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कनिष्ठिका	अनामिका	मध्यमा	तर्जर्न तर्जर्न	t <u>अंगू</u> ठ	т <u> </u>
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बांये हाथ के अंगूठा	/उंगलियों के प्रमाणि	त निशान				
<u>कनिष्ठिका</u>	अनामिका	 मध्यमा 	त _ु	 नि	अंगूठा	
		_ ,, , , , , ,				
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प्रतिहस्ताक्षरित						
श्री					के	
प्रमाणित ऊंचाई एवं	पहचान चिन्ह					
	<u> </u>	<u>5</u>	<u> </u>	सेन्टीमीटर		
	<u> जचाई</u>					
पहचान चिन्ह			<u></u>			
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	; ;					
	2.					
	3.					

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

Name of the Government servant	
Designation	•••
Date of birth	
Date of appointment	
Details of the members of my family	
*as on	

S.No.	Name of the members of family*	Date of Birth	Relationship with the Officer	Initials of the Head of Office	Remarks
1	2	3	4	5	6
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

Place	Signature of Government servant
Dated the	

- Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.
- Note- Wife and husband shall include respectively judicially separated wife and husband.

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

Name of the Government servant	
Designation	
Date of birth	
Date of appointment	
Details of the members of my family	
*as on	

S.No.	Name of the members of family*	Date of Birth	Relationship with the Officer	Initials of the Head of Office	Remarks
1	2	3	4	5	6
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

Place	Signature of Government servant
Dated the	

- Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.
- Note- Wife and husband shall include respectively judicially separated wife and husband.

FORM-5

(See Rules 59 (1) (c) and 61 (1))

Particulars to be obtained by the Head of Office from the retiring Government servant eight moths before the date of his retirement.

Dated	the	Ministry/ Deptt/Office
Place:-		Designation
		Signature
	State Government.	
	or State Government and/ or a public sector undertaking/autonomous Body/Local fund under the Central or a	
10	Indicate whether family pension is admissible from any other source military	:
9	Details of the family in	
	Account Number), Bank BSR Code, Link Branch Code	
	Accounts is to be drawn (Saving bank	
0.	Public Sector Bank or the Pay and	•
7 8.	Address after Retirement name of the Treasury or the branch of	: ·
6	Present Address	:
· /	finger impression	•
5 (a)	duly attested by a Gazetted Government servant	
5	Three slip showing the particulars of height and personal identification marks	:
4	Three copies of passport size joint photograph with wife or husband (to be attested by the Head of Office)	:
4	Gazetted Government servant	
3	Three specimen signature (to be furnished on a separate sheet) duly attested by a	:
(b)	Date of Retirement	:
2 (a)	Date of Birth	:
1	Name	:

FORM-5

(See Rules 59 (1) (c) and 61 (1))

Particulars to be obtained by the Head of Office from the retiring Government servant eight moths before the date of his retirement.

1		Name	:	
2	(a)	Date of Birth	:	
	(b)	Date of Retirement	:	
3		Three specimen signature (to be furnished	:	
		on a separate sheet) duly attested by a		
		Gazetted Government servant		
4		Three copies of passport size joint	:	
		photograph with wife or husband (to be		
		attested by the Head of Office)		
5		Three slip showing the particulars of	:	
		height and personal identification marks		
		duly attested by a Gazetted Government		
		servant		
5	(a)	Three copies of Left Hand Thumb and	:	
		finger impression		
6		Present Address	:	
7		Address after Retirement	:	
8.		name of the Treasury or the branch of	:	
		Public Sector Bank or the Pay and		
		Accounts is to be drawn (Saving bank		
		Account Number), Bank BSR Code, Link		
		Branch Code		
9		Details of the family in		
10		Indicate whether family pension is	:	
		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.		
				Signature
				C
Pla	ce:-			Designation
				-
Dat	ted th	e		Ministry/ Deptt/Office

FORM No. 4

(See para 11.1)

То,	
-	The
Subject	
Sir,	
Scheme	I have been a member of the Central Government employee's Group Insurance e, 1980, since I have retired from after attaining the age of years/ I have
	to be in employment with the Central Government with effect from I was holding the post of
before 1	retirement/cessation of employment with the Central Government. I request that
	ount due to me under the Central Government Employees Group Insurance es may be paid ti me.
	Yours faithfully
Place:-	
Date:-	Name and Designation of the Employee

FORM No. 4

(See para 11.1)

То,	
-	The
Subject:	
Sir,	
Scheme	I have been a member of the Central Government employee's Group Insurance e, 1980, since I have retired from after attaining the age of years/ I have
	to be in employment with the Central Government with effect from I was holding the post of
before r	retirement/cessation of employment with the Central Government. I request that
	ount due to me under the Central Government Employees Group Insurance es may be paid ti me.
	Yours faithfully
Place:-	
Date:-	Name and Designation of the Employee

FORM-1(A)

(See Rules 5(2),(12), 13(3), 14(1) and 15(3)) (To be submitted in duplicate at least three months before the date of retirement)

The	
(Here indicated the designation and full ad	ddress of the head of office)
Subjected:- Commutation of pension without me	dical examination.
Sir,	
I desire to commute a fraction of my pensio the Central Civil Services (Commutation of Pe particularly particulars are furnished below:-	<u> </u>
Name (in Block Letters)	
Father's name (and also husband's name in the case	· 2 :
of a female Govt. servant)	
Designation	:
Name of Office/ Department/ministry in which employed	1 :
Date of Birth (by Christian era)	:
Date of retirement on Superannuation or on the expiry of extension ion services granted under FR 56 (d)	
Fraction of superannuation pension proposed to be commuted	e :
Disbursing authority from which pension is to be drawn after retirement	e :
Treasury/Sub-Treasury (name and complete address of the Treasury/Sub-Treasury to the indicated)	s :
(i) Branch of the nominated nationalized bank with complete postal address.	
(ii)Bank Account No. to which monthly pension is	S
to be credited each month.	
(iii)Bank BSR Code , Link Branch Code Accounts Office of the Ministry/ Department/Office	:
	Signature
	Present Postal Address
Place:	1 resent 1 ostal / radices
Date:	
	Postal Address after retirement

FORM-1(A)

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUTATION PENSION WITHOUT MEDICAL EXAMINATION WHEN APPLICANT DESIRE THAT THE PAYMENT OF THE COMMUTED VALUE OF PENSION SHOULD BE AUTHORISED THROUGH THE PENSION.....PAYMENT ORDER

(See Rules 5(2) (12) 13(3) 14(1) and 15(3))

The	PART-I	
(He	ere indicated the designation and full add	dress of the head of office)
Subjected:-	Commutation of pension without med	ical examination.
Sir,		
the Central	re to commute a fraction of my pension Civil Services (Commutation of Per	-
	articulars are furnished below:-	
Name (in Bloc	· · · · · · · · · · · · · · · · · · ·	:
of a female Go	(and also husband's name in the case ovt. servant)	:
Designation		:
Name of Of employed	fice/ Department/ministry in which	:
	(by Christian era)	:
Date of retire	ement on Superannuation or on the nsion ion services granted under FR 56	:
1 /	perannuation pension proposed to be	:
	thority from which pension is to be tirement	:
•	Treasury (name and complete address y/Sub-Treasury to the indicated)	:
complete posta		
(ii)Bank Acco	ount No. to which monthly pension is	
to be credited		
` '	Code, Link Branch Code	
Accounts Offi	ce of the Ministry/ Department/Office	:
		Signature
		Present Postal Address
Place:		= =====================================
Date:		
Date.		

<u>FORM No. 8</u> (See form-19.7)

NOMIATON FOR BENFITS UNDER THE CENTRAL GOVERNMENT EMPLOYES GROUP INSURENCE SCHEMES, 1980.

right to rece Government event of my	s) mentioned below ive to the extent s under the Centra	pecified l Govern ervice or	below any amount to nment Employees Grandwhich having become	ny family, and confer that may be sanctioned roup Insurance Scheme payable on may att	ed by the Central mes, 1980 in the
Names addresses nominee/ nominees	Relationship with Government Servant	Age	Share of Amount to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name address relationship of the person, if any to whom the right of the nominee shall pass in the event of his predeceasing the Government Servant.
N.P. The G	2	3	draw line seress th	a blank space below	his last entry to
	rtion of any names			e blank space below	his fast entry to
	This		day of	200	
Dated:-					
	two witness.		1. 2.		

under the Insurance Scheme.

<u>FORM No. 8</u> (See form-19.7)

NOMIATON FOR BENFITS UNDER THE CENTRAL GOVERNMENT EMPLOYES GROUP INSURENCE SCHEMES, 1980.

right to receive Government we event of my d	mentioned below we to the extent sunder the Centra	specified I Govern ervice or	below any amount to mment Employees Grandwhich having become	ny family, and conferchat may be sanctioned roup Insurance Scheme payable on may att	ed by the Central mes, 1980 in the
Names addresses nominee/ nominees	Relationship with Government Servant	Age	Share of Amount to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name address relationship of the person, if any to whom the right of the nominee shall pass in the event of his predeceasing the Government Servant.
1	2	3	4	5	6
	vernment Servan ion of any names			e blank space below	his last entry to
prevent insert	ion of any names	after he		-	his last entry to
prevent insert	ion of any names	after he	has signed.	-	his last entry to

under the Insurance Scheme.

FORM-1 (See Rule 53 (1))

Nomination for Retirement Gratuity/Death Gratuity

	When the more than one m		•	family and wishes to nominates one membe	r, or			
	I,							
	Original Nomine	es(s)		Alternate Nominee(s)				
Name & address of nominee/nominees	Relationship with the Govt Servant	Age	Amount or share of gratuity payable to each (*)	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee pre-deceasing the govt. servant or the nominee dying after the death of the Government Servant but before receiving payment of gratuity.	Amount or share of gratuity payable to each (**)			
1	2	3	4	5	6			
	to prevent the inseertion of nay name af (ii) Strike out which is not appli		t servatnt shall draw nay name after he ha h is not applicable.	lines across the blank spance below the last e	hich			
	(i)							
	(ii)			Signature of Government Servant				
	(To be filled by the Head Office)							
	Nomination by Designation Office			Signature of Head Of Office Date: Designation:				

FORM-1 (See Rule 53 (1))

Nomination for Retirement Gratuity/Death Gratuity

When the Government servant has a family and wishes to nominates one member, or more than one member, thereof. _____, hereby nominate the person/persons mentioned below who is/are member(s) of my family, and conform on him/them the right to received, to the extent specified below, any gratuity the payment of which may be authorised by the Central Government in the event of my death while in service and the right to recieve on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death-Original Nominees(s) Alternate Nominee(s) Amount or share Name, address, relationship and age of the Name & Relationship Age Amount or share address with the Govt of gratuity payable person or persons, if any, to whom the gratuity of of Servant to each (*) right conferred on the nominee shall pass payable to each nominee/ in the event of the nominee pre-deceasing nominees the govt. servant or the nominee dying after the death of the Government Servant but before receiving payment of gratuity. 5 1 This nomination supersedes the nomination made by me earlier on which stands cancelled. Note:- (i) The Government servatnt shall draw lines across the blank spance below the last entry to prevent the insecrtion of nay name after he has signed. (ii) Strike out which is not applicable. Dated this day of 20 Witness to signature: Signature of Government Servant (To be filled by the Head Office) Nomination by _____ Signature of Head Of Office Designation_____ Date: Office Designation: