim should be supported by Indemnity Bond or Gurdianship Certificate, as the case may be.

12. If the subscriber has left no family and no nomination subsists the names of persons to whom the Provident Fund money is payable (to be supported by letters of probate or succession certificate, etc.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship with the Subscriber</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. Religion of the claimant(s).

14. The payment is desired through the office of the Treasury/Sub-Treasury. In this connection the following documents duly attested by Gazetted Officer in service/Magistrate are attached.
(i) Personal marks of identification.

(ii) Left/right-hand thumb and finger impression (in the case of illiterate claimants).

(iii) Specimen Signatures in duplicate (in case of illiterate claimants).

(iv) Photographs in duplicate.

Station

Date

Yours faithfully

Signature of claimant.

Full name and address.

("For use by the Heads of Departments/Office")

(i) Forwarded to the Accountant General, Haryana, for necessary action.

(ii) He/She died on ____________

(iii) The last fund deduction was made from his/her pay in this office bill No. ____________ dated ____________ for Rs. ____________ Rupees ____________ of Treasury Cash voucher No. ____________ amount of deduction being Rs. ____________ and recovery on account of refund of advance Rs. ____________.

(iv) Certified that he/she was neither sanctioned any temporary advance nor any final withdrawal from his/her Provident Fund account during 12 months immediately preceding the date of his/her death.

OR

Certified that the following temporary advances/final withdrawals were sanctioned to him/her and drawn from his/her Provident Fund account during 12 months immediately preceding the date of his/her death:

<table>
<thead>
<tr>
<th>Amount of advance/withdrawal</th>
<th>Date</th>
<th>Voucher No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(vi) Certified that no amount was withdrawn/the following amounts were withdrawn his/her, Provident Fund Account during 12 months immediately preceding the date of death for payment of Insurance premium or for purchase of new Policy:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Date</th>
<th>Voucher No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

"(vi) It is certified that no demands/following demands of Government are due for recovery.

Signature of Head of Office/Department

"Certificate No. (vi) to be furnished in the case of Contributory Provident Fund. Please score out if not necessary."
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This index has been compiled solely for the purpose of assisting references. No expression used in it should be considered in any way interpreting the rules.

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Authorities competent to sanction -- from 13.14, the Punjab General Provident Fund Note 2</td>
</tr>
<tr>
<td>Authorities competent to sanction -- from 14.13(2) the Punjab Contributory Provident Fund</td>
</tr>
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</tr>
<tr>
<td>Recovery of -- from the Punjab Contributory Provident Fund and interest thereon 14.15</td>
</tr>
<tr>
<td>Age --</td>
</tr>
<tr>
<td>-- at which service qualifying for pension 3.9 begins</td>
</tr>
<tr>
<td>Applications for commutation of pension(s) --</td>
</tr>
<tr>
<td>Authorities to which-- may be submitted 11.2</td>
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<td>Period during which -- may be withdrawn 11.10(2)</td>
</tr>
<tr>
<td>Report of the Accounts Officer on -- 11.4</td>
</tr>
<tr>
<td>Application for pension(s) --</td>
</tr>
<tr>
<td>Verification of service 9.5</td>
</tr>
<tr>
<td>Apprentice --</td>
</tr>
<tr>
<td>When service as -- qualifies or does not 3.23 qualify for pension</td>
</tr>
<tr>
<td>Arrears of pension --</td>
</tr>
<tr>
<td>-- due to a deceased pensioner 10.13(c)</td>
</tr>
<tr>
<td>&amp; (d), 2.6</td>
</tr>
<tr>
<td>-- undrawn for more than a year 10.13(a)</td>
</tr>
<tr>
<td>When sanction of authority competent to 10.13(b) sanction pension is required to pay --</td>
</tr>
<tr>
<td>Average Emoluments --</td>
</tr>
<tr>
<td>-- reckoned for pension 5.9</td>
</tr>
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</tr>
<tr>
<td>Term -- defined 6.24</td>
</tr>
</tbody>
</table>
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<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment of commuted value should be made as expeditiously as possible</td>
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<tr>
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<td>11.16</td>
</tr>
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<td>Period during which an application for may be withdrawn</td>
<td>11.18(2)</td>
</tr>
<tr>
<td>Place of payment of the commuted value of a pension</td>
<td>11.15</td>
</tr>
<tr>
<td>Report of the Accounts Officer on the application for</td>
<td>11.4</td>
</tr>
<tr>
<td>Sanction to -- may be cancelled at any time before payment is actually made</td>
<td>11.12</td>
</tr>
<tr>
<td>When -- becomes absolute</td>
<td>11.11</td>
</tr>
<tr>
<td>Compassionate Fund --</td>
<td></td>
</tr>
<tr>
<td>Relief may be given to the families of Government employees left in indigent circumstances out of --</td>
<td>2.7, Note 2</td>
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  Form of nomination for the right to receive money in case of subscriber's death
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Advances from -- and their recovery
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Subscriber's accounts of the -- to be maintained
Subscriptions to the -- to be made by deduction from emoluments

Provisional DCRG/Family Pension -- can be remitted through M.O./B.Draft
Provisional Gratuity --

Excess amount of -- shall not be refunded by the retired Government employee

100% -- can be determined after deducting Government dues

If 6 months after the -- final pension/ gratuity is not sanctioned, the -- will be treated as final by the Audit Officer

-- can be revised

-- can be sanctioned on the basis of record available in the office and the information collected from the retired Govt. employee

--/pension or both can be remitted through M.O./B.Draft at the cost of pensioner

Provisional Pension --

Excess amount of -- can be adjusted out of either gratuity or pension

100% -- can be sanctioned for a period not exceeding 6 months

--/gratuity can be revised

If 6 months after the -- final pension is not sanctioned, the -- will be treated as final by the Audit Officer

-- can be sanctioned on the basis of record available in the office and the information collected from the retired Govt. employee

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