**BY REGISTERED POST/BY HAND**

APPLICATION FOR PENSION

From

To

 The Director,

 C.M.F.R.I.,

 Kochi – 18.

 Through

 Sub : Application for the grant of Superannuation Pension/ DCRG etc. – reg.

Respected Sir,

 I hereby say that I am retired from service with effect from the forenoon of I, therefore request that steps may kindly be taken early with a view to sanction the pension and gratuity admissible to me by the date of my retirement. I desire to draw my pension from C.M.F.R.I.

 I hereby declare that I have neither applied for, nor received any pension or gratuity in respect of the service qualifying for this pension and in respect of which pension and gratuity are claimed herein nor shall I submit an application hereafter without quoting a reference to this application and the orders which may be passed hereon.

 I am governed by rule 5 of the Central Civil Services (Pension) Rules, 1972 and that the details of my family already furnished by me in form 3 are complete and upto date.

 I enclose herewith my application in Form 5 with necessary documents required for sanction of my pension.

Place : Yours faithfully,

Date :

Encls : As above.

FORM 5

[See rules 59 (1) (c) & 61 (1)]

[ Also see rules 5 (2), 13 (3), 14 (1) and 15 (3) of Central Civil Services (Commutation of Pension) Rules, 1981 ]

Particulars to be obtained by the Head of Office from the retiring Government Servant after his retirement.

1 Name

2 (a) Permanent Account No for Income Tax (PAN) :

 (b) Aadhaar No., if available :

3. Specify a few marks of identification, not less than two, if possible:

4 Height :

5 Address after retirement/permanent address for future correspondence :

6 Bank Account No. to which pension is to be credited:

 (Joint account, either or survivor, with the spouse)

(In case the Head of Office is satisfied that it is not possible for the retiring Government Servant to open a joint account for reasons beyond his/her control, this requirement may be relaxed).

7. Name of the Branch of Bank through which pension is to be drawn:

1. BSR/CIF code of the branch :
2. IFSC code of the branch :

8. Indicate whether family pension is also admissible from any other source – Military or State Government and/or a Public Sector Undertaking/Autonomous body/Local Fund under the Central or a State Government :

9 I desire to commute……. (upto 40%) of my superannuation pension in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981.

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

Enclosures as per check list are enclosed. Signature :

Place :…………………..

Date :

**Note 1:**Commutation of pension is optional. Item 9 may be struck off if the retiring Government servant does not desire to commute a percentage of pension.

**Note 2:**A separate application for commutation of superannuation pension in Form 1-A of Central Civil Services (Commutation of Pension) Rules, 1981 is required to be submitted in case the retiring Government servant desires to apply for commutation of pension after submission of this form but three months before retirement.

**Note 3:**It is in the interest of the Government servant to provide E-mail ID and Mobile number, which facilitates future correspondence.

**Check List of Documents to be submitted along with Form 5**

|  |  |  |
| --- | --- | --- |
| S.No | Description of documents to be enclosed | Whether enclosed |
| 1.(a) (b) | Two specimen signatures (to be furnished in a separate sheet)Additional information (Only in case of an illiterate or disabled Government servant)Two slips each bearing the left hand thump and finger impression duly attested may be furnished by a perDaughter who is not literate and cannot sign his name. If such a Government servant on account of physical disability is unable to give left hand thump and finger impressions he may give thump and finger impressions of the right hand. Where a Government servant has lost both the hands, he may give his toe impressions. Impressions should be attested by a Gazetted Government servant. | Yes |
| 2. | Three copies of passport size joint photograph with wife or husband. Where it is not possible for a Government servant to submit a photograph with his wife or her husband, he or she may submit separate photographs. The photographs shall be attested by the Head of Office. Three copies of passport size photograph of disabled child/siblings/dependent parents, if applicable (To be attested by the Head of Office.  | Yes |
| 3. | Details of the family in Form 3. | Yes |
| 4. | Undertaking in Form 26, for those who served in Security-related or Intelligence Organisations referred to in rule 8 of the CCS (Pension) Rules, 1972. | No |
| 5. | Written statement for counting of period of service under rule 59(1) (a), if any | No |
| 6. | Undertaking for refunding any excess payment made by the pension disbursing bank | Yes |
| 7. | Nomination for gratuity, CGEGIS and GPF in Common Nomination Form | Yes |
| 8. | Nomination for arrears of pension and commuted value of pension (if applied for commutation of pension) in common Nomination Form  | Yes |
| 9. | Form for submitting details under Anubhav (optional) | No |

JOINT PASSPORT SIZE PHOTOGRAPH OF ………………………………………………………………………………………… WITH WIFE SMT……………………………..

 Attested by me

JOINT PASSPORT SIZE PHOTOGRAPH OF,…………………………………………..WITH WIFE ……...............

 Attested by me

IDENTITY SLIP CONTAINING PERSONAL MARKS AND HEIGHT OF

Personal identification Marks as given in the Service Book:

Height:

 **ATTESTED**

SPECIMEN SIGNATURES OF …………………………………………………………….

 1.

 2.

 3.

 **ATTESTED**

FORM 3

[See rule 54 (12)]

Details of Family

1 Name of the Government :

2 Designation :

3 Date of Birth :

4 Details of the members of family as on :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | Names of the members of family | Date of birth | Relationship with the officer | Marital status | Remarks | Dated signature of Head of Office |
| [1] | [2] | [3] | [4] | [5] | [6] | [7] |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |

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

 Signature of Government Servant

Date :

Place:

**Note: 1.**The original form submitted by the Government servant is to be retained. All additions/ alterations are to be recorded in this Form under the signature of Head of Office in Col. 7. No new Form will substitute the original Form. However, the retiring Government servant should submit the details of family afresh along with Form 5.

**Note: 2.**The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

**Note: 3.** The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the ‘Remarks’ column. The fact regarding disability or change of marital status of a family member should also be indicated in the ‘Remarks’ column.

**Note: 4.** Wife and husband shall include judicially separated wife and husband.

IDENTITY SLIP CONTAINING PERSONAL MARKS/SPECIENE SIGNATURE OF………………………..**.**  SPOUSE OF……………………………………..

Personal identification Marks :

 **ATTESTED**

SPECIMEN SIGNATURES:

 **1.**

 **2.**

 **3.**

 **ATTESTED**

**UNDERTAKING**

 I, ………………………… spouse of **……………………………., ……………………………….,** hereby undertake that any excess payment that may be found to have been made will be refunded by me to the Government either by adjustment against future payments due to me or otherwise.

 Signature :

 Name :

 Address :

**FORM -1**

**Common Nomination Form For Gratuity, General Provident Fund And Central Government Employees’ Group Insurance Scheme**

 [See Rule 53 of CCS (Pension) Rules, 1972, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees’ Group Insurance Scheme, 1980]

I, **…………** hereby nominate the per Daughter/per Daughters mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

1. any gratuity the payment of which may be authorized under rule 50 of CCS (Pension) Rules
2. amount that may stand to my credit in the General Provident Fund
3. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980.

These nominations supersede any nominations made by me earlier

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name, date of birth (DOB) & Address of Nominee | Relation-ship with the employee/pensioner | Share to be paid to each | If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor | Name, DOB, relationship and address of alternate nominee in case the nominee under Column(1) predeceases the employee/ pensioner | Share to be paid each | Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor | Contingency on happening of which nomination shall become invalid |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |

Place: Date:

 Signature of Government servant

Name:

 Telephone No.

**Note 1:** Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i), (ii) and (iii) above

**Note 2:** The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)’ shares together should cover the whole amount.

**(To be filled in by the Head of Office/ authorized Gazetted Officer)**

Received the nominations, dated …………., under the following Rules :-

1. Central Civil Services (Pension) Rules, 1972 for Gratuity

2. General Provident Fund (Central Services) Rules, 1960

3. Central Government employees Group Insurance Scheme, 1980

Made by

Designation:

Office:

(Strike out which nomination is not received)

Entry of receipt of nomination(s) has been made in page …………Volume……….of Service Book.

Name, Signature and Designation of Head of Office/authorized Gazetted Officer with seal

Date of receipt.........................................

The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on both pages of this Form.

**Form A**

**[Common Nomination Form for Arrears of Pension and Commutation of Pension]**

[See Rule 5 of Payment of arrears of Pension (Nomination) Rules, 1983 and Rule 7 of Central Civil Services (Commutation of Pension) Rules, 1981)]

I, **A Bose**, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following :

1. Arrears of Pension.
2. Commuted Value of Pension payable under Central Civil Services (Commutation of Pension) Rules, 1981.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name, date of birth (DOB) and address of the nominee | Relationshipwith employee/pensioner | Share to be paid to each | If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor | Name, DOB and address of alternate nominee in case the nominee under Column (1) predeceases the employee/pensioner | Relationship with employee/pensioner | Name, DOB and address of person who may receive the amount if alternate nominee in Column (5) is a minor | Contingency on happening of which nomination shall become invalid |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
|  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |

 These nominations supersede any nominations made by me earlier.

 Signature of Government Servant/Pensioner

Place : Date :  **Telephone No.**

Note 1: Completely strike out the benefit for which nomination is not intended to be made. Separate copies of this nomination form may be used for nominating different person for benefits (i) and (ii) above.

Note 2: The Government shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)’ shares together should cover the whole amount.

 - 2 -

(To be filled in by the Head of Office/Authorised Gazetted Officer)

Received the nominations, dated ……………………………………….. under the following Rules :-

1. Payment of Arrears of Pension (Nomination) Rules, 1983.
2. The Central Civil Services (Commutation of Pension), Rules, 1981.

Made by Shri/Smt/Kumari.

Designation:

Office:

(Strike out which nomination is not received)

Entry of receipt of nomination(s) has been made in page …………………. Volume ………………….. of Service Book.

Name, Signature and Designation of Head of Office/Authorised Gazetted Officer with seal.

Date of receipt ……………………………………………………………

The receiving officer will fill the above information and return a duly signed copy of the complete form to the Government who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on both pages of this Form.

**FORM – 1A**

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

**[See Rules 5(2) 12, 13(3), 14(1) NS 15(3)]**

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

PART – I

To

 The Director,

 Central Marine Fisheries Research Institute,

 Kochi – 18.

  **Sub: Commutation of Pension without medical examination**

Respected 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. Necessary particulars are furnished below:

1 Name in block letters :

2 Father’s Name (and also husband’s name :

 In the case of female Govt. Servant)

3 Designation :

4 Name of Office/Department/Ministry :

 in which employed

5 Date of Birth (in Christian Era) :

6 Date of retirement on Superannuation :

 Or on the expiry of extension in service

 Granted under FR 56(d)

7 \*Fraction of superannuation pension :

8 \*\* (a) Disbursing authority from which :

Pension is to be drawn after retirement

(b)(i) Branch of the nominated SBI Bank :

With Complete Postal Address

 (ii) Bank Account No. to which monthly

pension is to be credited each month

 (c)Accounts Office of the Ministry/Deptt/

 Office

Date : Signature:

* 2 -

Present Postal Address:

Postal Address after Retirement:

**PART – II**

**(ACKNOWLEDGEMENT)**

Received from ………………………………………… application in Part – I of Form I-A for the commutation of a fraction of pension without medical examination.

Place : Signature of Head of Office

Date :

**PART – III**

Forwarded to the Accounts Officer.

(here indicate the address and designation………...................................................................................................with the remarks that) –

1. The particulars furnished by the applicant in Part – I have been verified and are correct,
2. The applicant is eligible to get a fraction of his pension commuted without medical examination;
3. The commuted value of pension determined with reference to the Table applicable at person comes to Rs…………………………
4. The amount of residuary pension after commutation will be Rs…………………
5. The pension papers of the applicant completed in all respects were forwarded under this Ministry Office letter no. , Dated It is requested that the payment of commuted value of pension may be authorized through the Pension Payment Order which may be issued one month before the retirement of the applicant.
6. The receipt of Part – I of this form has been acknowledged in Part-II which has been forwarded separately to the application on ………………….
7. The commuted value of pension to Head of Account ……………………………….

Place: **Signature of Head of Office**

Date:

To

 The Director,

 CMFRI,

Kochi – 18

Sub.: Reimbursement of medical claims of non-CGHS pensioners

 of ICAR – Reg.

 Ref.: Council’s letter No.3(3)/2008-Per.IV Dated 13.8.2010

Sir,

 With reference to Council’s letter No. 3(3)/2008-Per. IV dated 13.08-2010, I hereby opt to claim the reimbursement of medical expensed incurred after retirement from CMFRI.

OR

 I hereby opt to claim the reimbursement of medical expenses incurred after retirement from ……………………….(here mention the name of the ICAR Institute from where they intend to claim reimbursement).

Yours faithfully,

Name:

Address:

.

To

 The Chief Finance & Accounts Officer,

 Central Marine Fisheries Research Institute,

 Kochi – 18.

Sub: Reimbursement of Medical Allowance (FMA) **@ Rs.1,000.00 per month** to the Central Government Pensioners residing in areas not covered under CGHS – regarding.

Ref : 1. Govt. of India, Ministry of Personnel, Public Grievances & Pensions (Department of Pension & Pensioners’ Welfare) Office Memorandum No.45/57/97-P&PW(C) dated 19.12.1997 for grant of Fixed Medical Allowance @ Rs.100.00 per month circulated vide ICAR letter No.21/1/98-Cdn. Dated 10.12.1998.

 2. Govt. of India, Ministry of Per Daughternel, Public Grievances & Pensions (Department of Pension & Pensioners’ Welfare) Office Memorandum No.4/25/2008-P&PW (D) Dated 26.05.2010 for enhancement of FMA from Rs.100 per month to Rs.300.00 per month and Rs.1000/-per month.

 3. Approval of ICAR vide letter No.3 (4)2005-Per. IV dated 31.08.2010.

 4. PPO No.

Respected Sir,

 With reference to the above, I, …………….as an employee/a retired employee of Central Marine Fisheries Research Institute, Kochi – 18 hereby opt to claim the Fixed Medical Allowance @ Rs.1,000.00 per month from ………………………. and declare that I am residing at ………………………………………………………………. Which are not covered under CGHS or any other corresponding Scheme administered by Central Government/ICAR exist. I have also not obtained and do not wish to obtain a CGHS Card and avail outdoor facilities under CGHS/corresponding Health Scheme of other Ministries/Departments from any Dispensary situated in an adjoining area.

 Yours faithfully,

 Signature :

 Name : PPO No :

 Address :

Place:

Date:

 Countersigned by:

 Head of Office

**SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER**

 Date:

To

 The Branch Manager,

Dear Sir,

 Payment of pension under ……………………………………. through your Bank.

 In consideration of you’re having, at my request, agreed to make payment of pension due to me every month by credit to my account with you. I, the undersigned agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorize the bank to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the bank.

 Yours faithfully,

 Signature:

 Name:

 Address:

**Witnesses:**

1. Signature 2. Signature

Name : Name:

Address: Address:

FORM 3

[See rule 54 (12)]

Details of Family

1 Name of the Government :

2 Designation :

3 Date of Birth :

4 Details of the members of family as on :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | Names of the members of family | Date of birth | Relationship with the officer | Marital status | Remarks | Dated signature of Head of Office |
| [1] | [2] | [3] | [4] | [5] | [6] | [7] |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |

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

 Signature of Government Servant

Date :

Place:

**Note: 1.**The original form submitted by the Government servant is to be retained. All additions/ alterations are to be recorded in this Form under the signature of Head of Office in Col. 7. No new Form will substitute the original Form. However, the retiring Government servant should submit the details of family afresh along with Form 5.

**Note: 2.**The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

**Note: 3.** The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the ‘Remarks’ column. The fact regarding disability or change of marital status of a family member should also be indicated in the ‘Remarks’ column.

**Note: 4.** Wife and husband shall include judicially separated wife and husband.