

# PENSION PAPERS

## FORM-5

{See Rule 59(I) and 61(I)}

Particulars to be obtained by the Head of Office from the Retiring  
Government Servant eight months before the date of retirement

1. Name \_\_\_\_\_
2. (a) Date of birth \_\_\_\_\_  
(b) Date of Retirement \_\_\_\_\_
3. Two Specimen signatures ( to be furnished in a separate sheet) duly attested by a Gazetted Govt. servant. \_\_\_\_\_  
**Enclosed**
4. Three copies of PASSPORT SIZE Joint photographs with wife or husband. \_\_\_\_\_  
( Back side attested ) **Enclosed**
5. Two slip showing the particulars of Height and personal identification Marks duly attested by the Gazetted Govt. servant. \_\_\_\_\_  
**Enclosed**
6. Present Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Address after Retirement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Name of the Post Office or the pay and Accounts Office/Bank through which pension is to be drawn. \_\_\_\_\_  
A/c No. \_\_\_\_\_  
\_\_\_\_\_
9. Details of the FAMILY in Form-3 \_\_\_\_\_  
**Enclosed**
10. Staff No./HRMS No. \_\_\_\_\_
11. PAN CARD No. \_\_\_\_\_  
(Attested Copy of Pan Card of self and spouse)
12. AADHAAR CARD No. \_\_\_\_\_  
(Attested Copy of Aadhaar Card of self and spouse)
13. First page of PASS BOOK

Place : New Delhi

Dated :

Signature \_\_\_\_\_  
Designation \_\_\_\_\_  
Ministry/Dept./Office \_\_\_\_\_  
Phone No. (O) \_\_\_\_\_  
(R) \_\_\_\_\_  
(M) \_\_\_\_\_  
After Retd. (M) \_\_\_\_\_

(2)

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 ORDERS.

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

To  
The Under Secretary (STP)  
Deptt. of Telecom,  
Sanchar Bhawan,  
New Delhi – 110001.

PART – I  
To  
Deputy. Controller Communication Accounts (Pension)  
O/o Pension CCA,  
DTO Building, Prasad Nagar,  
New Delhi – 110005.

OR

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. Necessary particulars are furnished below:-

1. Name in the block letters \_\_\_\_\_
2. Father's Name/Husband's Name in the Case of a female Govt. servant \_\_\_\_\_
3. Designation \_\_\_\_\_
4. Name of the Office/Deptt./Ministry \_\_\_\_\_
5. Date of Birth(by 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 Proposed to be commuted. \_\_\_\_\_
8. Disbursing authority from which pension is to be drawn after Retirement  
(A) Name of Post office/Bank \_\_\_\_\_  
(B) Accounts Office of the Ministry/Deptt./Office \_\_\_\_\_

Place : NEW DELHI

Signature \_\_\_\_\_

Dated:

Present Postal Address :

Postal Address after Retirement:

(3)

**FORM-3**

**See Rule 54 (12)  
Details of Family.**

Name of the Government Servant \_\_\_\_\_

Designation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Appointment \_\_\_\_\_

**Details of members of my family**

Sl. No.	Name of the Member of family	Date of Birth	Relationship with the officer	Initial of the Head Office	Remarks
	2	3	4	5	6

\*I here by undertake to keep the above particulars up-to-date by notifying to the Head Office any addition or alteration.

Place : NEW DELHI

Date :

Signature of

Govt. Servant

\*Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CSS (Pension) Rule 1972.

Note : Wife and husband shall include respectively separated wife and husband.

(4)

**Form A ( SEE RULES – 5 )**

**Pension Disbursing Authority/Head of Office  
(Name of Bank/Treasury/Post Office/Accounts Officer etc.)**

**Place:** \_\_\_\_\_

I \_\_\_\_\_ hereby nominate the person named below under Rule 5 of the payment of arrears of Pension (Nomination).

<b>Name &amp; Address</b>	<b>Relationship with Pensioners</b>	<b>Date of Birth</b>	<b>If the Nominee is minor- Name and address of person who may receive the said pension during the nominee's minority</b>	<b>Name and address of the other nominee in case the nominee under col(1) predecessor the Pensioner.</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

<b>Relationship with Pensioners</b>	<b>Date of Birth if the other nominee is minor</b>	<b>Name &amp; Address of person who may receive the pension during the other nominee's minority</b>	<b>Contingency on happening of which nomination shall become invalid.</b>
<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
			<b>Death or Insanity</b>

**Place : New Delhi**

**Dated :**

**Signature ( or thumb impression if illiterate )**  
**Name of the Pensioner:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**witness:**  
**Signature** \_\_\_\_\_  
**Name & Address** \_\_\_\_\_  
\_\_\_\_\_



(6)

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Signature

1. \_\_\_\_\_

2. \_\_\_\_\_

ATTESTED

(7)

**NOMINATION FOR RETIREMENT GRATUITY/DEATH GRATUITY**

FORM 1[See Rule 53(1)]

When the Government servant has a family and wishes to nominate one member, or more than one member, thereof.

I \_\_\_\_\_, hereby nominate the person/persons mentioned below who is /are member(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity the payment of which may be authorized by the Central Government in the event of my death while in the 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.

Original nominee(s)				Alternate nominee(s)	
1	2	3	4	5	6
Name(s) and addresses of nominee/nominees	Relationship with the Government Servant	Age	Amount or share of gratuity payable to each	Name, address relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee pre-deceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount or share of gratuity payable to each

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

Witnesses to signature: (Name and Designation)

1. \_\_\_\_\_( )
2. \_\_\_\_\_( )

Nomination by \_\_\_\_\_  
Designation \_\_\_\_\_  
Office \_\_\_\_\_

Signature of Govt. Servant

Signature of Head of Office  
Date \_\_\_\_\_  
Designation \_\_\_\_\_

(8)

**UNDERTAKING FOR RECOVERY FROM DEARNESS RELIEF**

I \_\_\_\_\_ S/O, W/O  
\_\_\_\_\_ designation \_\_\_\_\_ hereby  
undertake to credit in cash, any amount of BSNL/DOT found outstanding from me, in future, failing  
which the same may be recovered from the payment of Dearness relief on my pension/family  
pension, for which I have no objection.

Place \_\_\_\_\_  
Dated \_\_\_\_\_

Signature of the retiree

**Witness**

<b><u>(Sl. No.)</u></b>	<b><u>(Signature)</u></b>	<b><u>(Name &amp; Address)</u></b>
1.	_____	_____ _____ _____
2.	_____	_____ _____ _____



(9)

To

The Under Secretary (STP)  
Deptt. of Telecom,  
Sanchar Bhawan,  
New Delhi – 110001.

OR

To

Deputy. Controller Communication Accounts (Pension)  
O/o Pension CCA,  
DTO Building, Prasad Nagar,  
New Delhi – 110005.

**Subject:- Statement regarding non receipt of pension/family pension.**

Sir,

It is stated that I am not getting pension/family pension from any central Government/State Government/PSU Office.

Yours faithfully,

Dated:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(10)

{COMMON NOMINATION FORM – A}

{For Arrears of Pension and Commutation of Pension}

{See Rule 5 of Payment of Arrears of Pension (Nomination) Rules,1983 and Rule7 of CCS(Commutation of Pension) Rules, 1981}

Pension Disbursing authority/Head of Office: US(STP), DOT, Sanchar Bhawan, New Delhi-1  
OR  
Dy. CCA (Pension), O/o Pension CCA, DTO Building,  
Prasad Nagar, New Delhi – 110005.

Name of Bank/Accounts Officer etc. \_\_\_\_\_

I \_\_\_\_\_, hereby nominate the person/  
persons mentioned below, and confer on him/her them the right to receive in the event of death, to  
the extent specified below, an amount on account of the following:-

- i. Arrears of Pension.
- ii. Commuted Value of Pension Payable under Central Civil Service (Commutation of Pension) Rules, 1981.

Name, Date of Birth & Address	Relationship with Pensioner	Share to be paid to each	If the Nominee is minor Name, Date of Birth and address of person who may receive the said pension during the nominee's minority	Name, Date of Birth and address of the other nominee in case the nominee under column (1) predecessor the Pensioner.
1	2	3	4	5

Relationship with Pensioner	Name Date of Birth 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.
6	7	8
		Death or Insanity

Contd.....

(11)

This nomination supersedes any nominations made by me earlier.

Place : New Delhi

Dated :

Signature ( or thumb impression if illiterate)  
Name of the Pensioner: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness:

Signature \_\_\_\_\_  
Name & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 persons for benefits (i) and (ii) 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 nominees(s) shares together should cover the whole amount.

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

Received the Nominations, dated \_\_\_\_\_, under the following Rules:-

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

Made by Shri \_\_\_\_\_

Designation \_\_\_\_\_

Office BSNL CORPORATE OFFICE  
(Strike out which nomination is not received)

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

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 become into the possession of the beneficiaries in the event of his/her death.

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

(12)

[See Rule 5(3)]

**NOMINATION FORM OF GPF**

GPF Account No. \_\_\_\_\_

I, \_\_\_\_\_, Designation \_\_\_\_\_ hereby nominate the person/persons mentioned below who is /are member(s)/non- member(s) of my family as defined in Rule 2 of the General Provident Fund (Central Service) Rules, 1960, to receive the amount that may credit in the Fund, as indicated below, in the event of my death before the amount has become payable or having become payable has not been paid and direct the said amount shall be distributed among the said persons in the manner shown against their names:

Name(s) and full addresses of nominee/nominees	Relationship with the subscriber and age	Share payable to each nominee	Contingencies on the happening of which the nomination will become invalid	Name, address and relationship of the person(s) if any, to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber	If the nominee is not a member of the family as provided in the Rule 2, indicate the reasons
1	2	3	4	5	6
			Death or Insanity		

**Note:**

- (i) The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any names after he/she has signed.
- (ii) Strike out which is not applicable.

Place:

Date:

**Signature of Government Servant**

**Witness**

**Sl. No.**

**(Signature)**

**(Name & Address)**

1. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(13)

Est-54

**SPECIMEN SIGNATURE AND THUMB  
AND FINGER IMPRESSION CARD**

(1) Specimen Signature \_\_\_\_\_

(2) Date \_\_\_\_\_

(2) Thumb and Finger Impression of \_\_\_\_\_

<b>Thumb</b>	<b>Fore Finger</b>	<b>Middle Finger</b>
	<b>Ring Finger</b>	<b>Little Finger</b>

(4) Certificate :

The above Specimen Signature/Thumb and Finger Impression of  
Shri/Smt./Km. \_\_\_\_\_  
was/were taken in my presence today.

Signature & Designation  
Of Attesting Officer

Dated \_\_\_\_\_ at \_\_\_\_\_

Pensioner’s letter of Authority and Undertaking

To

Pr, Controller Communication Accounts (Pension)  
O/o Pension, CCA,  
DTO Building, Prasad Nagar,  
New Delhi – 110005.

Sir,

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

- 1) I have to draw my pension/family pension through the bank as per detail given below:-
  - a. Name of the bank
  - b. Branch
  - c. Account No.
  - d. IFSC Code
- 2) I hereby undertake that any amount of excess/wrong payment of pension, if credited to my Bank Account will be refunded on your instructions.
- 3) I undertake and agree to bind myself and my heirs, successors, to indemnify the bank/ PDA in so crediting my pension to my account under the scheme and to forthwith pay the same to the Bank/PDA and also irrevocably authorize the Bank/PDA to recover the amount due by debit to my said account or any other account/deposits belonging to me in possession of the bank.

.....  
Signature of Pensioner

1. Personal details :-

1. Name of the pensioner :
2. Designation :
3. Date of retirement :
4. Address of the Pensioner :

Family Pensioners only :-

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

2. Bank Details :-

1. Saving/Current Account No. :
2. Name of the Bank :
3. Name of the Branch :

3. Certified that the Bank details (2 above) are correct. The account of pensioner and his/her signature given overleaf agrees with the specimen signature held in our records. Any excess amount credited in the account of the pensioner will be refunded immediately as and when called for by the PDA.

Place:  
Date :

Signature of the Bank Manager  
(Bank Account Seal)

\*Note – Part 1 & 2 to be filled in by the Pensioner and Part 3 by Bank.

(15)

**MANDATE FORM**

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

I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incompleteness or incorrectness of information given by me as above, I would not hold the user institution responsible.

Dated: \_\_\_\_\_

(Signature of Spouse)

(Signature of the Beneficiary)

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

**Bank Stamp**

Dated \_\_\_\_\_

(Signature of the Authorized Officer)

(16)

**SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER**

Date \_\_\_\_\_

To

The Branch Manager

\_\_\_\_\_ (Bank)

\_\_\_\_\_ (Branch & Address)

Dear Sir,

Payment of pension under A/C No. \_\_\_\_\_ through your Bank.

In consideration of your 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.

Your faithfully,

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Witnesses:  
1) Signature \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2)Signature \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_