



**Option form for Death cum Retirement Gratuity and Family Pension**

This is to confirm that I have understood the provisions of Paras 6, 7 and 8 of the Dept. of Pension & Pensioners' Welfare O.M. NO. 38/41/06/P&PW (A) dated 05-05- 2009 and I, the undersigned, agree and undertake to refund or adjust the provisional payments sanctioned as per the above said O.M., out of the final entitlements / payments worked out in accordance with the rules to be notified by GOI/PFRDA and as sanctioned by the Government at a future date.

I wish to opt for Death cum Retirement Gratuity and Family Pension duly foregoing the benefits under New Pension Scheme as per the Government of India Rules.

|                                             |  |
|---------------------------------------------|--|
| <b>Name of Claimant:</b>                    |  |
| <b>Income Tax PAN of Claimant:</b>          |  |
| <b>Relationship with Deceased Employee:</b> |  |
| <b>Address:</b>                             |  |
| <b>Date:</b>                                |  |
| <b>Signature:</b>                           |  |

**Witnesses:**

|                              |  |                              |  |
|------------------------------|--|------------------------------|--|
| <b>(1) Signature:</b>        |  | <b>(2) Signature:</b>        |  |
| <b>Name:</b>                 |  | <b>Name:</b>                 |  |
| <b>LH Thumb Impression :</b> |  | <b>LH Thumb Impression :</b> |  |
| <b>Address:</b>              |  | <b>Address:</b>              |  |
| <b>Date:</b>                 |  | <b>Date:</b>                 |  |

### Application Form for Death Gratuity & Family Pension

|    |                                                                                                                                                                                                                                         |                 |                     |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|
| 1  | Name of Deceased Employee :                                                                                                                                                                                                             |                 |                     |
| 2  | Designation                                                                                                                                                                                                                             |                 |                     |
| 3  | PF No.                                                                                                                                                                                                                                  |                 |                     |
| 4  | Permanent Retirement Account Number (PRAN):                                                                                                                                                                                             |                 |                     |
| 5  | Date of Death of the deceased employee :<br>(Attach Death Certificate)                                                                                                                                                                  |                 |                     |
| 6  | Name of Applicant / claimant :<br>(Attach valid identification proof)                                                                                                                                                                   |                 |                     |
| 7  | In Case of Guardian of Minor / Mentally Disabled Children of Deceased Employee :                                                                                                                                                        |                 |                     |
|    | 1. Name of Child                                                                                                                                                                                                                        |                 |                     |
|    | 2. DOB of Child                                                                                                                                                                                                                         |                 |                     |
|    | 3. Relationship of Guardian with Deceased                                                                                                                                                                                               |                 |                     |
| 8  | Photograph of Applicant :<br><i>In Case of Guardian of Minor / Mentally Disabled Children of Deceased Employee a Photograph of Child Shall also be pasted</i><br>(Please attach Photo ID Proof)                                         | Applicant       | Minor Child         |
| 9  | Relationship with Deceased Employee:<br><b>*Category I</b> : (a) Widow/Widower (b) Unmarried Son / Daughter<br><b>*Category II</b> : (c) Unmarried/ Widowed/Divorced Daughter (d) Parents (e) Disabled siblings, other (please specify) | <b>Category</b> | <b>Relationship</b> |
| 10 | Date of Birth and Age of Applicant :<br>(Attach 10 <sup>th</sup> / Matriculation M.S.)                                                                                                                                                  | DOB:            | Age:                |
| 11 | Marital Status : (Please Specify)<br>(Unmarried / Married / Widowed / Divorced)                                                                                                                                                         |                 |                     |
| 12 | In case of Spouse - Whether Judicially Separated (Pl. ✓)                                                                                                                                                                                | Yes             | No                  |
| 13 | Disability status, if any (enclose valid certificate)                                                                                                                                                                                   |                 |                     |
| 14 | Employment status:                                                                                                                                                                                                                      |                 |                     |
| 15 | Annual Income (Enclose Copy of Income Tax PAN)                                                                                                                                                                                          |                 |                     |
| 16 | Aadhaar Card No. of applicant (compulsory):                                                                                                                                                                                             |                 |                     |
| 17 | Residential Address :<br>(Please attach any proof of address)                                                                                                                                                                           |                 |                     |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                |                          |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 18 | Identification marks and height(cm) of applicant :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                                                                                                                |                          |
| 19 | Savings Bank Account Details of Applicant(State Bank of India only):<br>1. Bank a/c should be in single and not a joint a/c<br>2. Please enclose copy of Bank Pass Book, first page duly attested by the Branch Manager.                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                                                                                                                                                                                                |                          |
|    | Bank Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        | State Bank of India                                                                                                                                                                                                            |                          |
|    | Branch Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                                                                                                                                                                                |                          |
|    | Account Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                                                                                                                                                                                |                          |
|    | IFSC Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                                                                                                                                                                                                                                |                          |
| 20 | Whether Applicant is in receipt of any pension / family pension? If so its particulars and source to be mentioned for information only:                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | <i>(However, a Civil or Military Family Pensioner is eligible to receive more than one family pension for a separate period of service as per Government of India orders. DOPT OM No. 1/33/2012-P&amp;PW(E) dt. 16.1.2013)</i> |                          |
| 21 | Option for pensionary benefits:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (a) Benefits Under NPS                 |                                                                                                                                                                                                                                |                          |
|    | (Pl. mention in words)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (OR)                                   |                                                                                                                                                                                                                                |                          |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (b) Benefits Under CCS (Pension) Rules |                                                                                                                                                                                                                                |                          |
| 22 | This is certified that I have carefully read and understood the rules and provisions of CCS Family Pension Rules 1964 regarding eligibility of Family Pension. I further certify that I am the first eligible beneficiary for family pension and I will furnish the information/s as required under the said rules if called by the Institute in future. I take full responsibility of all the dependent family members for their maintenance and understand that the family pension will be stopped in case of any complaint on my negligence for the well-being of the dependent family members. |                                        |                                                                                                                                                                                                                                |                          |
| 23 | I have enclosed the self attested/original forms as per the enclosed checklist.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                |                          |
| 24 | Signature and Thumb Impression of Applicant :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                                                                                |                          |
|    | (left hand thumb impression - in case of females & right hand for males)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                                                                                                                                                                                                |                          |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | <b>Signature</b>                                                                                                                                                                                                               | <b>Thumb Impression</b>  |
| 25 | Signature of Witness:<br>(A Govt. servant or IISER Bhopal employee)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Witness-I (Name)</b>                | Signature                                                                                                                                                                                                                      | <b>Witness-II (Name)</b> |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address:                               | Address:                                                                                                                                                                                                                       | Signature                |
| 26 | Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | Place :                                                                                                                                                                                                                        |                          |

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

**\*\*‘Family’ for Family Pension-For the purpose of grant of Family Pension, the ‘Family’ shall be categorized as under:-**  
**[Ref.: Rule No. 54 (6) (v)] & [Rule No. 54 (23) of Family Pension, 1964]**

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Category-I</b>      | 1) Widow or widower, up to the date of death or re-marriage, whichever is earlier;<br>2) Son/daughter (including widowed daughter), up to the date of his/her marriage/ re-marriage or till the date he/she starts earning or till the age of 25 years, whichever is the earliest.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Category-II</b>     | 3) Unmarried/Widowed//Divorced daughter not covered by First Category above, up to the date of marriage/re-marriage or till the date she starts earning or up to the date of death, whichever is earliest.<br>4) Parents, who were wholly dependent on the Government servant when he/she was alive, provided the deceased employee had left behind neither a widow nor a child.<br>Family pension to dependents parents’ unmarried/divorced/widowed daughter will continue till the date of death.<br><br>Family pension to unmarried/widowed/divorced daughters in Second Category and dependent parents shall be payable only after the other eligible family members in First Category has ceased to be eligible to receive family pension and there is no disabled child to receive the family pension. Grant of family pension to children in respective categories shall be payable in order of their date of birth and younger of them will not be eligible for family pension unless the next above him/her has become ineligible for grant of family pension in that category.<br>Disabled siblings (i.e. brother or sister) who were dependent on the Government servant immediately before the death of Government servant, for life. |
| <b>Income Criteria</b> | The dependency criteria for the purpose of family pension shall be the minimum family pension along with dearness relief thereon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Childless widow</b> | The childless widow of a deceased Government employee shall continue to be paid family pension even after her remarriage subject to the condition that the family pension shall cease once her independent income from all other sources becomes equal to or higher than the minimum prescribed family pension in the Central Government. The family pensioner in such cases would be required to give a declaration regarding her income from other sources to the pension disbursing authority every six months.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

### Checklist for Death Gratuity & Family Pension

|                               |                                                                                            |                         |
|-------------------------------|--------------------------------------------------------------------------------------------|-------------------------|
| Name of the Deceased:         |                                                                                            |                         |
| P.F. No.                      |                                                                                            |                         |
| Designation :                 |                                                                                            |                         |
| Department / Section / Wing : |                                                                                            |                         |
| Name of Applicant             |                                                                                            |                         |
| Relationship with Deceased    |                                                                                            |                         |
| <b>SN.</b>                    | <b>Points/Enclosures to be verified/checked</b>                                            | <b>Status/Remark(s)</b> |
| <b>Part A – For Applicant</b> |                                                                                            |                         |
| 1                             | Intimation on death of the employee                                                        |                         |
| 2                             | Option form for Death Gratuity cum Family Pension and application                          |                         |
| 3                             | Details of the eligible family members of deceased employee for the family pension purpose |                         |
| 5                             | Death Certificate of deceased employee                                                     |                         |
| 6                             | Photograph of claimant (passport size) in triplicate & duly self attested                  |                         |
| 7                             | No Demand/No Dues Certificate from all concerned Departments / Wings of the Institute      |                         |
| 8                             | PAN of claimant                                                                            |                         |
| 9                             | Attested Photocopy of Date of birth certificate / proof of claimant                        |                         |
| 10                            | Attested Photocopy of Address Proof of claimant                                            |                         |
| 11                            | Attested Photocopy of Aadhaar Card of claimant                                             |                         |
| 12                            | Attested Photocopy of Bank Pass Book with full name and a/c number of claimant             |                         |
| 13                            | Nomination of eligible children by the spouse/applicant, if already not done               |                         |

|                                   |                                                                                                                                   |                          |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|
|                                   | by the deceased employee alongwith birth certificate <i>[Ref. Rule No. 54(7)]</i>                                                 |                          |
| <b>Part B – For Office Use</b>    |                                                                                                                                   |                          |
| 14                                | Statement showing details and total period of non-qualifying service spell and year-wise breakup                                  |                          |
| 15                                | Entry in Service Book for payment of family pension, death gratuity and leave encashment as admissible                            |                          |
| 16                                | Whether Eligible for DG & FP as per the service record and nomination form of deceased (Photocopy of service book to be enclosed) |                          |
| 17                                | Statement of notional average emoluments for last 10 months <i>(Ref. Rule No. 33 and 34)</i>                                      |                          |
| 18                                | Date of Medical Fitness Certificate                                                                                               |                          |
| 19                                | Date of completion of one year of service.                                                                                        |                          |
| Date:                             |                                                                                                                                   |                          |
| Checked                           |                                                                                                                                   | Verified                 |
| <b>Jr. Asst. / Supt. (Admin.)</b> |                                                                                                                                   | <b>A.R. / D.R. Admin</b> |

**Declaration of details of the family members under Family Pension Rules 1964**

Date: \_\_\_\_\_

I declare the details of my dependent family members with Ref. : Rule No. 54 (6) (v)] & [Rule No. 54 (23) of Family Pension, 1964 for official record.

**(1) Employee's Personal Details:**

|   |             |  |
|---|-------------|--|
| 1 | Name        |  |
| 2 | PF No.      |  |
| 3 | Designation |  |

**(2) Details of the Dependent Family Members: Category-I**

| S. No. | Name (s) of the member(s) of the family | Date of Birth | Age as on date | Relationship                                             | Marital Status | Please mention whether:-<br>(a) Employed<br>(b) Pensioner<br>(c) Family Pensioner<br>(d) Others | Personal Annual Income of the dependent* |
|--------|-----------------------------------------|---------------|----------------|----------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------|------------------------------------------|
| a      |                                         |               |                | Spouse                                                   |                |                                                                                                 |                                          |
| b      |                                         |               |                | Non-earning, Unmarried Son(s) / Daughter(s) upto 25 Yrs. |                |                                                                                                 |                                          |

**Category-II**

|   |  |  |  |                                                       |  |  |  |
|---|--|--|--|-------------------------------------------------------|--|--|--|
| c |  |  |  | Non-earning, Unmarried/ Widowed/ Divorced Daughter(s) |  |  |  |
| d |  |  |  | Parents(s)                                            |  |  |  |
| e |  |  |  | Disabled siblings(s) (Brother and Sister)             |  |  |  |

**(3) Details of other non-dependent/married/unmarried family members for record only.**

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| f |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|

**Signature of the employee/Claimant of family pension**

**(4) For the use of controlling unit/office of the HOD**

|                          |             |
|--------------------------|-------------|
| Forwarded                | Recommended |
| <b>Section In-Charge</b> | <b>HOD</b>  |

**(5) Administrative Approvals:**

|                            |                                     |                                                    |
|----------------------------|-------------------------------------|----------------------------------------------------|
| Checked                    | Verified & submitted for approval   | Approved as per rules for including in the records |
| <b>Assistant/Jr.Suptd.</b> | <b>Assistant Registrar (Admin.)</b> | <b>DOFA/Registrar/Director</b>                     |

**‘Family’ for Family Pension-For the purpose of grant of Family Pension, the ‘Family’ shall be categorized as under:- [Ref.: Rule No. 54 (6) (v)] & [Rule No. 54 (23) of Family Pension, 1964]**

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Category-I</b>       | <p>1) Widow or widower, up to the date of death or re-marriage, whichever is earlier;</p> <p>2) Son/daughter (including widowed daughter), up to the date of his/her marriage/ re-marriage or till the date he/she starts earning or till the age of 25 years, whichever is the earliest.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Category-II</b>      | <p>3) Unmarried/Widowed//Divorced daughter not covered by First Category above, up to the date of marriage/re-marriage or till the date the starts earning or up to the date of death, whichever is earliest.</p> <p>4) Parents, who were wholly dependent on the Government servant when he/she was alive, provided the deceased employee had left behind neither a widow nor a child.</p> <p>Family pension to dependents parents’ unmarried/divorced/widowed daughter will continue till the date of death.</p> <p>Family pension to unmarried/widowed/divorced daughters in Second Category and dependent parents shall be payable only after the other eligible family members in First Category has ceased to be eligible to receive family pension and there is no disabled child to receive the family pension. Grant of family pension to children in respective categories shall be payable in order of their date of birth and younger of them will not be eligible for family pension unless the next above him/her has become ineligible for grant of family pension in that category.</p> <p>Disabled siblings (i.e. brother and sister) who were dependent on the Government servant immediately before the death of Government servant, for life.</p> |
| <b>Income Criteria*</b> | The dependency criteria for the purpose of family pension shall be the minimum family pension along with dearness relief thereon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Childless widow</b>  | The childless widow of a deceased Government employee shall continue to be paid family pension even after her remarriage subject to the condition that the family pension shall cease once her independent income from all other sources becomes equal to or higher than the minimum prescribed family pension in the Central Government. The family pensioner in such cases would be required to give a declaration regarding her income from other sources to the pension disbursing authority every six months.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

### Family Pension and Death Gratuity Assessment & Payment Form

Ref: IISER Statutes- Clause 22 (DP&PW OM Nos. 38/41/06/P&PW(A) dated 05/05/2009, and OM No. 1/33/2012-P&PW(E) dated 16/01/2013 )

#### Part-A

|                |                                                                                                                                                                                                                                               |                                           |                     |                                     |                                                 |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------|-------------------------------------|-------------------------------------------------|
| 1              | Name of Deceased Employee :                                                                                                                                                                                                                   |                                           |                     |                                     |                                                 |
| 2              | P.F. No.                                                                                                                                                                                                                                      |                                           |                     |                                     |                                                 |
| 3              | Designation :                                                                                                                                                                                                                                 |                                           |                     |                                     |                                                 |
| 4              | Department / Section / Wing :                                                                                                                                                                                                                 |                                           |                     |                                     |                                                 |
| 5              | Permanent Retirement Account Number (PRAN)                                                                                                                                                                                                    |                                           |                     |                                     |                                                 |
| 6              | Date of Birth :                                                                                                                                                                                                                               |                                           |                     |                                     |                                                 |
| 7              | Initial date of joining in Govt. service:                                                                                                                                                                                                     |                                           |                     |                                     |                                                 |
| 8              | Initial Date of Joining at IISER Bhopal :                                                                                                                                                                                                     |                                           |                     |                                     |                                                 |
| 9              | Date of Death :                                                                                                                                                                                                                               |                                           |                     |                                     |                                                 |
| 10             | Date on which intimation regarding death of employee received :                                                                                                                                                                               |                                           |                     |                                     |                                                 |
| 11             | Substantive Pay as on the date of death:                                                                                                                                                                                                      | (a)                                       | Pay Band            |                                     |                                                 |
|                |                                                                                                                                                                                                                                               | (b)                                       | Pay in the Pay Band | 、                                   |                                                 |
|                |                                                                                                                                                                                                                                               | (c)                                       | Grade Pay           | 、                                   |                                                 |
|                |                                                                                                                                                                                                                                               | (d)                                       | Basic Pay           | 、                                   |                                                 |
| 12             | <b>(a) Details of Nominee (s) to whom Death Gratuity is payable</b> (as per service record of deceased employee)                                                                                                                              |                                           |                     |                                     |                                                 |
| Death Gratuity | SN                                                                                                                                                                                                                                            | Name                                      | Date of Birth       | Address                             | Relationship with deceased employee             |
|                |                                                                                                                                                                                                                                               |                                           |                     |                                     |                                                 |
|                |                                                                                                                                                                                                                                               |                                           |                     |                                     |                                                 |
|                |                                                                                                                                                                                                                                               |                                           |                     |                                     |                                                 |
|                | <i>Note: If Nominee is convicted for the murder or abetting in murder of the employee then he/she will be treated as debarred to receive DG &amp; FP and in that case the DG &amp; FP will be paid to other eligible family members only.</i> |                                           |                     |                                     |                                                 |
|                | <b>(b) Details of Guardian who can receive the payment of Death Gratuity in case of minor or mentally disabled children:</b>                                                                                                                  |                                           |                     |                                     |                                                 |
|                | SN                                                                                                                                                                                                                                            | Name of Minor / Mentally Disable Children | Name of Guardian    | Address                             | Relationship of Guardian with deceased employee |
|                |                                                                                                                                                                                                                                               |                                           |                     |                                     |                                                 |
|                |                                                                                                                                                                                                                                               |                                           |                     |                                     |                                                 |
|                | <b>(c) Details of eligible dependent Family Members to whom the Death Gratuity is payable in case when there is no nomination or valid nomination is not available/subsists (as per service record):</b>                                      |                                           |                     |                                     |                                                 |
| SN             | Name                                                                                                                                                                                                                                          | Date of Birth                             | Address             | Relationship with deceased employee |                                                 |
|                |                                                                                                                                                                                                                                               |                                           |                     |                                     |                                                 |

|                       |                                                                           |             |                      |                       |                                            |                       |                                                                                                                 |                                                |
|-----------------------|---------------------------------------------------------------------------|-------------|----------------------|-----------------------|--------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------|
|                       |                                                                           |             |                      |                       |                                            |                       |                                                                                                                 |                                                |
| 13                    | <b>Details of eligible dependent(s) for Family Pension</b>                |             |                      |                       |                                            |                       |                                                                                                                 |                                                |
| <b>Family Pension</b> | <b>SN</b>                                                                 | <b>Name</b> | <b>Date of Birth</b> | <b>Age as on date</b> | <b>Relationship</b>                        | <b>Marital Status</b> | <b>Please mention the category :<br/>(a) Employed<br/>(b) Pensioner<br/>(c) Family Pensioner<br/>(d) Others</b> | <b>Personal Annual income of the dependent</b> |
|                       | <b>Details of the Dependent(s) Family Members: (a) Category –I</b>        |             |                      |                       |                                            |                       |                                                                                                                 |                                                |
|                       | a                                                                         |             |                      |                       | Widow/Widower                              |                       |                                                                                                                 |                                                |
|                       | b                                                                         |             |                      |                       | Unmarried Son /Daughter(s)                 |                       |                                                                                                                 |                                                |
|                       | <b>Details of the Dependent(s) Family Members: (a) Category –II</b>       |             |                      |                       |                                            |                       |                                                                                                                 |                                                |
|                       | c                                                                         |             |                      |                       | Unmarried / Widowed / Divorced Daughter(s) |                       |                                                                                                                 |                                                |
|                       | d                                                                         |             |                      |                       | Parent(s)                                  |                       |                                                                                                                 |                                                |
|                       | e                                                                         |             |                      |                       | Disabled sibling(s)                        |                       |                                                                                                                 |                                                |
| 14                    | <b>Details of the person nominated /found eligible for Family Pension</b> |             |                      |                       |                                            |                       |                                                                                                                 |                                                |
|                       | <b>Sr. No</b>                                                             | <b>Name</b> | <b>Date of Birth</b> | <b>Address</b>        | <b>Relationship with deceased employee</b> |                       |                                                                                                                 |                                                |
|                       |                                                                           |             |                      |                       |                                            |                       |                                                                                                                 |                                                |
|                       |                                                                           |             |                      |                       |                                            |                       |                                                                                                                 |                                                |

### Part - B

| <b>( a ) Death Gratuity</b> |                                                                                                                                             |                                                    |                               | <b>From</b> | <b>To</b>             | <b>No. of Yrs.</b> | <b>Months</b> |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------|-------------|-----------------------|--------------------|---------------|
| 1                           | Gross qualifying Service for Death Gratuity                                                                                                 |                                                    |                               |             |                       |                    |               |
| 2                           | (-) Period of Non Qualifying Service                                                                                                        |                                                    |                               |             |                       |                    |               |
|                             | 1                                                                                                                                           | Extra Ordinary Leave                               |                               |             |                       |                    |               |
|                             | 2                                                                                                                                           | Period of Suspension                               |                               |             |                       |                    |               |
|                             | 3                                                                                                                                           | Interruption in Service                            |                               |             |                       |                    |               |
|                             | 4                                                                                                                                           | Any other period not treated as Qualifying Service |                               |             |                       |                    |               |
|                             | Total Period of Non Qualifying Service                                                                                                      |                                                    |                               |             |                       |                    |               |
| 3                           | (+ ) Additions to Qualifying Service, , if any                                                                                              |                                                    |                               |             |                       |                    |               |
|                             | Period of Civil Service                                                                                                                     |                                                    |                               |             |                       |                    |               |
|                             | Approved Period of Service in an Autonomous Institute / Organization /State/Central Govt. etc.                                              |                                                    |                               |             |                       |                    |               |
| 4                           | Net Qualifying Service                                                                                                                      |                                                    |                               |             |                       |                    |               |
| 5                           | Qualifying Service in terms of completed six monthly period<br>(Period of 3 months and above is to treated as completed six monthly period) |                                                    |                               |             |                       |                    |               |
| 6                           | Emoluments Reckoning for Death Gratuity                                                                                                     |                                                    | Basic Pay                     |             | ‘                     |                    |               |
|                             |                                                                                                                                             |                                                    | + D.A. (at the time of Death) |             | ‘                     |                    |               |
|                             |                                                                                                                                             |                                                    | Total Emoluments              |             | ‘                     |                    |               |
| 7                           | <b>Length of Service</b>                                                                                                                    |                                                    | <b>Death Gratuity Payable</b> |             | <b>Amount of DG ‘</b> |                    |               |
|                             | Less than 1 year                                                                                                                            |                                                    | 2 Times of emoluments         |             |                       |                    |               |

|                                                                              |                                                                                                                                                                         |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|--------------------------------------------|--------------------------|--|--|--|
|                                                                              | One year & above but less than 5 years                                                                                                                                  | 6 Times of emoluments                                                                                                                                                                                              |                      |                    |                                            |                          |  |  |  |
|                                                                              | Five years & above but less than 20 years                                                                                                                               | 12 Times of emoluments                                                                                                                                                                                             |                      |                    |                                            |                          |  |  |  |
|                                                                              | 20 years & above                                                                                                                                                        | Half of the emoluments for every completed 6 monthly period of qualifying service subject to maximum of 33 times of emoluments or ` 10 lakhs                                                                       |                      |                    |                                            |                          |  |  |  |
| 8                                                                            | <b>(a) Details of the family members as per the nomination form for payment of death gratuity</b>                                                                       |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
|                                                                              | <b>Sr. No</b>                                                                                                                                                           | <b>Name</b>                                                                                                                                                                                                        | <b>Date of Birth</b> | <b>Address</b>     | <b>Relationship with deceased employee</b> |                          |  |  |  |
|                                                                              |                                                                                                                                                                         |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
|                                                                              |                                                                                                                                                                         |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
|                                                                              |                                                                                                                                                                         |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
|                                                                              | <b>(b) Details of all the eligible dependent family members alongwith equal distribution of % distribution in case of non-availability of Death Gratuity nomination</b> |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
|                                                                              | <b>Sr No</b>                                                                                                                                                            | <b>Name</b>                                                                                                                                                                                                        | <b>Date of Birth</b> | <b>Address</b>     | <b>Relationship with deceased employee</b> | <b>% of distribution</b> |  |  |  |
|                                                                              |                                                                                                                                                                         |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
|                                                                              |                                                                                                                                                                         |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
|                                                                              |                                                                                                                                                                         |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
| <b>( B ) Family Pension</b>                                                  |                                                                                                                                                                         |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
| (a)                                                                          | Name of the Family Pensioner:                                                                                                                                           |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
| (b)                                                                          | Relationship with the Deceased Employee:                                                                                                                                |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
| (c)                                                                          | Category                                                                                                                                                                |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
| (d)                                                                          | Whether eligible from all aspects?                                                                                                                                      |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
| 1                                                                            | Basic Pay (Pay in the Pay Band + GP)/Average Emoluments/ Emoluments (Attach sheet)                                                                                      |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
| 2                                                                            | (a) Family Pension Payable (Normal Rate)<br><i>Ref. Rule 54 (2)</i>                                                                                                     | 1. <b>30 % of Basic Pay</b> (subject to minimum 3,500/- p.m. and maximum of ` 27,000/- p.m.)                                                                                                                       |                      |                    |                                            |                          |  |  |  |
|                                                                              |                                                                                                                                                                         | Net basic pension after observing the minimum and maximum limit                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
|                                                                              |                                                                                                                                                                         | 2. plus <b>Dearness Relief</b> as on .....                                                                                                                                                                         |                      |                    |                                            |                          |  |  |  |
| (b)                                                                          | Family Pension Payable (Enhanced Rate)<br><i>Ref. Rule 54 (3)</i>                                                                                                       | a) In case when employee dies while in service after rendering 7 years of continuous service –<br><b>50 % of Last Basic Pay Drawn / Emoluments / Average Emoluments</b><br>(Subject to maximum of ` 45,000/- p.m.) |                      |                    |                                            |                          |  |  |  |
|                                                                              |                                                                                                                                                                         | 1. <i>Enhanced pension payable to the family members for a period of 10 years from the date of death of employee</i>                                                                                               |                      |                    |                                            |                          |  |  |  |
|                                                                              |                                                                                                                                                                         | 2. <i>Enhanced rate of FP is not admissible to dependent parents (OM No 45/51/97-(P&amp;PW (E) dt. 19/4/2002)</i>                                                                                                  |                      |                    |                                            |                          |  |  |  |
| <b>Compiled &amp; Checked</b>                                                |                                                                                                                                                                         | <b>Verified</b>                                                                                                                                                                                                    | <b>Pre Audited</b>   | <b>Recommended</b> | <b>Approved</b>                            |                          |  |  |  |
| <b>Jr. Asst./Supt. (Admin.)</b>                                              |                                                                                                                                                                         | A.R. / D.R. Admin                                                                                                                                                                                                  | IAO                  | DoFA / Registrar   | <b>Director</b>                            |                          |  |  |  |
| <b>For Finance and Accounts Use</b>                                          |                                                                                                                                                                         |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
| <b>Any amount of Dues Recoverable from Death Gratuity and Family Pension</b> |                                                                                                                                                                         |                                                                                                                                                                                                                    |                      |                    |                                            |                          |  |  |  |
| Checked as per Rules                                                         |                                                                                                                                                                         |                                                                                                                                                                                                                    | Recommended          |                    | Passed                                     |                          |  |  |  |
| Jr. Supt. / Supt. (Pay & Accounts)                                           |                                                                                                                                                                         |                                                                                                                                                                                                                    | A.R. / D.R. (F&A)    |                    | FA & CA / Finance Officer                  |                          |  |  |  |