

For Application for Pension/DCRGratuity

From:

.....  
.....

To,

The.....  
.....

Sub: **APPLICATION FOR SANCTION OF PENSION/D.C.R.GRATUITY**

Sir,

I beg to say that I am retire from my service with effect from the ..... my date of birth being..... I therefore, request that steps may kindly be taken with a view to the Pension and Gratuity admissible to me being sanctioned by the date of my retirement. I desire to draw my Pensionfrom..... (Name of office /Bank Preferable with SBI Core Banking Branches/Axis Bank Ltd./ UBI where SBI is not available).

2. I hereby declare that I have neither applied for, nor receive any Pension or Gratuity in respect of any Potion of the service qualifying for this Pensionand in respect of which Pension and / or Gratuity is claimed here in shall I submit an application and orders which may be passed herein.

3. I enclosed herewith:

- i. Two specimen signatures of mine, duly attested.
- ii. Three copies of passport size photograph of mine, also duly attested.

OR

- Three copies of passport size joint photograph of mine and my Wife/Husband (only in case of officers governed by the Family Pension scheme, 1964)
- iii. Two slip each being my left-hand thumb and fingers impression duly attested. (This is required only in the case of persons who are illiterate and cannot sign their names.)
- iv. Two slips each showing particulars of my height and identification marks duly attested.

4. My present address is.....and address after retirement will be .....

(Note: Any subsequent change of Address should be notified to the Head Office)

5. The details of the members of my families required under their Family Pension Scheme, 1964 are given below (Only in case of Officers governed by the Family Pension Scheme, 1964).

Name of members	Date of birth	Relationship

Date.....

Signature of the Applicant

**APPLICATION FOR PENSION OR GRATUITY AND  
DEATH-CUM-RETIREMENT GRATUITY**

**Part – A (To be filled up by the employee/nominee)**

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1. Name of the Applicant : -

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2. Father's name (and also husband's Name in case of a woman Government Service) : -

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3. Region and Nationality : -

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4. Permanent residential Address : -  
Show village/town and state

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5. Place of payment (Board's Circle/  
Division Offices/Branch of axis Bank/  
SBI Core Banking/UBI Core Banking with A/c nos.) Where is not available.

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N.B The amount of D.C.R.Gratuity will be credited to the Bank Account (with core Banking Facilities) as shown in the undertaking furnished by the pensioner if he / she has no outstanding liability towards outside agency other than ASEB/Company/Corporation.

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6. Whether nomination made for  
(i) Family Pension, 1954 : -  
(II) Death cum Retirement Gratuity.

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7. Date on which the applicant applied for pension : -

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**Part – B (To be filled up by Head of Office)**

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8. Present of last appointment : -  
Including name of establishment

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9. Present or last substantive : -

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10. Date of Beginning of service : -

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11. Date of Ending service : -

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12. (a) Total period of Military service : -

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(b) Date of commence and of each : -  
Period of military service

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(c) Amount and nature of any : -  
Pension/Gratuity received  
For the military service

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13. Length of service with detail of : -  
Interruptions and non-qualifying period

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14. Class of Pension or Gratuity applied For and cause of application	: -
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15. Average emoluments	: -
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16. Proposed pension	: -
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17. Proposed gratuity	: -
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18. Proposed death-cum retirement Gratuity	: -
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19. Date from which pension is to commence	: -
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20. Pension rules opted / eligible	: -
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21. Date of applicant's birth by Christian Era	: -
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22. Height	: -
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23. Identification marks	: -
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24. Name of Provident fund Accounts Subscribed Accounts Number, if any	: -
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25. Nature of Board's dues, if any outstanding Against the applicant.(To be specified)	: -
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Date.....

*Signature of the Heads of Office*

**From No. 2. (Contd)**

**SECOND PAGE**

History of service (Showing interruption) of Sri/Smt/Kumari.....

.....date of birth.....

Establishment	Appointment	Pay	Acting allowance	Date of beginning	Date of ending	Period reckoned as service	Period not reckoned as service	Remarks	How verified	Remarks by the Audit officer
1	2	3	4	5	6	7	8	9	10	11
				Total Period of service						

**From No. 2. (Contd.)**

**THIRD PAGE**

**(A) Remarks by the Receiving Authority**

1. As to Character and past conduct of the applicant.....
2. Explanation of any suspension, degradation.....
3. Regarding any gratuity or pension already received.....
4. Any other remarks.....
5. Sepcific opinion of the Receiving Authority.....  
Whether the service claimed is established and.....  
Should be admitted or not.....

Date: .....

Signature and Designation  
Of the Receiving Authority

**(B) Orders of the Pension Sanctioned Authority**

- (i) The undersigned having satisfied himself that the services of Sri/Smt/Kumari.....  
..... has been thoroughly  
satisfactory hereby orders the grant of full pension and/or gratuity which may be accepted by the Chief  
General Manager (F&A), AEGCL, as admissible under/ the rules  
Or  
The undersigned having satisfied himself that the service of Sri/Smt/Kumari.....  
..... has not been thoroughly satisfactory  
hereby orders the grant of full pension and/or gratuity which may be accepted by the Chief General Manager  
(F&A), AEGCL, admissible under the rules shall be reduced by the specific amounts of percentage indicated  
below :  
Amount of percentage in reduction in gratuity.....  
Amount of percentage in reduction in pension.....
- (ii) The grant of this pension and gratuity shall take effect from.....  
.....
- (iii) A sum of Rs.....on account of .....  
Is to be held over from death-cum-retirement gratuity till the outstanding dues are assessed and adjusted.
- (iv) The following service of the officer has been approved for the grant of special additional admissible under the  
rules.  
Post/Post held.....  
Period of service.....
- (v) The pension and death-cum-retirement gratuity are payable to.....  
.....and are chargeable to.....
- (vi) This order is subject to the conditions that the amount of pension and/or gratuity as authorized by Chief  
General Manager (F&A), AEGCL afterwards found to be in excess of the amount to which the pensioner is  
entitled under the rules he/she will be called upon to refund such excess.

Dated the.....

Signature and Designation of the  
Authorised Sanctioning Pension  
And DCRGratuity

**From No. IA**

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

( See Rules 5(2), 12, 13(3), 14(1) and 15(3) )  
(To be submitted in duplicate at least three months before the date of retirement)

**PART – I**

The .....

.....

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

**Sub: Commutation of pension without medical examination.**

Sir,

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

1. Name (in Bloc Letters)	:
2. Father's name (and also husband's Name in the case of a female Board's Servant)	:
3. Designation	:
4. Name of office/Department in which employed	:
5. Date of birth by Christian Era	:
6. Date of superannuation Pension proposed to be commuted	:
7. Fraction of superannuation Pension proposed to be commuted	:
8. Disbursing authority from which Commuted value of pension is to be drawn	:
(i) Name of the branch of the Bank with complete postal address-SBI with core banking facility/Axis Bank Ltd. (UTI/UBI-core banking where SBI is not available)	:
(ii) Account Number	:
(iii) Name of Office/Department	:

Place	Date	
Present Postal Address:	Postal address after retirement:	Signature with date

- The applicant should indicate the fraction of the amount of monthly Pension (subject to a maximum of one third thereof) which he/she desires to commute and not the amount in rupees.
- Score out which is not applicable

### PART – II

Forwarded to sanctioning authority,  
 (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 of Rs.....and
  - (iv) The amount of residuary pension after commutation will be Rs.....
2. The pension papers of the applicant completed in all respects were forwarded under this Department/Office Letter No..... dated..... It is requested that the payment of commuted value of pension may be authorised through the pension payment order which may be issued one month before the applicant.
  3. The receipt of part –I of this form has been acknowledge in part –III which has been forwarded separately to the application on.....
  4. The commuted value Pension is debitable to the Head of Account.....

Place:  
Date

*Signature Head of Office*

### PART-III (ACKNOWLEDGEMENT)

Received from Sri/Smt/Kumari..... (name)  
 ..... (designation) application in Part I  
 of Form IA for commutation of a fraction of pension without medical examination.

Place:

Date:

*Signature Head of Office*

Note: If the application has been received by the Head of Office before the date of retirement on superannuation, this acknowledge should be detached from the form and handed over to the applicant. If the form has been received by post, it has to be acknowledge on the same day and the acknowledgement sent under registered cover to the applicant. In case it is received after the specified date, it should be accepted only if it has been put into the post on or before that date subject to the production of evidence to that by the applicant.

# A.E.G.C.L

**FROM OF APPLICATION FOR THE GRANT OF FAMILY PENSION 1964 ON THE DEATH OF BOARD'S PENSIONERS  
TERMS OF OFFICE ORDER NO. ASEB/ACT/PEN/178/80 Pt-III/27 Dtd. 08/04/2005.**

1. Name of the applicant (Pensioner)  
With Designation.
  - (i) Name of the wife (with occupation)
  - (ii) Name of Guardian if the family pension is  
To be granted to Eligible minor child only.
2. Name and age of wife/husband and  
Children of the Board's employee: -

SI No.	Name	Relationship with the Pensioner	Date of Birth by C.E.
1			
2			
3			
4			
5			

3. Pension Payment authority No. & date.
4. Office/Deptt. In which the Board's  
Employee served last.
5. If the Family Pension is to be granted to  
Guardian, his date of Birth & relationship  
With the Board's Pensioner.
6. The amount of service Pension  
Granted to the Pensioner.
7. Full address of applicant
8. Place of Payment of Family Pension
9. Enclosures :-
  - (i) Two specimen signature of spouse duly Attested  
(to be furnished in two separate sheets)
  - (ii) Two Passport size Photographs of Spouse.
  - (iii) Two slips each bearing right hand thumb &  
Fingers impression of the Spouse attested,  
(if not literate)



**ASSAM ELECTRICITY GRID CORPORATION LIMITED**  
**(2)**

- (iv) Descriptive Roll of spouse duly attested Indicating  
(a) Height & (b) Personal mark if any hand/face  
Etc. (to be furnished in duplicate).
- (v) Certificate of age in original with two attested  
Copies showing the date of birth of eligible  
Children. (The certificate should be from the  
Municipality Authority or Registrar of Birth & Death)

10. Signature or right hand thumb impression of the Spouse.....

**Attested by**

	<u>Name</u>	<u>Full Address</u>	<u>Signature</u>
(i)			
(ii)			

**11. Witness**

	<u>Name</u>	<u>Full Address</u>	<u>Signature</u>
(i)			
(ii)			

*Signature of Head of Office.*

**ASSAM ELECTRICITY GRID CORPORATION LIMITED**

**(APPLICATION FOR DRAWAL OF PENSION THROUGH BANKS)**

To,

**The Chief General Manager (F&A)**

Assam Electricity Grid Corporation Limited.  
Bijulee Bhawan (1<sup>st</sup> floor), Paltanbazar,  
Guwahati – 781001.

Latest Passport size  
Attested Photograph  
to be affixed  
(Not stapled)

I opt to draw my pension through State Bank of India, approved by the AEGCL, and given necessary particulars to enable you to make all arrangement in this regards.

**1. Particulars of Pensioner**

- (a) Name :
- (b) P.P.O. No. :
- (c) Present Address :

**2. Particulars of Bank Accounts.**

- (a) Name of the Bank : **STATE BANK OF INDIA.**
- (b) Branch where payment desire :
- (c) Branch Code No.....of the Branch to which Pension is to be credited.
- (d) A/C No.....

N.B: (i) No "Joint or either of the Survivor Account" will be accepted.

(ii) Please enclose a Xerox Copy of Cover page of Bank Pass Book concerned to verify the name, Branch & A/c No. etc.

.....  
(Signature of Applicant)

**PENSIONER'S SPECIMEN SIGNATURE**

- 1.
- 2.

**Undertaking for the Pensioners desires to draw through SBI, at Nepal**

I undertake to bear the Bank charges for remitting my monthly Pension/Family Pension through the Nepal S.B.I. Ltd,.....Branch.

Date:

Signature of Pensioner

sstt General Manager (F&A), Pension, AEGCL  
(with his seal)