

भारत सरकार  
**GOVERNMENT OF INDIA**  
दूरसंचार विभाग  
**DEPARTMENT OF TELECOMMUNICATIONS**  
संचार भवन  
**SANCHAR BHAVAN**

सेवा-निवृत्ति पेंशन-प्रपत्र

**SUPERANNUATION PENSION PAPER SET**  
*AS PER CCS (PENSION) RULES 2021*

नाम (NAME):

पदनाम (DESIGNATION)

सेवानिवृत्ति की तारीख (DATE OF RETIREMENT)

कार्यालय का पता (OFFICE ADDRESS)

Tel No./ Mobile No.

Note : To be submitted eight months prior to the date of superannuation.

**FORM 6**

[See rules 57(1), 58, 59 and 60, 62, 80]

**Particulars to be obtained by the Head of Office from the retiring/retired Government Servant**

Photograph(s)

**1. Detail of Government servant:**

Name		Designation/ Rank	
Date of birth		Date of retirement	
Ministry/Department/Office		PAN No.	
Aadhaar No.*(voluntary)		Nationality	

**2. Address after retirement for future correspondence:**

Flat/House No./Bldg. Name		Street/Locality	
Village & Post Office/Block		City & District	
State		Pin Code	
Telephone No. (If any)		Mobile No.	
E-mail ID			

**3. Details of Bank through which Pension is to be drawn:**

Type of A/c	<input type="checkbox"/> Single <input type="checkbox"/> Joint with Spouse	A/c No.	
Bank's Name		Branch	
IFS Code			

Note 1: Please attach a copy of the first page of passbook/cancelled cheque/document showing the name of Account Holder. (The name should be the same in the bank account, this form and the office records.)

Note 2: Please ensure that the Government servant is the Primary Account holder in the Joint Account

Note 3: In case Head of Office is satisfied that it is not possible for the retiring Government servant to open a joint account for reasons beyond his/her control, this requirement may be relaxed.

**4. Details of member of the family of Government servant who has been authorised under Rule 57(3) to submit this Form on behalf of the retiring/retired Government servant:**

Name		Relationship with the Government servant	
Aadhaar No.*(voluntary)		Nationality	
Flat/House No./Bldg. Name		Street/Locality	
Village & Post Office/Block		City & District	
State		Pin Code	
Telephone No. (If any)		Mobile No.	
E-mail ID		Reasons why Government servant is not able to submit this form	

5. I desire to commute  % of my pension under Central Civil Services (Pension) Rules, 2021 in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981.

**Note : A member of family who has been authorised under Rule 57(3) to submit this Form on behalf of the retiring/retired Government servant shall not be eligible to apply for commutation of a percentage of pension.**

6. Indicate whether family pension is also admissible from any other source- (Tick whichever is applicable)  
 Military

State Govt.

Public sector undertaking/ autonomous body/ local fund under the Central or State Govt.

- 7. Whether any departmental or judicial proceedings pending against the Government servant? If so, the details thereof. ....
- 8. Whether any member of the family (other than spouse) is proposed to be co-authorised for family pension?  
(If yes, please attach Form 8.) .....Yes/No
- 9. Whether the Government servant wants to receive Pension Payment Order (PPO) in Office through Head of Office? .... Yes/No

**Declarations:**

\*(1) I am satisfied with the length of qualifying service to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c)

OR

I am not satisfied with the length of qualifying service to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c) and I have submitted a representation in this respect separately.

OR

I have not been intimated about the length of qualifying service to be reckoned for pension and gratuity.

**\*Tick the statement which is applicable.**

\*(2) I am satisfied with the emoluments and average emoluments to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c).

OR

I am not satisfied with the emoluments and average emoluments to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c) and I have submitted a representation in this respect separately.

OR

I have not been intimated about the emoluments and average emoluments to be reckoned for pension and gratuity.

**\*Tick the statement which is applicable.**

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

Enclosures: As per list attached

Place:

Date:

( Signature of Government servant/Family member (with name) authorised to submit this Form)

*Note 1: Commutation of pension is optional. Item 5 may be struck off if the retiring Government servant does not desire to commute a percentage of pension.*

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

*Note 3: Commutation of pension after one year or for commutation of pension in case of compulsory retirement pension/invalid pension/compassionate allowance will be applied in Form-2 of Central Civil Services (Commutation of Pension) Rules, 1981.*

*\*Providing Aadhaar No. is voluntary. However, if it is provided, consent to link it to bank account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.*

**List of Documents to be attached with Form 6**

- 1. Two specimen signatures (to be furnished in a separate sheet). If the claimant cannot sign his/her name then he/she is required to put the impression of his/her left/right thumb on the document in lieu of specimen signature.

2. Form 8, if a family member is proposed to be co-authorised for family pension. In accordance with Rule 63(1), the following members of family are eligible for co-authorisation for family pension along with spouse, if there is no other member of family eligible for family pension before them:
  - Disabled child/ children (Disability certificate to be attached for co-authorisation.)
  - Dependent parents.
  - Disabled siblings. (Disability certificate to be attached for co-authorisation.)
3. Three copies of Joint photograph with spouse or, if it is not possible to submit joint photograph with spouse, separate photographs of self and spouse, along with three copies of photograph of the member or members of the family whose names are to be included in the Pension Payment Order as a co-authorised family pensioner. (Photographs to be attested by Head of Office).
4. Form 4 – Details of Family.
5. Undertaking in Format 9 for refunding any excess payment made by the pension disbursing bank.
6. Nomination for Gratuity, Central Government Employees' Group Insurance Scheme and General Provident Fund in Common Nomination Form –Form 3.
7. Nomination for arrears of pension and commuted value of pension (if applied for commutation of pension) in common nomination form - Form A.
8. Undertaking in Format 1 ( applicable for those who served in Security-related or Intelligence Organizations referred to in rule 7 of the Central Civil Services (Pension) Rules, 2021).
9. Form for submitting details under Anubhav (optional).
10. Form of option for availing Medical facilities of Central Government Health Scheme or Fixed Medical Allowance after retirement
11. Photocopy of the first page of Pass Book of the Bank Account in which the pension is to be credited or any other bank document showing the name and account details of Account Holder
12. Copy of PAN Card *of self and spouse.*



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स्वास्थ्य परीक्षा के बिना पेंशन के भाग के सारांशीकरण हेतु आवेदन का प्रारूप जबकि आवेदक यह चाहता है कि पेंशन के सारांशीकरण मूल्य का भुगतान पेंशन भुगतान आदेश के माध्यम से प्राधिकृत किया जाए। (FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION WHEN APPLICANT DESIRES THAT THE PAYMENT OF COMMUTED VALUE OF PENSION SHOULD BE AUTHORISED THROUGH THE PENSION PAYMENT ORDERS.)

{देखे नियम (see Rule)- 5(2), 12, 13(3), 14(1), 15(3)}

सेवा-निवृत्ति के तीन माह पूर्व ही दो प्रतियों में कार्यालय में प्रस्तुत किया जाना चाहिए

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

**भाग -1(PART-I)**

सेवा में,(To)

.....  
.....  
.....  
.....

(उपर्युक्त रिक्त स्थान में कार्यालय प्रमुख का पद एवं कार्यालय का पूरा पता लिखें /Indicate the designation and full address of the Head of Office)

विषय (Subject)- स्वास्थ्य परीक्षा के बिना पेंशन का सारांशीकरण।

(Commutation of pension without medical examination)

महोदय/महोदया(Sir/Madam),

..

मैं केन्द्रीय सिविल सेवा पेंशन का सारांशीकरण नियम-1981 के प्रावधान के अंतर्गत मेरी पेंशन के एक अंश के सारांशीकरण की इच्छा रखता हूँ / रखती हूँ / इस संदर्भ में आवश्यक विवरण निम्नलिखित हैं। (I desire to commute a fraction of my pension in accordance with the provisions of the Central Civil Services (Commutation of pension) Rules, 1981. Necessary particulars are furnished below): -

1	स्पष्ट शब्दों में पूरा नाम (Name in Block letters)	
2	पिता का नाम/ महिला कर्मचारी होने की स्थिति में पति का नाम (Fathers name/ husband's name in the case of female Govt. Servant)	
3	पदनाम (Designation)	
4	मंत्रालय / विभाग /कार्यालय का नाम (Name of Office/ Deptt./ Ministry)	
5	जन्म तिथि{Date of birth (in Christian era)}	
6	सेवा-निवृत्ति की तारीख अथवा सेवा विस्तार की अवधि समाप्त होने की तारीख{Date of retirement on superannuation, or on the expiry of extension granted under FR-56(d)}	

	-5-	
7	सेवा-निवृत्ति पेंशन का वह अंश जिसे सारांशिकृत करने का प्रस्ताव है। (Fraction of superannuation pension proposed to be commuted)	
8	संवितरण अधिकारी जहाँ से सेवा-निवृत्ति के पश्चात्य पेंशन निकाली जानी है। (Disbursing authority from which pension is to be drawn after retirement)	
(a)	डाक घर / बैंक का नाम एवं पता (Name & address of Post Office/Bank)	
(b)	बचत खाता संख्या (Savings Account Number)	
(c)	मंत्रालय / विभाग / कार्यालय का लेखा कार्यालय (Accounts office of the Ministry/ Department/ Office)	

स्थान (Place):.

दिनांक (Dated) :

हस्ताक्षर (Signature) \_\_\_\_\_

वर्तमान डाक का पता \_\_\_\_\_

(Present Postal address):- \_\_\_\_\_

सेवा-निवृत्ति के पश्चात्य डाक का पता \_\_\_\_\_

(Postal address after retirement) \_\_\_\_\_

(सेवा-निवृत्ति के पश्चात्य डाक का पता) \_\_\_\_\_

**-11-**  
**DESCRIPTIVE ROLL**

श्री \_\_\_\_\_ के ऊँचाई व पहचान चिन्ह का विस्तृत

विवरण।

PARTICULARS OF HEIGHT AND IDENTIFICATION MARKS IN RESPECT OF SHRI \_\_\_\_\_

ऊँचाई (HEIGHT):          फीट(Feet).....          इंच (INCHES).....

पहचान चिन्ह (IDENTIFICATION MARK):-

1.....

2.....

अभिप्रमाणित(ATTESTED)

श्री \_\_\_\_\_ के हस्ताक्षर नमूना) \_\_\_\_\_

SPECIMEN SIGNATURE OF SHRI.....

अभिप्रमाणित(ATTESTED)

श्री \_\_\_\_\_ के ऊँचाई व पहचान चिन्ह का विस्तृत विवरण।

PARTICULARS OF HEIGHT AND IDENTIFICATION MARKS IN RESPECT OF SHRI.....

ऊँचाई (HEIGHT):          फीट(Feet).....          इंच (INCHES).....

पहचान चिन्ह (IDENTIFICATION MARKS):-

1.....

2.....

अभिप्रमाणित(ATTESTED)

श्री \_\_\_\_\_ के हस्ताक्षर नमूना) \_\_\_\_\_

SPECIMEN SIGNATURE OF SHRI.....

अभिप्रमाणित(ATTESTED)

(See Rule 63(1) and 79(2))

Application by a Government servant/pensioner or his/her spouse for including /co-authorisation of names of permanently disabled child/dependent parents/disabled sibling as family pensioner in the Pension Payment Order

Photograph(s) of  
the Family  
member(s) to be  
co-authorised

**1. Details of Government servant/Pensioner :**

Name		Office/Dept./Ministry		Nationality	
Date of retirement (DD/MM/YYYY)		Date of death (DD/MM/YYYY)		PPO No. (If issued)	

**2. Details of primary/existing family pensioner :**

Name		Relationship with deceased Government servant/pensioner		PPO No.	
------	--	--	--	---------	--

**3. Details of family member to be co-authorised for family pension i.e. Permanently Disabled Child/Dependent Parents / Permanently Disabled Sibling:**

Name		Date of birth (DD/MM/YYYY)		Aadhaar No. *(voluntary)	
PAN		Relationship with deceased Govt. servant		Personal marks of identification	
Signature/left hand Thumb impression		Whether in receipt of any other pension/family pension. If so, particulars and source from which being drawn			

**4. Postal address of family member to be co-authorised for family pension:**

Flat/House No./Bldg. Name		Street/Locality	
Village & Post Office/Block		City & District	
State		Pin Code	
Telephone /Mobile No.		E-mail ID	

**5. In case the family member to be co-authorised is minor or suffering from disorder or disability of mind, including mental retardation, details of guardian/ nominee, wherever applicable:**

Name		Date of Birth (DD/MM/YYYY)		Aadhaar No. *(voluntary)	
PAN		Relationship with minor/ mentally disabled family member			
Relationship with the Government servant /pensioner					

Postal address of guardian/nominee:

Flat/House No./Bldg. Name		Street/Locality	
Village & Post Office/Block		City & District	
State		Pin Code	
Telephone /Mobile No.		E-mail ID	

**6. Details of Bank account of family member to be co-authorised (Optional):**

A/c No. (Optional)		Bank's Name and branch	
IFS Code			

Signature or left hand thumb impression of the Government servant/Pensioner/family pensioner

Address.....

Mobile/Telephone No.....



Notes:- (i) If more than one family member are proposed to be co-authorised for family pension, photographs and details in item 3 to item 6 above in respect of all such family members may be given in separate sheets with this Form

(ii) The name(s) of permanently disabled child/children/siblings and/or dependent parents shall be added in the PPO only if there is no other eligible prior claimant for family pension

(iii) The co-authorisation shall become invalid in case any other member of family becomes entitled to family pension prior to the co-authorised family member.

**List of Documents to be submitted with Form 8 in respect of each family member who is proposed to be co-authorised for family pension.**

1. Two specimen signatures (to be furnished in a separate sheet) .If the member of the family cannot sign his/her name then he/she is required to put the impression of his/her left/right thumb etc. on the document in lieu of specimen signature.
2. Proof of identity.
3. Proof of relationship with the deceased Government servant/pensioner.
4. Two copies of self attested passport size photographs of the member of the family.
5. Certificate of age showing the dates of birth. The certificate should be from the municipal authorities or from the local panchayat or from the head of a recognized school or Central/state board of education.
6. Two specimen signatures of guardian (to be furnished in a separate sheet if the member of the family is minor or suffering from mental disability)
7. If the guardian cannot sign his/her name then he/she is required to put the impression of his/her left/right thumb etc. on the document in lieu of specimen signature.
8. A copy of Photo ID proof of the guardian along with proof of Permanent Address.
9. Two self attested copies of passport size photograph of the guardian/nominee
10. Last Income Tax Return failing which Certificate from SDM failing which any other document regarding income in support of the claim for family pension.
11. Copy of the first page of the Pass Book or cancelled cheque or any other document showing name and account number in which the family pension is to be credited. (Name of the claimant in the form and in the bank account should be the same)

## FORM 4

[See rules 50 (15), 57, 58, 59, 60, 62, 74, 79 and 80]

## Details of Family

## Important

1. The original Form submitted by the Government servant is to be retained. All additions/alterations are to be communicated by the Government servant/pensioner along with the supporting documents and the changes shall be recorded in this Form under the signature of Head of Office in column (7). No new Form will substitute the original Form. However, the retiring Government servant should submit the details of family afresh along with Form 6.
2. The details of all members of family (whether eligible for family pension or not) including spouse, all children, parents /parents in law and disabled siblings (brothers and sisters) may be given.
3. The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.
4. Wife and husband shall include judicially separated wife and husband.
5. The pensioner shall intimate the details of change in family structure after retirement in Form 5.
6. Copies of birth certificates to be attached. If birth certificate is not available, then copy of any other certificate, as proof of date of birth, may be attached.

Name of the Government servant		Designation		Nationality	
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## Details of family members:

S.N.	Name	Date of birth (DD/MM/YYYY)	Aadhaar no.* (voluntary)	Relationship with Govt. servant	Marital status	Remarks	Dated signature of Head of Office
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

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

E-mail:  (Optional) Place:

Mobile:  Date  (Signature)

*\*Providing Aadhaar No. is voluntary. However, if it is provided, consent to link it to Bank Account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.*

FORMAT 9

(See Rules 57,58,60,63,71,74,76,79 and 80 )

UNDERTAKING

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

To

The Branch Manager  
<Bank Branch Address>

**Payment of Pension/Family Pension under A/C No.: \_\_\_\_\_ through your Bank**

Dear Sir,

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

2. The date of birth of spouse is \_\_\_\_\_ and her mark of identification is \_\_\_\_\_.

Yours faithfully,

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

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

Witnesses:

1. Signature  
Name:  
Address:  
Date:

2. Signature:  
Name:  
Address:  
Date:

मंहगाई भत्ता से वसूली हेतु घोषणा पत्र

में \_\_\_\_\_ पुत्र \_\_\_\_\_ पद \_\_\_\_\_  
यह शपथ लेता हूँ / लेती हूँ कि यदि विभाग का मेरे ऊपर कोई भी बकाया भविष्य में पाया जाता है तो उसे मेरी पेंशन / पारिवारिक पेंशन पर मिलने वाली मंहगाई भत्ता के भुगतान से वसूल कर लिया जाए, इसके लिए मुझे किसी प्रकार की कोई आपत्ति नहीं है।

स्थान :

दिनांक :

हस्ताक्षर

OR

UNDERTAKING FOR RECOVERY FROM DEARNESS RELIEF

I \_\_\_\_\_ s/o \_\_\_\_\_  
designation \_\_\_\_\_ hereby undertake to credit in cash, the amount found outstanding, in future, from the department, failing which the same may be recovered from the payment of Dearness relief on my pension/family pension, for which I have no objection.

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

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

Signature of the retiree

गवाह (WITNESS)

क्र सं हस्ताक्षर

(Sl. No.) (Signature)

नाम व पता

(Name & Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme

[See Rule 46 of Central Civil Services (Pension) Rules, 2021, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees' Group Insurance Scheme, 1980]

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

- i. any gratuity the payment of which may be authorised under rule 44 and Rule 45 of CCS (Pension) Rules
- ii. amount that may stand to my credit in the General Provident Fund
- iii. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980

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

These nominations supersede any nominations made by me earlier.

Place and date: \_\_\_\_\_ Signature of Government servant  
 \_\_\_\_\_ Mobile No.

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

Note 2 : The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Note 3 : The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

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

Received the nominations, dated ....., under the following Rules :—

1. Central Civil Services (Pension) Rules, 2021 for Gratuity
2. General Provident Fund (Central Services) Rules, 1960
3. Central Government Employees Group Insurance Scheme, 1980



made by Shri/Smt./Kumari.....

Designation.....

Office.....

(Strike out which nomination is not received)

Verified that the nomination(s) made by the Government servant is/are in accordance with the provisions of the relevant rules. Entry of receipt of nomination(s) has been made in page .....Volume.....of Service Book.

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

Date of receipt.....

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

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

**Form A**

**(Common Nomination Form for Arrears of Pension and Commutation of Pension)**

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

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

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

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

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant/Pensioner  
Telephone No.

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

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

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

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

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

made by Shri/Smt./Kumari.....

Designation.....

Office.....

(Strike out which nomination is not received)

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

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

Date of receipt.....

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

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

**FORMAT 1**

(See Clause (b) of Sub-rule (4) of Rule 7)

**Undertaking by Government servants who have worked in any Intelligence or Security-related organisation**

I, ..... , who have worked in (Name of Organization) on the post of ..... , for the period from ..... to..... , do hereby solemnly declare that, save with prior approval of the Competent Authority, I shall not publish in any manner, while in service or after my retirement, any information or material or knowledge which is related to the domain of the organisation and obtained by virtue of my working in the said Organization. This declaration is notwithstanding my responsibilities and liability, in terms of the relevant conduct rules, pension rules, laws dealing with offences relating to official secrets or national security and Intelligent Organisations (Restriction of Rights) Act, 1985 (58 of 1985), as the case may be. I further agree that in the event of any failure of the above undertaking by me, the decision of the Government as to whether it was likely to prejudicially affect the aspects stated above shall be binding on me.

2. I am aware that the pension which may be granted to me after retirement, in terms of the relevant pension rules, can be withheld or withdrawn, in full or part, for any failure of this undertaking given.

Signature of the Government servant

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

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

"Anubhav"

**Form for submitting details of outstanding work done to be uploaded on  
Departmental website**

[May be submitted by a retiring employees six months before the date of superannuation or after the competent authority has approved his retirement or his retirement has become effective, as the case may be]

**PART I - Personal Details:**

Photo

1. Name:
2. Designation :
3. Aadhaar No.
4. PAN No.
5. Ministry/ department & office address:
5. Date of birth:
6. Date of retirement:
7. Mobile number & Email id:
8. Correspondence Address:
9. Head of Office:
10. Cadre Controlling Authority  
State allotted (For AIS only)

**PART II - Commendable Work :**

11. Work to be highlighted (Work may relate to previous assignments as well. Inputs up to 5000 words including outcome, suggestions and names of team members. In case additional information is required to be attached, the same may be uploaded as a PDF document):
12. Documents, if any, to be attached:
13. Suggestions, if any:



14. Work in (11) above is / are in the category:
  - (a) Good Governance
  - (b) Government process re-engineering
  - (c) Simplification of procedures
  - (d) Administration
  - (e) Accounts
  - (f) IT
  - (g) Research
  - (h) Others
15. Whether willing to volunteer for social work post-retirement:
16. Would you like to receive feedback through e-mail. If so, e-mail ID may be provided.
17. Declaration : –
  - a) The information is true & correct to the best of my knowledge.
  - b) The information is not sensitive and is not such as to compromise national security or integrity.
  - c) The comments are not against any gender, caste or religion.
  - d) The comments are not political in nature.
  - e) Government will not be responsible for any misuse of this information.

(Signature)

Remarks of the Head of Office:

(Signature and stamp of Head of Office)

Administrative Head/designated Authority

स्व घोषणा

विकल्प सी.जी.एच.एस सुविधा/तय चिकित्सा भत्ता के लिए

SELF DECLARATION

Option for availing CGHS facilities/Fixed Medical Allowance

\*क मैं निम्नलिखित आवासीय पते पर मेरी सेवानिवृत्ति/तकनीकी इस्तीफा/स्वैच्छिक निवृत्ति सीजीएचएस सुविधाओं का लाभ लेना चाहता/चाहती हूँ:-

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\*A. I wish to avail CGHS facilities after retirement at the following residential address:

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**OR**

ख क्योंकि मेरा आवासीय पता सी.जी.एच.एस क्षेत्र में नहीं आता है इसलिए मैं सेवानिवृत्ति/तकनीकी इस्तीफा/स्वैच्छिक निवृत्ति के बाद प्रति माह "तय चिकित्सा भत्ता" लेना चाहता/चाहती हूँ।

\*B. As my residential address does not fall under the CGHS covered area, I wish to avail "Fixed Medical Allowance" every month.

हस्ताक्षर Signature \_\_\_\_\_

नाम Name \_\_\_\_\_

पदनाम Designation \_\_\_\_\_

तारीख Date: \_\_\_\_\_

जो लागू नहीं उसको काट दें

(\*Strike out which ever is not applicable)

# MANDATE FORM

## BENEFICIARY/CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-PAYMENT

1.	Beneficiary Name	
2.	Beneficiary Address & Telephone No.	
3.	Beneficiary Account No.	
4.	Account No. Type (Saving/Current for Cash Credit) with Code 10/11/13	
5.	Nine Digit Code Number of the Bank & Branch appearing on the MICR Cheque issued by the Bank (if available)	
6.	Bank Name	
7.	Branch Name & Address with Telephone Number	
8.	IFSC (Indian Financial Services Code)	
9.	Photocopy of the cancelled Cheque to confirm correctness of IFC Code and Account No given in C & H	

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

( \_\_\_\_\_ )  
Signature of the Beneficiary

Dated \_\_\_\_\_

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

Bank Stamp

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

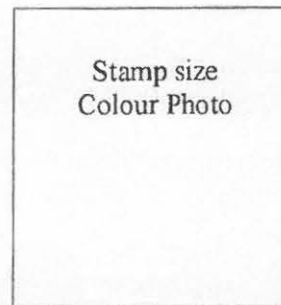
Dated \_\_\_\_\_

Signature of the Authorized Officer

**Government of India  
Ministry of Communications & IT  
Department of Telecommunications**

Application Form for PENSIONER'S IDENTITY CARD

Name :  
Res. Address :  
  
Telephone No. :  
Blood Group :  
Date of Birth :  
Date of Appointment :  
Date of Retirement :  
Office Address from which retired :  
Post held on Retirement/Pay-scale :  
Last Pay / Average Emolument :  
Qualifying Service :  
Pension Originally Sanctioned :  
P.P.O. No. and date :  
Signature of card holder :



(i)

(ii)

Signature of issuing Authority with seal :