

निवृत्ती वेतन प्रकरण - हालचाल दर्शविणारा तक्ता

श्री. / श्रीमती _____

हुद्दा _____

शाळेचे नांव - _____

१) कर्मचाऱ्याने निवृत्ती वेतनासाठी केलेल्या अर्जाचा दिनांक	/ / २००
२) शाळेने सेवानिवृत्ती वेतन प्रकरण तयार करण्यास सुरुवात केल्याचा दिनांक	/ / २००
३) कर्मचाऱ्याने सेवानिवृत्ती वेतन प्रकरणावर स्वाक्षऱ्या केल्याचा दिनांक	/ / २००
४) सेवानिवृत्ती वेतनासाठी कर्मचाऱ्याने विहित केलेल्या वेळेपेक्षा उशीरा अर्ज केलेला असल्यास त्याबाबतचे कर्मचाऱ्याचे निवेदन घेतले आहे काय ?	
५) शाळेने सेवानिवृत्ती वेतन प्रकरण शिक्षणाधिकारी / प्रशासनाधिकारी / शिक्षण प्रमुख यांचेकडे सादर केल्याचा दिनांक	/ / २००
६) विहित केलेल्या वेळेपेक्षा प्रकरण उशीरा सादर करण्यात आले आहे काय ? असल्यास त्याची कारणे नमूद करावीत.	
७) शिक्षणाधिकारी / प्रशासनाधिकारी / शिक्षण प्रमुख यांचे कार्यालयातील प्राप्त दिनांक	/ / २००
८) आक्षेप लावून प्रकरण परत पाठविले असल्यास त्याचा दिनांक	/ / २००
९) आक्षेपाचे स्वरूप	
१०) शाळेने फेरसादर केल्याचा दिनांक	/ / २००
११) शिक्षणाधिकारी यांनी शिक्षण उपसंचालक, पुणे विभाग पुणे यांचे कार्यालयात प्रकरण सादर केल्याचा दिनांक	/ / २००
१२) विहित वेळेपेक्षा प्रकरण उशीरा सादर करण्यात आले आहे काय ? असल्यास त्याची कारणे नमूद करावीत.	
१३) शिक्षण उपसंचालक यांनी आक्षेप लावून प्रकरण परत पाठविले असल्यास त्याचा दिनांक	/ / २००
१४) शिक्षण उपसंचालक यांचेकडे फेरसादर झाल्याचा दिनांक	/ / २००
१५) शिक्षण उपसंचालक कार्यालयातील प्राप्त दिनांक	/ / २००
१६) प्रकरण महालेखापाल, मुंबई यांचेकडे सादर केल्याचा दिनांक	/ / २००
१७) महालेखापाल यांचेकडील मंजूर आदेशाचा दिनांक	/ / २००

मुख्याध्यापक सही, शिक्षा

शिक्षणाधिकारी

शिक्षण उपसंचालक

ANNEXURE I

FORM No. 15

(See Rule 198, 198-A, 198-B, 207, 207-B, 209 and 212)

APPLICATION FOR PENSION OR GRATUITY & DEATH-CUM-RETIREMENT GRATUITY

- 1) Name of the Applicant
(In block letters)
 - 2) Father's Name (and also husband's name in the case of a woman teacher)
(In block letters)
 - 3) Religion and nationality.....
(In block letters)
 - 4) Permanent residential address showing village/Town, District and State
(In block letters)
 - 4) a) Address of residence where it is proposed to reside after retirement
 - 5) Present or last appointment including Name of Establishment
 - 5) a) Present or last substantive appointment
 - 6) Date of beginning of Service
 - 7) Date of ending of Service
 - 7) a) Total of Military Service
 - Date of commencement and end of each period of military Service
 - Amount and nature of any pension/gratuity received for Military Service
 - 7) b) Governments under which service has been rendered in order of employment
 - 8) Length of Service with details, interruptions & non qualifying period Years.....Months..... Days
 - 9) Class of Pension or gratuity applied for and cause of application
 - 10) Pensionable pay
 - 11) Proposed pension
 - 12) Proposed service Gratuity
 - Death-cum Retirement Grartuity
 - 12) a) Proposed family pension
 - 13) Date from which pension is to commence
 - 14) Place of payment (Government Treasury or sub Treasury)
(In block letters)
 - 14) a) Pension rules opted eligible
 - 14) b) Whether nomination made for
 - (i) Family Pension
 - (ii) Death-cum-Retirement
 - 15) Date of applicant's birth by Christian era
 - 16) Height
 - 17) Identification Marks
 - 17) a) Thumb and finger impressions
 - 18) Date on which the applicant applied for pension
- | | | | | | |
|--|-------|-------------|---------------|-------------|---------------|
| | Thumb | Fore finger | Middle finger | Ring finger | Little finger |
|--|-------|-------------|---------------|-------------|---------------|

Note- Persons who at their option send alongwith this application certified copies of passport photographs are exempted recording their left hand thumb and finger impressions if they are literate enough to sign their names in English, Hindi or the official regional language.

Signature of the Head

Immediate

Outward No. -

By Regd. Post

From : (Name of the H. M. & School)

To,
The Education Officer,
Zilla Parishad

Subject : Pension case of Shri. / Smt.

Sir,

I have the honour to forward herewith the pension papers in triplicate of Shri. / Smt.
 who expired on / who is to
 retire / who has Retired on superannuation / Retiring / invalid / compassionate / for family pension
 from as per accompanied list for favour of further action.

Yours faithfully,

Signature of the H. M. / Principal

List of Enclosures

- 1] Formal Application for pension in form No. 15-A
- 2] Application for Pension or Gratuity & Death - cum - Retirement Gratuity in Form No. 15
- 3] History of Service (showing interruptions) duly verified.
- 4] Service-book duly completed in all respects.
- 5] Statement of three specimen signatures of the pensioner duly attested.
- 6] Three copies of passport size photographs of pensioner and his wife combined duly attested.
- 7] Declaration to be signed by an applicant for not applied previously for Pension and Gratuity.
- 8] Nomination for Death -cum - Retirement Gratuity / Pension.
- 9] Declaration for Provisional Pension / Gratuity
- 10] No enquiry and no demand certificate
- 11] Statement showing the sources of pay drawn.
- 12] Last Pay Certificate
- 13] Statement showing the rough calculations of Pension & Gratuity amounts.
- 14] Statement showing the nature and period of leave etc. taken by pensioner's during the entire Service.
- 15] Statement showing the relations, ages and birth dates of pensioner's family members.
- 16] Medical certificate for invalidation (if the claim is for invalid pension)
- 17] History of Breaks in a Service
- 18] Periods of vacations enjoyed.
- 19] Certificate regarding recognition of the School.
- 20] Statement of accumulations of Contributory Provident Fund.
- 21] Non Employment Certificate
- 22] Option Form for the Pension (to be pasted to the service book)
- 23] Consent Form
- 24] Application for communication of pension (Form B)
- 25] Application for voluntary Retirement.
- 26] The statement showing the movement of the pension papers.
- 27] Resolution of the School Committee or Management sanctioning Voluntary Retirement.

Signature of the Head of the School

PART - II
ACKNOWLEDGEMENT

Received from Shri / Smt. / Kum. _____

(Name)

(Designation)

application in Part-I of Form-B for commutation of a fraction of pension without medical examination.

Place _____

Signature :

Date / / 200

Head of Office:

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

PART - III

- 1) Forwarded to the Audit Officer [here indicate the address and designation.]

With the Remarks that -

- i) the particulars furnished by the applicant in part-I have been verified & are correct.
 - ii) the applicant is eligible to get fraction of his pension commuted without medical examination.
 - iii) the commuted value of pension determined with reference to the Table applicable at present comes to Rs. _____ and
 - iv) the amount of residuary pension after commutation will be Rs. _____
- 2) The pension papers of the applicant completed in all respects were forwarded under this department / Office Letter No. _____ dated / / 200. It is requested that the payment of commuted value of pension may be authorised at the time of the Pension Payment Order which may be issued ONE MONTH before the retirement of the applicant.
- 3) the receipt of Part-I of this form has been acknowledged in Part-II which has been forwarded separately to the applicant on _____
- 4) The commuted value of pension is debitable to Head of Account under Finance Department. "Demand No. _____ 266" Pension & other Retirement Benefits B- Commuted Value of Pensions.

Place _____

Signature

Date / / 200

Head of Office

FORM -B

[See rules 5 (2): 12 ; 13 (3) 14 (1) and (15) (3)]

Form of application for commutation of a fraction of Superannuation Pension without medical examination when applicant desires that the Payment of the commuted value of Pension should be authorised at the time of issue of the Pension Payment Order :

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

PART - I

To,

The.....

(here indicate the designation and
full address of the Head of Office)

Subject - Commutation of pension without medical examination.

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions contained in Maharashtra Civil Services [Commutation of Pension] Ruls, 1984, the necessary particulars are furnished below-

- 1) Name (in Block letters)
- 2) Father's name / husbands name
- 3) Designation
- 4) Name of Office / Department in which employed.
- 5) Date of Birth (by christian era)
- 6) Date of retirement on superannuation
- 7) ● Fraction of Superannuation Pension proposed to be commuted
- 8) ■ Disbursing authority from which pension is to be drawn after retirement
(a) Treasury / Sub - Treasury (Name & complete address of the Treasury / Sub Treasury to be indicated)
- 9) (i) Branch of the Nationalised Bank with complete postal address ...
(ii) Bank Account number to which monthly pension is to be credited each months

Signature :

Present Postal Address

Place.....

Postal Address after retirement:

Date:- / / 200

NOTE- The payment of commuted value of pension shall be made through the disbursing authority from which pension is to be drawn after retirement, it is not open to an applicant to draw the commuted value of pension from a disbursing authority, other than the disbursing authority from which pension is to be drawn.

- The applicant should indicate the fraction of the amount of monthly pension [subject to maximum of one - third thereof] which he desires to commute and not the amount in rupees.
- Score out which is not applicable.

Periods of Vacations

Sr. No.18

Statement showing the period of vacations enjoyed by

Shri / Smt.

Designation

Period of Vacations		Total Period	Periods of Vacations Enjoyed		Total Period	Remarks
From	To		From	To		

- 1) **Shri. / Smt.**
enjoyed all the vacations and never detained for official duties during his / her entire service from to
- 2) **Shri. / Smt.**
joined service as in this School w. e. f. and
opted for Revised Pension Rules 1950 only and never opted Old Pension Rules which were
in force prior to 1 1950.
- 3) Vacations enjoyed by the teacher serving in vacation department after 1-4-1986 are treated
as duty for counting qualifying service as per Rule 4 [3] of B. C. S. R Vol. II as such as
questions of filling this form does not arise.

Countersigned by

Education Officer

Zilla Parishad

Head of the School

Non Employment Certificate

I hereby declare that after my retirement i. e. from

I am not re-employed in any recognised education Institution.

OR

I hereby declare that after my retirement i.e. from

I am re-employed in the same school / Institution from

to and my basic pay during that period was

Signature of Head of the School
& Stamp of the School

Signature of the Employee

CONSENT FORM

Sr. No. 20

[Amount to be indicated should be as per that indicated in form No. 10]

I, Shri. / Smt. / Kum.

hereby give consent for the recovery of amount of Rs.

(In words Rs.

.....)

from my pension and / or gratuity.

Reason for the recovery : On account of

.....

.....

.....

.....

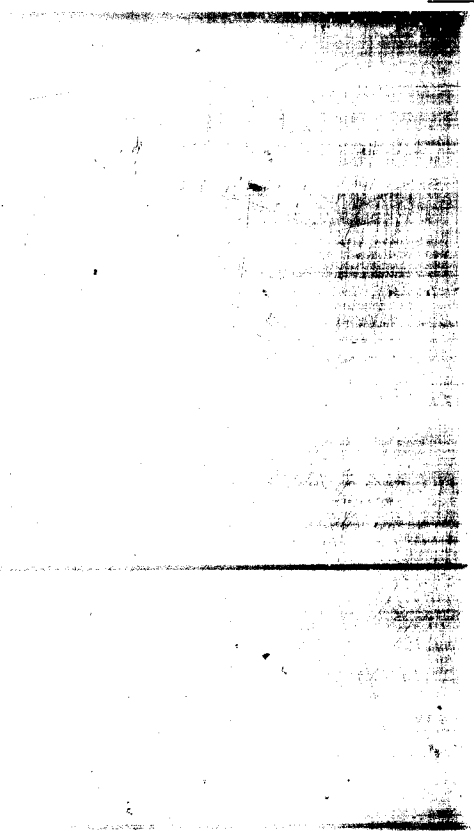
Place

Signature of the Employee

Date / / 200

Name

Designation



Name of the School -

SERVICE CERTIFICATE

This is to certify that Shri / Smt.
..... was working
in this High School as a full time H.M. / Asstt. H.M. / Supervisor / Asstt. Teacher / Supdt./
Head Clerk / Senior Clerk / Jr. Clerk / Lab. Asstt. / Lab. Att. / Librarian / Naik / Peon
from to

This School was / is recognised and aided by the Department of Education of Maharashtra State
when Shri / Smt.
was working in this High School.

Place

H.M. / Superintendent

Date / / 200

Countersigned by :

Education Officer,

Zilla parishad.

Name of the School -

NO DUES CERTIFICATE

This is to certify that, no departmental enquiry is either pending or proposed to be held
against Shri / Smt.

2) No Government or management dues remain to be recovered from him / her / an Amount of

Rs. still remains to be recovered from him / her on A/c of

..... and he / she has given / he / she has

refused to give his / her written consent for the recovery of this amount from his / her pension and

/ or gratuity. The written consent is kept among the pension papers.

Place

Signature of the Employee

Signature of

Date / / 200

with Designation

Authority

Countersigned by :

Education Officer,

Zilla Parishad

Statement Showing the History of Breaks in Service of Shri / Smt.
 Designation

Sr. No. of Each Break during the Service	Name of the Institution in which Break in Service taken place	Reasons for the Breaks	Date of Beginning of the Break	Date of Ending of the Break	Total Period of the Break	Whether the Break is not intervened by his/her taking up service in any other capacity (i.e. other than a teacher)	Whether the Break is followed by his/her taking up service in another recognised Secondary School as a teacher	Whether the Break is condoned as per para 7 & B of the G. R. E. & S. W. D. No. SSN 3365 G Dated 4/1/68	Break treated as duty period for counting qualifying Service for pension Y. M. D.	REMARKS

Education Officer
 Zilla Farishad

District

Head of the School

FAMILY MEMBERS

Statement showing the Details of family Members of

Shri / Smt. _____

Designation _____

Name of the family Member	Date of Birth of the Family Member	Age	Relationship with the pensioner

N. B. :- Information regarding Adult sons / married daughters [except widow daughters] should not be included in the statement.

Place

Date : / / 200

Countersigned by

Education Officer

Zilla Parishad

District :

Signature of the Pensioner

Signature of the
Head of the School

A Statement of Leave Availed By

Shri / Smt.

Designation

Nature of Leave	Period of Leave		No. of Days
	From	To	

The above entries have been verified with reference to the permanent record such as office copies of pay bills etc.

Countersigned by
Education Officer
Zilla Parishad
District

Signature
Designation

Rough Calculation of Pension & Gratuity

1) Name of the Teacher				
2) Designation				
3) Date of Birth				
4) Date of Appointment				
5) Date of Confirmation				
6) Date of Retirement				
7) Option Elected				
8) Reason for Retirement				
9) Total Service From	To	Y.	M.	D.
10) Period of Break		Y.	M.	D.
11) Net Qualifying Service		Y.	M.	D.
From	To	Period Y. M. D.	Rate of Pay	Actual Amount drawn
12) Average Emoluments				
13) Proposed Pension				
14) Proposed Service / Gratuity / Death -cum- retirement Gratuity				
15) Deduct two months pay on account of Revised Family Pension				
16) Net proposed Service Gratuity / Death -cum- retirement Gratuity to be paid				
17) Proposed Family Pension				

Education Officer

Zilla Parishad :

District :

H. M. / Principal

Last Pay Certificate

Sr. No. 12

No. _____ Date / /

Last pay certificate of Shri / Smt. _____

Designation _____ who is Retiring / who Retired from the date _____

2) He / She has been paid up to _____ at the following rates :

PARTICULARS	RATE	PARTICULARS	RATE
Substantive Pay		Dearness Allowance	
Officiating Pay		H. R. A.	
Special Pay		C. L. A.	
Personal Pay		Conveyance Allowance	
T. Additional Pay		P. T. A.	
		Other Allowance, if any	

Deductions

Income Tax	General Provident Fund	P. L. I.
------------	------------------------	----------

3) His / Her General Provident Fund A/c. No. _____ is maintained by the pay & P. F. Unit of the Dist. _____

4) He / She made over charge of the school on the _____ afternoon of _____

5) Recoveries are to be made from the pay of the secondary school teacher as detailed on the reverse.

6) He / She has been paid leave salary as detailed below. Deductions have been made as noted on the reverse.

PERIOD	RATE	AMOUNT
From _____ to _____	at Rs. _____	a month
From _____ to _____	at Rs. _____	a month
From _____ to _____	at Rs. _____	a month

7) He / She entitled to draw the following up to _____ as per management's authority Letter No. _____ dated _____

8) He / She is also entitled to joining time as per rule.

9) The details of Income-Tax recovered from him / her up-to-date from the beginning of the current year are noted on the reverse.

10) As per Management's Authority Letter No. _____ dated _____ his / her undermentioned L. I. C Policy / Policies is / are financed from Contributory Provident Fund.

Policy No.	Amount	Due date for the Payment of Premium	Amount of Premium	Date of Maturity

Place

Date / / 200

Countersigned by

Education officer

Zilla Parishad

Dated

Head of the Institution

Statement showing the Sources of pay drawn by Shri / Smt. _____

_____ Designation _____

_____ District _____

Date of Beginning	Date of Ending	Paid from which Fund

Countersigned by
Education Officer
Zilla Parishad

District

Head of the School

Nomination for Death Cum - Retirement Gratuity / Pension

(When the Teacher has a family and wishes to nominate one member thereof)

I hereby nominate the person mentioned below, who is a member of my family and confer on him the right to receive any gratuity / pension that may be sanctioned by Government in the event of my death while in service and the right to receive on my death any gratuity / pension which having become admissible to me on retirement may remain unpaid at my death.

Name & Address of Nominee	Relationship with the Teacher	Age	Contingencies on the happening of which nomination shall become invalid	Name, Address & relationship of the person, if any to whom the right conferred on the nominees shall pass in the event of the nominee prede- ceasing the Teacher

Dated this _____ day of _____ 200

at _____

Witness to Signature

Signature of the Servant

1)

2)

Countersigned by

Education Officer

Signature

Zilla Parishad

Designation

District

CERTIFICATE

This is to certify that no department enquiry is either pending or proposed to be held against Shri. / Smt.

2) a) No Government or management dues remain to be recovered from him / her

OR

b) An amount of Rs. still remain to be recovered from him / her on account of

.....
.....
.....
he / she has given / he / she has refused to give his / her written consent for the recovery of this amount from his / her pension and / or gratuity.

Countersigned by
Education Officer
Zilla Parishad
District

**Signature of the Employer
with Designation**

Specimen Signatures of Shri / Smt.

Designation

Specimen Signatures 1]

2]

3]

Designation

Countersigned by

Attested by

Education Officer

Zilla Parishad

District :

Signature

Designation

H. M. / Principal

A Declaration for Pension / Gratuity

Whereas The Dy. Director of Edn. Region
(here state the designation of the Officer sanctioning the pension / family pension / service
gratuity / death - cum - retirement gratuity / arrears of pension or gratuity has consented
to grant me / us the sum of Rs. a month as the
amount of my pension / family pension and sum of Rs. as
the amount of gratuity / death - cum - retirement gratuity / arrears of pension or gratuity due
to Shri. / Smt.
(here give the name and designation of the servant) I / We fully understand that the
pension / family pension / gratuity / death - cum - retirement gratuity / arrears of pension or
gratuity due to Shri. / Smt. is subject
to revision on its being found in excess of that to which I / We / am / are entitled under the
rule. I / We promise to have no objection to such revision and I / We further promise to
repay any amount advanced to me / us in excess of that to which I / We may be eventually
found entitled.

Countersigned by
Education Officer
Zilla Parishad
District

Sign. of Head of the School
& Stamp of the School

Signature of the
Pensioner
Designation

A Declaration For Pension / Service Gratuity and / or D. C. R. Gratuity / Pension

I [Name]
hereby declare that I have neither applied or not received any pension or service gratuity of D. C. R. Gratuity in respect of any portion of the service included in this application and in respect of which pension or gratuity is claimed herein nor shall I submit an application without quoting a reference to this application and the orders which may be passed thereon.

Place -

Date / / 200

Countersigned by
Education Officer

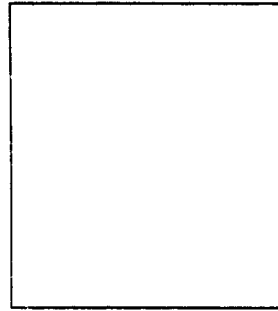
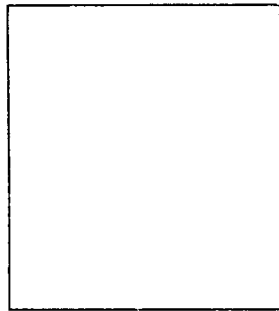
Signature of Pensioner
Before me

JOINT PHOTOGRAPH OF

Shri / Smt. _____

& his / her wife / husband _____

& his / her family.



Specimen Signatures of Shri / Smt _____

_____ Vice Principal / Asst. Teacher / Lab. Asstt. / Lab Att.

Height :-

Identification Marks :- I)

ii)

Specimen Signatures

1) _____

2) _____

3) _____

Designation

Education Officer
Zilla Parishad

Principal

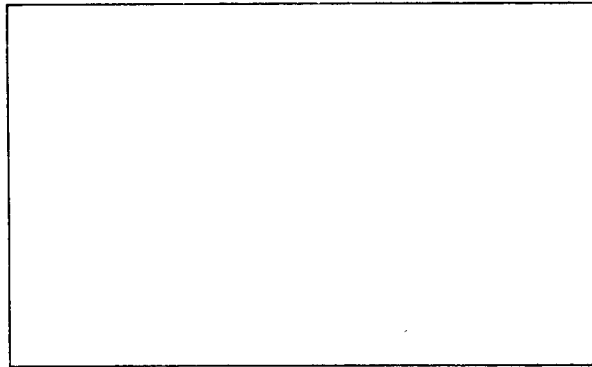
N.B. :- Three copies to be attached to A. G's copy & one for each other copies.

JOINT PHOTOGRAPH OF

Shri / Smt. _____

& his / her wife / husband _____

& his / her family.



Specimen Signatures of Shri / Smt _____

_____ Vice Principal / Asst. Teacher / Lab. Asstt. / Lab Att.

Height :-

Identification Marks :- I)

II)

Specimen Signatures

1) _____

2) _____

3) _____

Designation

Education Officer

Zilla Parishad

Principal

N.B. :- Three copies to be attached to A. G's copy & one for each other copies.

Formal Application for Pension - Form No. 15 - A

From - (Pensioner)

Shri / Smt. _____

To,

The Accountant General, Mumbai
The Senior Deputy Accountant General, Nagpur

SUBJECT - Application for Sanction of Pension

Sir,

I beg to say that I am due to retire from service with effect from _____
 _____ My Date of birth being / / 19 . I therefore, request the steps
 may kindly be taken with a view to the pension and gratuity admissible to me being sanction by
 the date of retirement. I desire to draw my pension from _____ Treasury.

1) [i] I hereby declare that I have neither applied nor received any pension or gratuity
 or Death- cum Retirement Gratuity in respect of any portion of the Service included in this
 application and in respect of which Pension / Gratuity and death cum-retirement Gratuity is / are
 claimed herein.

ii] I have received gratuity _____ in respect of my past service. The particulars of
 been receiving a pension _____

which are as follows- _____

[iii] I also declare that I shall not submit an application hereafter without making a
 reference to this application and the orders which may be passed thereon.

2) I enclose herewith -
 [i] Specimen signature form of mine, duly attested (Form No. 5)
 [ii] Passport size photographs, duly attested (Form No. 6)

3) My present address is _____

and my address after retirement will be _____

4) Nomination for payment of Death-cum-Retirement Gratuity of family pension already
 been filled & is enclosed (Form No. 8)

5) I hereby consent that my over- payment found or money remaining outstanding
 against me on account of pay, leave, salary, allowances, advances, loans, house rent etc. may
 be recovered from my pension and / or gratuity.

Place _____

Signature _____

Date / / 20

Designation _____

Respectfully Submitted through the -

- a) Head Master / Mistress
 b) Education Officer, Zilla Parishad
 c) Deputy Director of Education

District _____
 Region _____

The image shows a blank ledger page with a grid structure. The grid is composed of 23 vertical columns and 15 horizontal rows. The columns are of varying widths, with a notably wider column on the far left, likely intended for descriptions or long text. The remaining 22 columns are of uniform, narrower width. The rows are of uniform height. The grid is enclosed in a double-line border on the left and top edges. There are some small dark artifacts on the page, including a small black dot in the bottom right corner and some faint smudges near the left edge.

ANNEXURE II

(a) Remarks by the Receiving Authority

- 1) As to character and past conduct of applicant
- 2) Explanation of any suspension or degradation
- 3) Regarding any gratuity or pension already received by applicant
- 4) Any other remarks
- 5) Specific opinion of the receiving authority whether the service claim is established and should be admitted or not.
(See Rule 98-Aii) 207-B (a) (ii)

Head Master / Mistress

Signature and Designation of the
Receiving Authority

Countersigned by Education Officer

Zilla Parishad District :

b) Orders of the pension sanctioning authority. The undersigned having satisfied himself that the service of Shri /Smt./Kumari.....has been thoroughly satisfactory hereby orders that the grant of the full pension and / or gratuity which may be accepted by the Accountant General admissible under the rules. The grant of this pension and / or gratuity shall commence From

▪ A sum of Rs. on account of is to be held over from the Death-cum-Retirement Gratuity till the outstanding dues are assessed and adjusted.

OR

The undersigned having satisfied himself that the service of Shri. / Smt. / Kumari.....has not been thoroughly satisfactory, hereby orders that the full Pension and / or Gratuity which may be accepted by the Accountant General as admissible under the rules shall be reduced by the specified amounts or percentage indicated below :

Amount of the percentage reduction in Pension.

Amount of the percentage reduction in Gratuity.

The Grant of this pension and / or gratuity shall take effect from

▪ A sum of Rs. on account of is to be held over from the Death-cum-Retirement Gratuity till the outstanding dues are assessed and adjusted.

The pension and Death-cum-Retirement Gratuity are payable at Treasury and are chargeable to

This order is subject to the condition that should the amount of pension and / or Gratuity as authorised by Accountant General be afterwards found to be in excess of the amounts to which the pensioner is entitled under the rules, he/she will be called upon to refund such excess. A declaration from the Government servant accepting this condition has been obtained is enclosed / A declaration from the Government servant accepting this condition will be obtained and submitted separately.

Signature and designation of the
Authority sanctioning Pension

(a) Audit Infacement

1) Total period of duty/qualifying service which has been accepted for the grant of superannuation/retiring invalid Compensation / Pension / Death-cum-Retirement Gratuity, with reasons for disallowances if any other than disallowances, if any of service the reasons which are recorded by the audit Officer on Second / Third Page.

- Note**
- 1) Service for the period commencing from and up to the date of retirement has not yet been verified. This should be done before the pension payment order issued.
 - 2) Amount of superannuation / retiring / invalid compensation / Death-cum-Retirement Gratuity that has been admitted.
 - 3) Amount of superannuation / retiring / invalid compensation / Death-cum-Retirement Gratuity admissible after taking into account the reduction in pension and gratuity made by the authority sanctioning Pension.
 - 4) The date from which the superannuation / Retiring Pension / Death-cum-Retirement Gratuity is admissible.
 - 5) Head of account to which the superannuation / retiring and special additional Pension / Death-cum-Retirement Gratuity is chargeable.

Accountant General

Note - Irrelevant words, clauses should be struck out.

Instruction for preparing the application for Pension or Gratuity and Death-cum-Retirement Gratuity are appended to form No. 15, There should be carefully studied before filling in the form.

Annexure A - Departmental Data Sheet

10 Digit DDO Code Class of Pension :

Name : Sex :

Designation : Group / Class :

a) Address Before Retirement :	b) Address After Retirement :

Department :

Place / District of Retirement :

DDO Retired from :

T. O. for Pension : T. O. For DCRG :

Bank Details :

a) Bank Name :

b) Bank Branch :

c) Bank A/c. No. :

GPF Account No. allotted by A. G. Office :

Date of Birth :	Date of Appointment :
Date of Commencement of pensionable Service	Date of Retirement / Death :

Date of medical certificate invalidating government servant

Date of lodging FIR in absconding cases

Period of Foreign Service :

Whether contributions received for the above period :

Length of Military Service, if any :

Amount of Military Pension / Gratuity if any :

	Year	Months	Days
Gross Service :			
Non-Qualifying Service :			
Weightage :			
Net Qualifying Service :			
Average Emoluments	Last pay drawn		
Non-Practicing Allowance	DA / DP		
Other Allowances	Total of pay & other allow.		

**Signature of the
Pay & Pro. Fund Unit**