O.C.S. (PENSION)FORM-W

[see rule 113 (2) (ii)]

FORM OF APPLICATION FOR EXTRAORDINARY FAMILY PENSION.

1.	Name of the deceased Government Servant.	
2.	Full Residential Address of the deceased Government Servant.	Village:-
		Post Office:-
		District:-
		State:-
3.	Particulars of post held at the time of death.	*
4.	Name and Address of the Office/ Establishment where served.	
5.	Length of service (as per Service Book).	
6.	Pay at the time of death.	
7.	Date of birth (as recorded in the Service Book)	
8.	Age at the time of death (copy of death certificate to attached).	
9.	Nature of Injury/Diseasecausing death.	
10.	Name of the Claimant.	
11.	Claimant's nature of relationship with the	
	deceased Government Servant.	
12.	Full Residential Address of the Claimant.	Village:-
		Post Office:-
		District:-
		State:-
13.	Date of Birth and Age (proof is to be attached).	
14.	Height.	
15.	Identification Marks.	
16.	Present Occupation of the claimant if any.	
17.	Amount of Pension claimed	
18.	Date from which benefit (s) claimed.	6
19.	Name of the Treasury/Sub-Treasury/	
	Spl. Treasury where pension is to be paid.	
20.	Name of the Bank where payment is to be	Branch
	made:-	A/c no IFSC
		Code MICR Code
		WHEN COUCHING

21.	Name and ages of surviving Children/	Name	Relation	Date of birth by Christian era
	Widow/widower/ Father/Mother of			
	the deceased Government			
	Servant.			

Signature of the Claimant
dinary Family Pension from Shri/Smt
Signature of the Head of Office
Seal

- Note 1 Please strike out the word or words which are not applicable.
- Note 2 If the deceased has left no son, widow, daughter, father or mother surviving him, the word "none" or "dead" should be entered opposite to such relations.
- Note-3 The term 'child' indicates a posthumous child of the Government Servant and is covered by the term 'surviving kindred'.