From No. 14

FROM OF APPLICATION FOR THE GRANT OF F.P 1964 ON THE DEATH OF EMPLOYEE / PENSIONER OF BOARD / SUCCESSOR CO.

	1.	Name of applicant	:			
		(i) Widow/Widower	:			
		(ii) Guardian if the deceased is survived By child or children	:			
	2.	Name and age of surviving widow/widower and Children of deceased employ/pensioner of Board/	Successor :			
Sl. No.		Name	Relation with deceased	Date of birth of C.E.		
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1.			,			
2.						
3.						
4.						
5.						
Name and nos. of the Pensioner Payment order of the deceased pensioner :						
	4.	Date of death of employ/pensioner of Board/ Successor CO.	:			
	5.	5. Office/Deptt. in which the deceased Employee of Board/successor Co. served last :				
	6.	If the applicant is guardian his date of birth : And relation with the employee/pensioner of board/successor Co.				
	(a) If the applicant is a widow/widower the :					
Amount of service Pension which she/he may be						
	7.	In receipt of the death of husband/wife. Full address of the applicant	:			
	8. Place of payment of pension/gratuity :					
(i) Name of the branch of the bank in two separate sheets)						
		With complete postal address-SBI with	I			
		Core banking facility/Axis Bank Ltd.(UTI)				
	UBI-core banking where SBI is not available) (ii) Account Number :					
	· ·					
	9.	Enclosures (i) Two specimen signature of applicant				
		(i) Two specimen signature of applicant Duly attested (To be furnished				
		In two separate sheets)				
		III (WO OCHAIGE SHEELS)	•			

Two copies of passport size

Photographs of applicant duly attested

Two slips each bearing left hand thumb

Descriptive roll of applicant duly attested

Indicating (a) height and (b) personal mark if any Hand/face etc. (not less than two if possible, to be

And finger impression of the Applicant duly attested :

(ii)

(iii)

(iv)

		Furnished in duplicate)						
	(v)	Certificate of age in original with two attested copies showing the date of birth of children. The certificate should be from the municipal authority or local Panchayat.						
10.	Signatu	re of left hand impression of the Applicant.						
11.	Attested	d by :						
		Name	Full Address	Signatures				
12.	Witness	l'itness :						
	Name		Full Address	Signatures				
			l					