

महालेखाकार (ले0 एवं ह0) का
कार्यालय
बीरचंद पटेल पथ,
पटना, बिहार - 800001



OFFICE OF THE ACCOUNTANT
GENERAL (A&E),
BIRCHAND PATEL PATH PATNA,
BIHAR - 800001

SUPREME AUDIT INSTITUTION OF INDIA
लोकहितार्थ सत्यनिष्ठा
Dedicated to Truth in Public Interest

का आ सं. / O. O. No. - WM-I/2024-25/137

दिनांक / Date 07/01/2025

कार्यालय आदेश / Office Order

प्रमंडल में पदस्थापित DA / DAOs संवर्ग के सेवानिवृत्त होने वाले कर्मियों के पेंशन से संबंधित वांछित दस्तावेज प्रमंडल से ससमय प्राप्त नहीं होने के कारण विलंब से भविष्य पोर्टल पर भेजा जा रहा है । नियमानुसार भविष्य पोर्टल के पेंशन मामले अधिकारियों की सेवानिवृत्ति की तिथि से चार माह पूर्व भेजे जाने चाहिए परंतु उक्त निर्देश का पालन सुनिश्चित नहीं किया जा रहा है । ऐसी स्थिति में पेंशन संबंधित मामलों में ससमय निष्पादन प्रभावित हो रहा है ।

अतः प्रमंडल में पदस्थापित सभी कर्मियों को आदेश दिया जाता है कि DA / DAOs संवर्ग के जो भी कर्मी सेवानिवृत्त होने वाले हैं, वे अपने स्तर से प्रयास कर पेंशन से संबंधित कागजात (दो सेट) सहित सेवा पुस्तिका इस कार्यालय को अपने सेवानिवृत्ति के तारीख से चार माह पूर्व पेंशन संबंधित विधिवत भारित पेंशन प्रपत्र भेजवाने का प्रयास करें तथा उपरोक्त कागजात के साथ निम्नलिखित सूचना / अभिलेख की जानकारी उपलब्ध कराएं—

1. Last Pay & Pay Scale 2. Date of Retirement / Date of Retirement 3. PAN No. 4. Adhar No. 5. Email Id 6. Mobile No. 7. Name of Family Pensioner with date of birth in the format DDMMYYYY with supported documents 8. Name of Spouse with date of birth 9. Bank details with BSR code of paying branch in Mandate Form (attached) with cancelled cheque 10. Joint Photograph of pensioner with spouse duly attested (04 copies) 11. Address of the pensioner.
2. नोट— कृपया आधार एवं पैन की छायाप्रति भी संलग्न करें ।

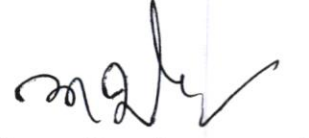
अनुलग्नक— पेंशन प्रपत्र

हो/-

उप महालेखाकार (कार्य)

प्रतिलिपि सूचनार्थ एवं आवश्यक कार्यवाही हेतु-

1. सचिव, महालेखाकार (लेखा एवं हकदारी), बिहार, पटना।
2. वरिष्ठ उप महालेखाकार (प्रशासन), सचिवालय।
3. उप महालेखाकार (लेखा वीएलसी एवं कार्य), सचिवालय।
4. वरिष्ठ लेखा अधिकारी / सहायक लेखा अधिकारी – डब्ल्यूएम-II, डब्ल्यूएम-III
5. वरिष्ठ लेखा अधिकारी / सहायक लेखा अधिकारी – PAO-I, PAO-II
6. सहायक लेखा अधिकारी- ITS, कृपया इस कार्यालय के DA / DAOs संवर्ग आधिकारिक वेबसाइट के पर upload करें ।



वरिष्ठ लेखा अधिकारी / डब्ल्यूएम-I

MANDATE FORM
ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

A. DETAIL OF ACCOUNT HOLDER:-

NAME OF ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
MOBILE NUMBER	

B. BANK ACCOUNT DETAILS:-

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
WHETHER THE BRANCH IS COMPUTERISED?	
WHETHER THE BRANCH IS RTGS ENABLED? IF YES THEN WHAT IS THE BRANCH'S <u>IFSC CODE</u>	
IS THE BRANCH ALSO NEFT ENABLED?	
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT) (For Pension Purpose)	
COMPLETE BANK ACCOUNT NUMBER (LATEST)	
MICR CODE OF BANK	

DATE OF EFFECT:-

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 incomplete or incorrect information I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

(.....)
Signature of Customer

Date:

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

(.....)
Signature of Bank Manager

Date:

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. In case your Bank Branch is presently not "RTGS enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.

MANDATE FORM

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/ REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS.

A. DETAILS OF ACCOUNTS HOLDERS:

Name of Account Holder	
Complete Contact Address	
Telephone Number/Fax/E-mail	

B. BANK ACCOUNT DETAILS:

Bank Name	
Branch Name with Complete Address, Telephone No. and E-mail	
Whether the Branch is computerized?	
Whether the Branch is RTGS enabled? If yes then what is the Branch's IFSC Code	
Is the Branch also NEFT enabled?	
Type of Bank Account (SB/Current/Cash Credit)	
Complete Bank Account No. (Latest)	
MICR Code of Bank	

DATE OF EFFECT:

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 incomplete or incorrect information I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

(.....)
Signature of Customer

Date :

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

(.....)
Signature of Customer

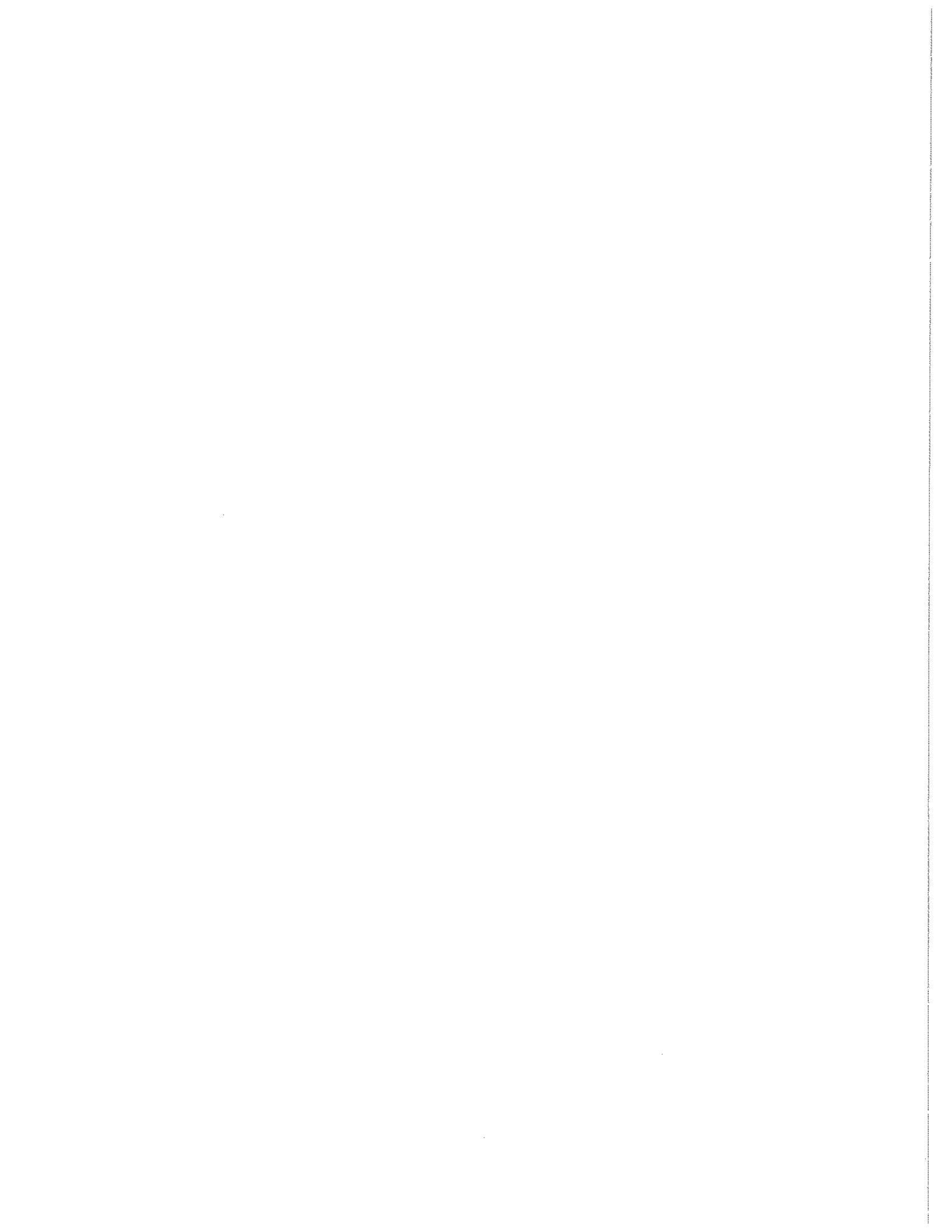
Date :

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. In case your Bank Branch is presently not 'RTGS enabled', then upon its up gradation to 'RTGS Enabled' branch, please submit the information again in the above proforma to the Department at earliest.

PCA No. / PRAN No. :

Volume :

Section :



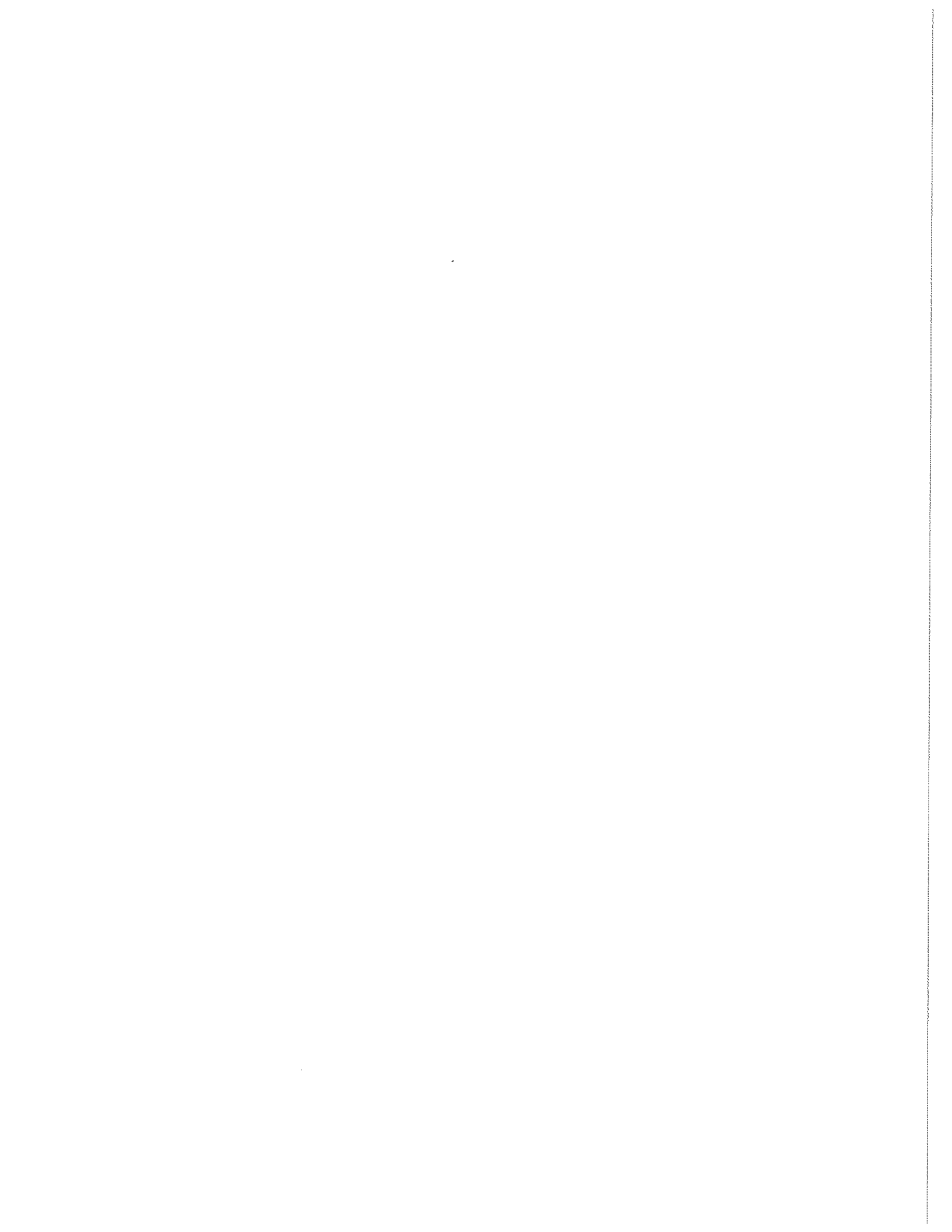
1. I reside/will be residing at the following address:			
Flat/House No/Bldg. Name		Street/Locality	
Village & Post Office/Block		City & District	
State		Pin Code	

2. I opt the following facility:		(Please tick any one of the following)
i. I will be residing in a CGHS area and would be availing CGHS facility		<input type="checkbox"/>
ii. I will be residing in a CGHS area but would not be availing CGHS facility. I understand that I will not be eligible for Fixed Medical Allowance (FMA)		<input type="checkbox"/>
iii. I will be residing in non-CGHS area but would be availing CGHS facility for In – Patient Department (IPD) and Out-patient Department (OPD) treatment. I will not be eligible for FMA		<input type="checkbox"/>
iv. I will be residing in a non-CGHS area but would be availing CGHS facility for IPD treatment only by payment of CGHS contributions. I will also avail FMA for OPD treatment		<input type="checkbox"/>
v. I will be residing in a non-CGHS area and would not be availing CGHS facility for both IPD treatment and OPD treatment. I will avail FMA.		<input type="checkbox"/>
vi. I will avail medical facilities available to spouse/family members who is an employees/pensioner of Government/ PSU/Autonomous Body. I will not avail CGHS facility and FMA		<input type="checkbox"/>
vii. Avail medical facility of previous organization. I will not avail CGHS facility and FMA		<input type="checkbox"/>
This is my one time change in option as provided in the Rules and it supersedes the earlier option given by me. I understand that I shall not be able to change this option again (Strike out this item if not applicable).		

Name of the retiring employee/pensioner:		Mobile No.	
--	--	------------	--

(Signature of head of office)

(Signature of applicant)



SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

Date-_____

To

The Branch Manager

_____ (Bank)

_____ (Branch & Address)

Dear Sir,

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

In consideration of your having at my request agreed to make payment of pension due to me every month by credit to my account with you, I the undersigned agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successors, 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.

Yours faithfully

Signature:

Name:

Address:

Witness:

(1) Signature:

Name:

Address:

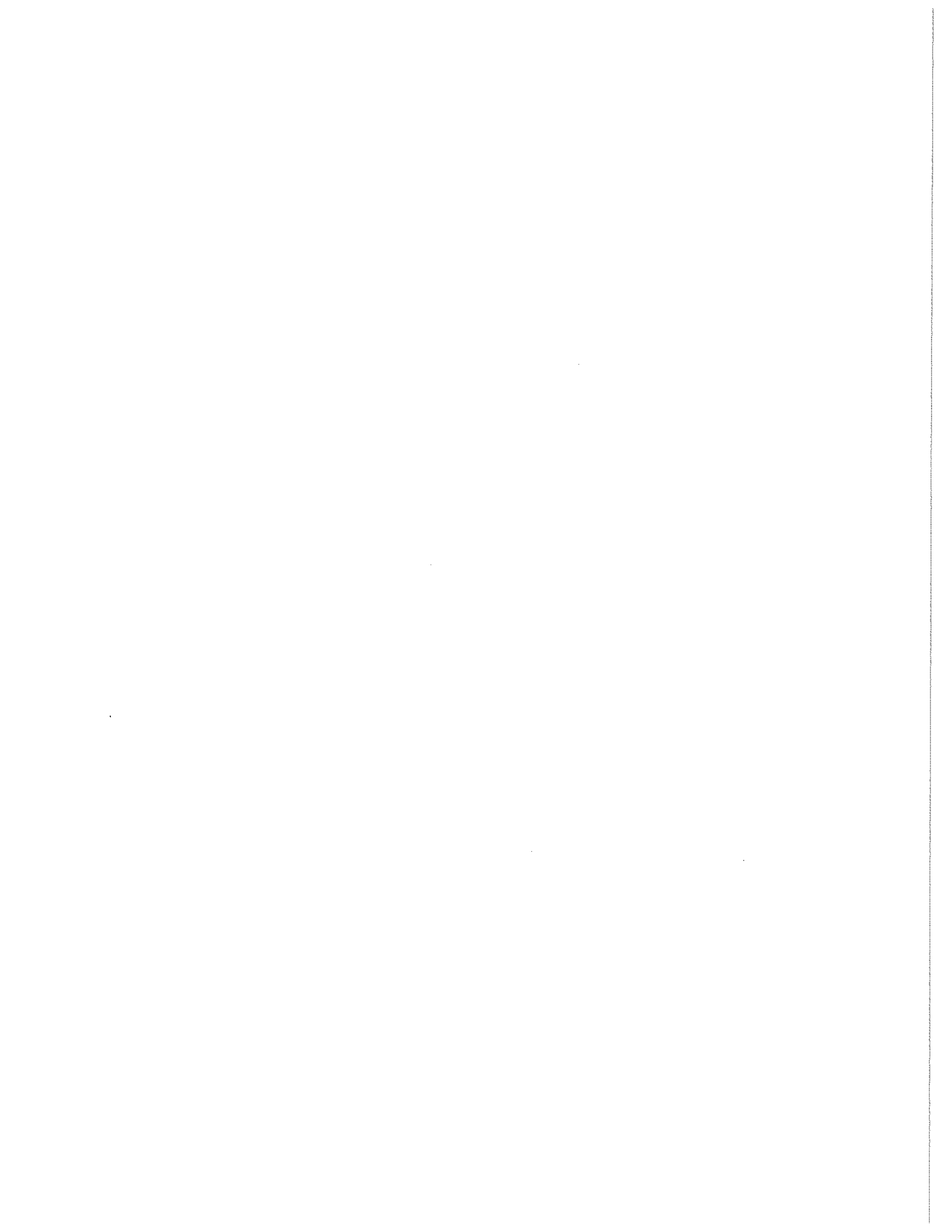
Date:

(2) Signature:

Name:

Address:

Date:



FORM 3
[See rule 54 (12)]
Details of Family

1. Name of the Government servant
2. Designation
3. Date of birth
4. Details of the members of family as on-----:

S. No	Names of the members of family	Date of birth	Relationship with the officer	Marital status	Remarks	Dated signature of Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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

Signature of Government servant

Place :

Date :

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

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

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

Note 4. - Wife and husband shall include judicially separated wife and husband.



FORM 5

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

[Also see rules 5 (2), 12, 13 (3), 14 (1) and 15 (3) of Central Civil Services (Commutation of Pension) Rules, 1981]

Particulars to be obtained by the Head of Office from the retiring Government servant six months before the date of his retirement

1. Name
2. (a) Permanent Account Number for Income Tax (PAN)
(b) Aadhaar No., if available
3. Specify a few marks of identification, not less than two, if possible
 - (i)
 - (ii)
4. Height
5. Address after retirement/permanent address for future correspondence:
6. Bank Account No. to which pension is to be credited:
(Joint account, either or survivor, with the spouse)
(In case the Head of Office is satisfied that it is not possible for the retiring Government servant to open a joint account for reasons beyond his/her control, this requirement may be relaxed).
7. Name of the Branch of Bank through which pension is to be drawn
 - (a) BSR code of the branch
 - (b) IFSC code of the branch
8. Indicate whether family pension is also admissible from any other source - Military or State Government and/or a Public Sector Undertaking/Autonomous body/Local Fund under the Central or a State Government -
9. I desire to commute % (up to 40%) of my superannuation pension in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981.

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

Enclosures as per check-list are enclosed.

Signature:

Place :

Designation:
Ministry/Department/Office:

Date :

Mobile No.:

Email ID:

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

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

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

Check List of Documents to be submitted along with Form 5

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

FORM 7
[See rules 58, 60, 61 (1) & (3) and rule 65(1)]

Form for assessing Pension/Family Pension and Gratuity
[To be sent six months before the Date of Retirement to the PAO]

PART - I

- | | | | | |
|-----|---|-----|-----|-----|
| 1. | Name of the retiring Government employee | ... | ... | ... |
| 2. | Father's/Husband's name | ... | ... | ... |
| 3. | PAN No. | ... | ... | ... |
| 4. | Height & Marks of Identification | ... | ... | ... |
| 5. | Date of Birth | ... | ... | ... |
| 6. | Service to which he/she belongs (indicate name of organised service, if any, otherwise say, General Central Service) | ... | ... | ... |
| 7. | Particulars of post held at the time of retirement - | | | |
| | (a) Name of the Office | ... | ... | ... |
| | (b) Post held | ... | ... | ... |
| | (c) Scale of pay/Pay Band & Grade pay of the post | | | |
| | (d) Basic Pay / pay in the Pay Band & Grade pay | | | |
| | (e) Whether the appointment mentioned above was under Government or outside the Government on foreign service terms | ... | ... | ... |
| | (f) If on foreign service, scale of pay/ pay band, pay in the pay band & grade pay of the post in the parent department | | | |
| 8. | Whether declared substantive in any post under the Central Government | ... | ... | ... |
| 9. | Date of beginning of service | ... | ... | ... |
| 10. | Date of ending of service | ... | ... | ... |
| 11. | Cause of ending of service (please tick one)- | | | |
| | (a) Superannuation (Rule 35) | | | |
| | (b) Voluntary retirement on being declared surplus (Rule 29-A) | ... | ... | ... |
| | (c) Voluntary/premature retirement at the initiative... of the Government servant [under Rules 48, 48-A and FR 56 (k)] | ... | ... | ... |
| | (d) Premature retirement at the initiative of the Government [Rule 48 or FR 56 (j)] | ... | ... | ... |
| | (e) Permanent absorption in public sector undertaking/autonomous body (Rule 37 or 37-A/37-B) | ... | ... | ... |
| | (f) Invalidment on medical ground (Rule 38) | | | |
| | (g) Due to abolition of post (Rule 39) | | | |
| | (h) Compulsory retirement (Rule 40) | ... | ... | ... |

- (i) Removal/dismissal from service (Rules 24 and 41)
- (j) Death
- 12. In the case of compulsory retirement, the orders of the competent authority whether pension may be allowed at full rates or at reduced rates and in case of reduced rates, the percentage at which it is to be allowed (Please see Rule 40)
- 13. In case of removal/dismissal from service whether orders of competent authority have been obtained for grant of compassionate allowance and if so, at what rate (Please see Rule 41)
- 14. Particulars relating to military service, if any -
 - (a) Period of military service
 - (b) Terminal benefits drawn/being drawn for military service
 - (c) Whether opted for counting of military service towards civil pension (Rule 19)
 - (d) If answer to (c) above is in the affirmative, whether the terminal benefits have been refunded
- 15. Particulars relating to service in autonomous body/State Government, if any -
 - (a) Particulars of service :

Name of Organisation	Post held	Period of service		
		From	To	Period

- (b) Whether the above service is to be counted for pension in the Government
- (c) Whether the autonomous organisation has discharged its pensionary liability to the Central Government
- 16 Whether any departmental or judicial proceedings in terms of rule 9 of the CCS (Pension) Rules, 1972 are pending against the retiring employee. (If yes, in terms of Rule 69, provisional pension will be admissible and gratuity will be withheld till the conclusion of departmental or judicial proceedings and issue of final orders.)
- 17. Qualifying service -
 - (a) Details of omission, imperfection or deficiencies in the Service Book which have been ignored [under Rule 59 (1) (b) (ii)]
 - (b) Period not counting as qualifying service -
 - (i) Boy service (2nd proviso to Rule 13)
 - (ii) Extraordinary leave not counting as qualifying service (Rule 21)
 - (iii) Periods of suspension not treated as qualifying service (Rule 23)
 - (iv) Interruptions in service [Rule 27 (1) (b) and Rule 28 (c)]
 - (v) Periods of foreign service with United Nations bodies for which United Nations pension has been availed (Rule 31)

- (vi) Any other period not treated as qualifying service (give details)
- (c) Additions to qualifying service -
 - (i) Civil service (Rule 18)
 - (ii) Military service (Rule 19)
 - (iii) Benefit of service in an autonomous body
- (d) Net qualifying service
- (e) Qualifying service expressed in terms of completed six monthly periods (Period of three months & above is to be treated as completed six monthly period (Rule 49)

18. Emoluments -

- (a) Emoluments in terms of Rule 33
- (b) Emoluments drawn during ten months preceding retirement-

From	To	Rate of Pay (including NPA)	Amount

Note: If the officer was on foreign service immediately preceding retirement, the notional emoluments which he would have drawn under Government but for being on foreign service may be mentioned in items (a) and (b) above (Note 7 below Rule 33)

- (c) Average emoluments (Rule 34)
- (d) Emoluments or average emoluments (whichever is higher) to be reckoned for pension (Rule 49)
- (e) Emoluments reckoned for retirement gratuity/death gratuity (Rule 50)
- (f) Pay reckoned for family pension (Rule 54)
- 19 Amount of retirement gratuity/death gratuity (Rule 50) (Refer S. No.9 of Calculation Sheet)
- 20. Details of Government dues recoverable out of gratuity -
 - (a) Licence fee for Government accommodation [see sub-rules (2), (3) and (4) of Rule 72]
 - (b) Dues referred to in Rule 73
 - (c) Amount indicated by Directorate of Estates to be withheld under sub-rule (5) of Rule 72
- 21. (a) Proposed pension/service gratuity (Rule 49)
- (b) Proposed dearness relief on pension (as on the date of retirement)
- (c) Date from which pension is to commence (Rule 83)

FORM 24

[See rule 32]

Form of certificate of verification of service for pension

No

Government of India

Ministry of

Department/Office

Dated the

Certificate

It is certified, in consultation with the Accounts Officer, that Shri/Smt./Km. of years months, days as on (date), as per details given below. The service has been verified on the basis of his service documents and in accordance with the rules regarding qualifying service in force at present. The verification of service under sub-rules (1) and (2) of rule 32 of the Central Civil Services (Pension) Rules, 1972, shall be treated as final and shall not be re-opened except when necessitated by a subsequent change in the rules and orders governing the conditions under which the service qualifies for pension.

DETAILS OF QUALIFYING SERVICE

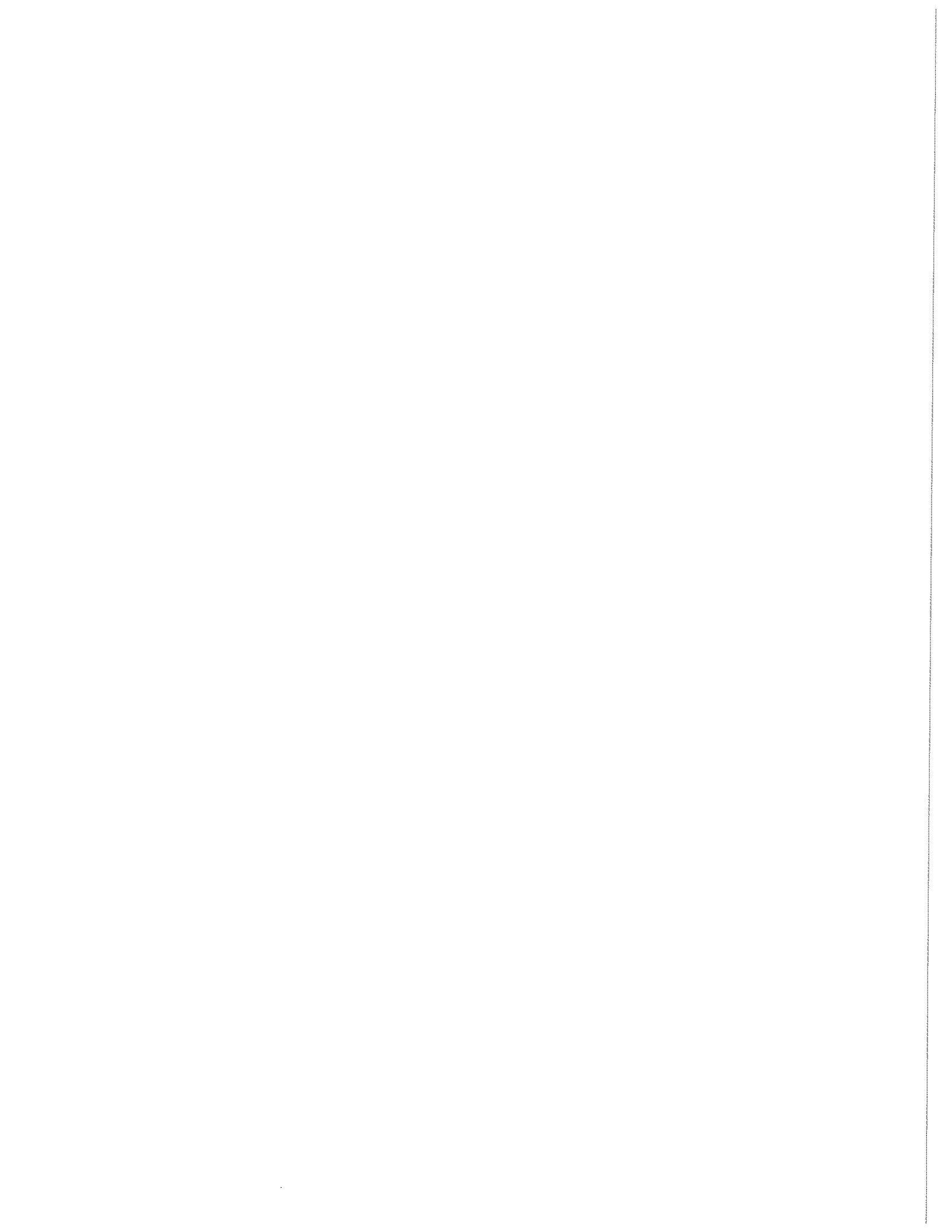
S. No.	Name of Ministry/Department/Office	From	To	Length of qualifying service
1.				
2.				
3.				

Signature & Stamp of Head of Office

To

Shri.....

(Name & Designation)"



FORM-A

**APPLICATION FORMS FOR FINAL PAYMENT OF BALANCES IN
THE PROVIDENT FUND (FOR GAZETTED OFFICERS)**

**Form of Application for Final Payment/Transfer to Bodies
Corporate/Other Government of Balances in the
..... Provident Fund Account.**

To

The Accountant General,
.....
.....

(Through the Head of Office/Department)

Sir,

I am to retire/have retired/have proceeded on leave preparatory to retirement for for months/have been discharged dismissed/ have been permanently transferred to have resigned finally from Government service underGovernment to take up appointment with and my resignation has been accepted, with effect from forenoon/afternoon. I joined service withon Forenoon/afternoon.

- 2. My provident Fund Account No. is
- 3. My specimen signature in duplicate, duly attested by another gazetted officer, is enclosed.

PART I

(To be filled in when the application for final payment submitted upto one year prior to retirement)-

4. I request that the amount of Rs. standing to the credit in my General Provident Fund Account as indicated in the Accounts statement issued to me for the year(enclosed) / as appearing in my ledger account being maintained by you, may please be arranged to be paid to me through Treasury/Sub-Treasury.

5. Certified that I had taken the following advances in respect of which instalments of Rs. Are yet to be repaid to be fund account. I had taken the following final withdrawals :

	Temporary advances	Final withdrawals
1.
2.
3.
4.

6. Certified that the following amounts were withdrawn by me to finance my Life Insurance Policy from my provident Fund Account:

1.
2.
3.
4.

7. Certified that after the payment of first installment of my Provident Fund balance, I will apply for the payment of the subsequent installments in Part II of the form immediately on retirement.

Signature of the subscriber.

Name and address

CERTIFICATION BY THE HEAD OF OFFICE/DEPARTMENT

Certified that the above information has been verified from the records being maintained in this office and is correct.

Signature of Head of Office/Department.

PART II

(To be submitted by the subscriber immediately after his retirement. This Part is also applicable in the case of subscribers who apply for final payment for the first time after the date of superannuation, discharge, resignation, etc.)

4. In continuation of my application for final payment sent to you, vide No., dated I request that the balance in my Provident Fund Account may please be paid to me.

OR

I request that the entire amount at my credit with interest due under the rules may be paid to me through Treasury/ Sub-Treasury / may be transferred to my Provident Fund Account. My Provident Fund Account No. is

5. A sum of Rs. (Rupees)
was last deducted as Provident Fund subscription and recovery on account of refund of advance from my pay bill for the month of For Rs. en-cashed on at Treasury/ Sub-Treasury.

6. I certify that I have neither drawn any temporary advance nor made any final withdrawal from my Provident Fund Account during the 12 months immediately preceding the date of my quitting service under

OR

Details of the temporary advances drawn by me/final withdrawals made by me from my Provident Fund Account during the 12 months proceeding the date of my quitting service under Government / proceeding on leave preparatory to retirement or thereafter are given below:

	Amount of advances	Date
1.
2.

7. I hereby certify that no amount was withdrawn/the following amounts were withdrawn by me from my Provident Fund Account during the 12 months immediately proceeding the date of my quitting service under Government / proceeding on leave preparatory to retirement or thereafter for payment of insurance premia or for the purchase of a new policy.

	Amount of advances	Date
1.
2.

8. The particulars of the Life Insurance Policies financed by me from the Provident Fund which are to be released by you are given below:

	Policy	Name of the Company	Sum assured
1.
2.
3.
4.

Yours faithfully,

Station : Signature

Date : (Name and address)

CERTIFICATE BY THE HEAD OF OFFICE/DEPARTMENT

Forwarded in continuation of endorsement No. Dated

1. (a) It is certified after due verification with reference to the records in my office, that no temporary advance/final withdrawal was sanctioned to the applicant from him/her Provident Fund Account during the 12 months immediately preceding the date of his/her quitting service under Government/proceeding on leave preparatory to retirement or thereafter.

OR

2. It is certified that after due verification with reference to the records in my office, the following temporary advance/final withdrawal were sanctioned to and drawn by the applicant from him/her Provident Fund Account during 12 months immediately preceding the date of his/her quitting service under Government/proceeding on leave preparatory to retirement or thereafter.

	Amount of advance/withdrawal	Date	Voucher number
1.
2.

3. It is certified that no demands/following demands of Government are due for recovery.

4. Certified that he/she has not resigned from Government service with prior permission of the State Government to take up an appointment in another Department of the State Government or under a Central Government or under a body corporate owned or controlled by the Central.

(Signature of the Head of Office / Department)

PART II

1. Date of receipt of pension papers by the Accounts Officer from Head of Office	... ..
2. Entitlements admitted -	
A. Length of qualifying service	... ..
B. Pension -	
(i) Class of pension	... ..
(ii) Amount of monthly pension	... ..
(iii) Date of commencement	... ..
C. Commutation of Pension -	
(i) Portion of pension commuted, if any	
(ii) Commuted value of portion of pension commuted, if any	... ..
(iii) Residuary pension after commutation	... ..
(iv) Date from which reduced pension is payable	... ..
(v) Date of restoration of commuted portion of pension subject to the pensioner continuing to live	... ..
D. Retirement/Death Gratuity -	
(i) Total amount of gratuity	... ..

(ii) Amount to be adjusted towards arrears of licence fee for Government accommodation and licence fee for retention of Govt. accommodation beyond retirement (Rule 72(1) and 72(4) Amount intimated by Directorate of Estates for being withheld on account of unassessed licence fee (Rule 72(5))	
(iii)	
(iv) Amount to be adjusted towards Government dues other than those pertaining to Government accommodation (Rule 73)	... ..
(v) Net amount to be released immediately	... ..
E. Family Pension -	
(i) At enhanced rate	... ..
(ii) Period for which Family Pension at enhanced rate is payable	... ..

(iii) At normal rate	... ..
3. Head of Account to which the amount of pension, retirement/death gratuity and family pension are to be debited	... ..

Accounts Officer

FORM 7 CHECK LIST FOR HEAD OF OFFICE FOR TIMELY PROCESSING OF RETIREMENT DUES

1.	Whether retiring employee is an allottee of Government accommodation	
2.	If retiring employee is not an allottee of Government accommodation, date on which 'No demand certificate' issued by the office	
3.	The date on which action initiated to obtain the 'No demand certificate' from the Directorate of Estates as provided in rule 57-	
4.	Date of receipt of 'No demand certificate' from Directorate of Estates	
5.	Date on which intimation regarding any recovery/withholding of amount from gratuity received from Directorate of Estates	
6.	Date on which action initiated to assess the service and emoluments qualifying for pension as provided in rule 59	
7.	Date on which action initiated to assess the Government dues other than the dues relating to allotment of Government accommodation as provided in rule 73 (1)	
8.	Date on which the retiring Government servant was furnished blank Form 5 along with a certificate regarding the length of qualifying service and the emoluments/ average emoluments proposed to be reckoned for retirement gratuity and pension.	
9.	Whether any objection received from the employee on the above certificate	
10.	Date on which the employee submitted his application for pension in Form 5	
11.	Whether nominations made in Common Nomination Forms for (i) death gratuity/retirement gratuity (ii) payment under CGEGIS (iii) amount of GPF, if applicable (iv) arrears of pension (v) commuted value of pension (if applicable)	
12.	(i) Has the retiring Government servant worked in any of the organisations mentioned in sub-rule 3A of rule 8 of the CCS (Pension) Rules, 1972 (ii) If yes, whether an undertaking in Form 26 has been obtained along with Form 5 and placed on record	
13.	Whether Details of family in Form 3 attached	
14.	Whether Medical certificate of incapacity (for invalid pension) attached.	
15.	Whether Statement of the savings effected and the reasons why employment could not be found elsewhere attached (if claim is for compensation pension or gratuity).	
16.	Whether the Orders of the competent authority regarding grant of pension in the cases of compulsory retirement/dismissal/removal against Item No. 12 or 13 placed on record.	
17.	Whether a statement indicating the reasons for delay in case the pension papers are not forwarded before six months of the retirement of Government servant attached.	
18.	Whether brief statement leading to reinstatement of the Government servant attached (In case the Government servant has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service.)	

PENSION CALCULATION SHEET

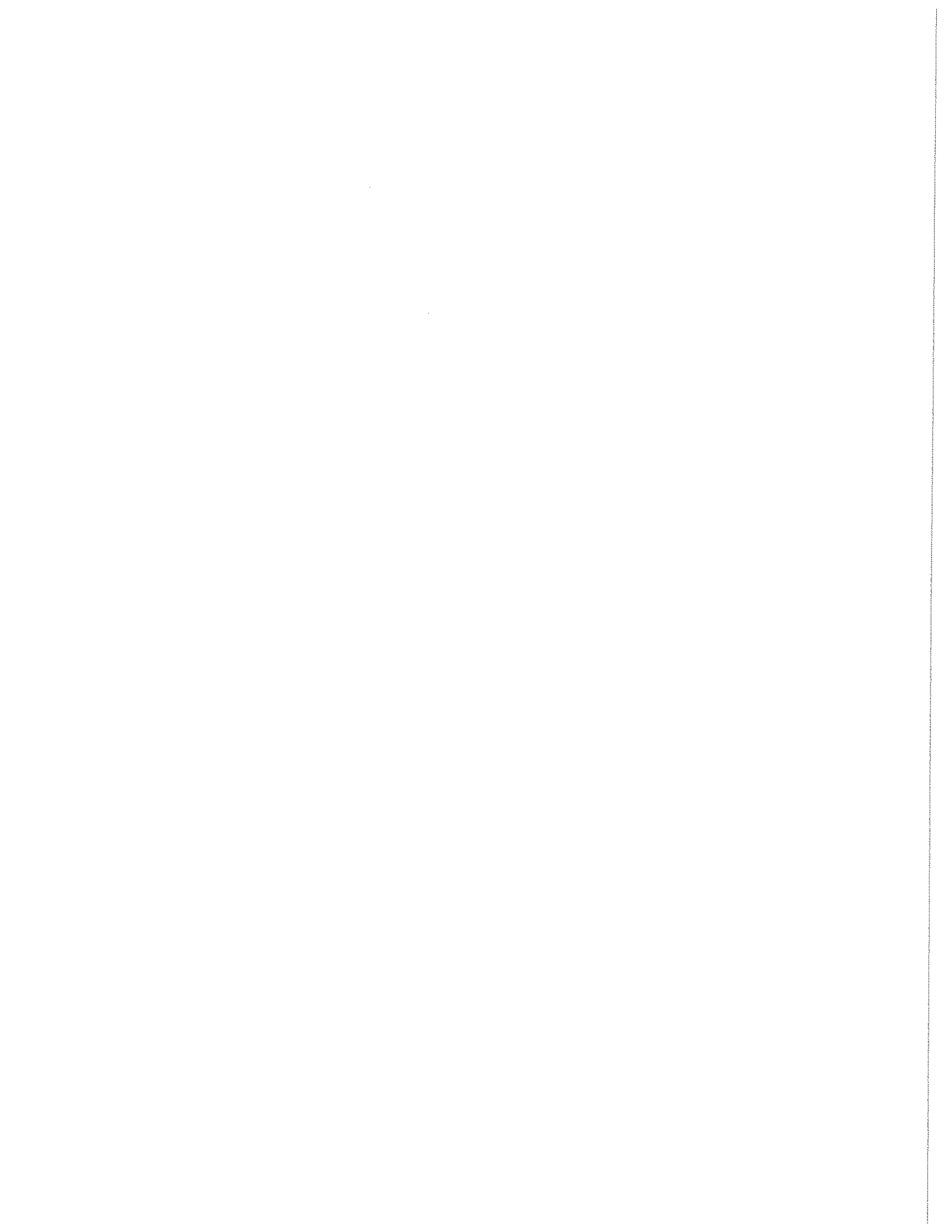
1. Name	...	...
2. Designation	...	...
3. Scale of pay/Pay Band & Grade pay	...	...
4. Date of birth	...	...
5. Date of entry in the Government service	...	...
6. Date of retirement	...	...
7. Length of qualifying service reckoned for pension/gratuity (as indicated in PPO)	...	...
8. Emoluments drawn during the last ten months	...	...
9. (1) Emoluments or Average emoluments, whichever is more beneficial for pension (as indicated in PPO)	...	...
(2) Pension admissible (if qualifying service is ten years or more)	...	...
Calculations to be shown as follows :— Emoluments or Average Emoluments/2		
10. (1) Emoluments for gratuity (as indicated in PPO)	...	...
(2) Retirement gratuity admissible	...	...
Calculation to be shown as follows :— Emoluments/4 × Qualifying Service (In completed six monthly period, not exceeding 66.)		
11. (1) Pay for Family Pension (as indicated in PPO)	...	...
(2) Family Pension admissible	...	...
Calculations to be shown as follows :—		
(a) Ordinary Family Pension :		
$\text{Pay} \times 30\%$ subject to prescribed minimum and maximum		
(b) Enhanced Family Pension :		
$\text{Pay} \div 2$ [Subject to prescribed minimum and maximum as per Rule 54].		

Head of Office

Countersigned by

PAO

Copy to:—Shri/Smt./Kumari.....,
retiring Govt. Servant



ATTESTED SLIP OF SPECIMEN SIGNATURE, HEIGHT AND TWO MARKS OF
IDENTIFICATION OF PENSIONER / FAMILY PENSIONER

P. P. O. No.:-

Name of the pensioner/family pensioner:-

Specimen Signature:-

1.

2.

3.

Height:-

Two Marks of Identification:-

1.

2.