

FORM-'A'

To,

**The Accountant General (A & E), Bihar,
Birchand Patel Path, Patna-800001.**

Subject- Application for sanction of Pension and DCRG-regarding.

Sir,

I beg to say that I am due to retire from service with effect frommy date of birth being I, therefore, request that steps my kindly be taken with view to Pension and D.C.R. Gratuity admissible to me being sanctioned by the date of retirement. I desire to draw my pension from Treasury,

2. I hereby declare that I have neither applied for nor received any pension or gratuity in respect of any portion of my service qualifying for this pension and in respect of which pension and/ or gratuity is claimed herein, nor shall I submit an application hereafter without quoting a reference to this application and the orders which may be passed herein.

3. Enclosed herewith are duly filled-in prescribed **Pension Form in Three Copies with Three Passport Size Joint Photograph of self and wife** affixed at the prescribed place of which two are duly attested and one is unattested.

4. My present address is:.....

5. My address after retirement will be the same as in paragraph no.-4 above.

()
Signature of the Retiring Government Servant

EXPLANATORY MEMORANDUM

1.	Name:	
2.	Father's Name:	
3.	Religion and Nationality:	
4.	Permanent Residential Address:	
5.	The period 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:	
6.	Place of Payment for Pension and D.C.R.G.:	
7.	Whether nomination made for: I. Family Pension- II. D.C.R.G.-	
8.	Postal Address:	
9.	Specimen Signature:	
10.	Joint Photograph:	
11.	Particulars of Height and Identification Marks:	

12. Details of Family Members:				
Sl. No.	Name of Family Member	Relationship with the Retiring Officer	Date of Birth	Whether Married
1				
2				
3				
4				

13. Declaration for non receipt of Pension/Service Gratuity/D.C.R.G.: I hereby declare that I have not received any Pension/Service Gratuity/D.C.R.G. for the period of service applied for, nor I shall apply for the same in future except with reference to the sanction recorded on this application.

(Signature and Designation of the Officer)

14. Whereas
(Designation of the Officer sanctioning the Pension / Service Gratuity /D.C.R.G.) has consented to grant me the sum of ₹..... per month, as the amount of my pension with effect from and the sum of ₹....., as the amount of my D.C.R.G., I hereby acknowledge that in accepting the said amount, I fully understand that the Pension/D.C.R.G. is subject to revision on the same being found to be in excess of that to which I am entitled to under the Rules and I promise to raise no objection to such revision. I further promise to refund the amount paid to me in excess of that to which I may be eventually found entitled.

(Signature and Designation of the Officer)

Signature, Address and Occupation of Witnesses:

Sl. No.	Name & Signature	Address	Occupation
1.			
2.			

UNCONDITIONAL CONSENT

I give my unconditional consent for recovery of any governmental dues found outstanding against me in future or paid me in excess from Pension and D.C.R.G.

(Signature and Designation of the Officer)

ATTESTED

Particulars of Height and Identification Mark of, IAS:

HEIGHT	
IDENTIFICATION MARK	
SPECIMEN SIGNATURE OF, IAS-	

ATTESTED

FORM NO.- 25 0 S R

[Articles 911, 912(f), 915, 920 & 921]

FIRST PAGE**FORM FOR PENSION AND GRATUITY**

1.	Name of the Government Servant:	
2.	Father's Name:	
3.	Religion and Nationality:	
4.	Permanent Residential Address:	
5.	Present or Last Appointment including Name of establishment: (i) Substantive- (ii) Officiating, If any-	
6.	Class of Pension or Service Gratuity applied for and Cause of Application:	
7.	Pension Rules opted/eligible:	
8.	Government under which Service has been rendered:	
9.	Period of Service Qualifying for Pension: (a) Period of Civil Services- (b) Period of War/Military Service- (c) Amount and Nature of any Pension/ Gratuity received for Civil Services-	
10.	(a) Average Emoluments: (b) Emoluments for Gratuity:	
11.	Pay as defined in F.R. 9(21):	
12.	Proposed Pension:	

13.	Proposed Gratuity:	
14.	Whenever the Family Pension Scheme, 1964 is applicable? If so, amount of Life Time Family Pension becoming payable to the entitled member of the family of the Government Servant in the event of his death:	
15.	Date on which Pension is to commence:	
16.	Place of Payment of : (a) Pension- (b) Gratuity-	
17.	Whether nomination made for: (i) Family Pension under the Liberalised Pension Rules, 1950, if applicable- (ii) Death-cum-Retirement Gratuity-	
18.	Whether Government Servant has paid all the Government Dues:	
19.	Date of Birth by Christian Era of: (i) the Government Servant- (ii) the Government Servant's Wife-	
20.	Height:	
21.	Identification Mark:	
22.	Thumb and Finger Impression: (i) of Government Servant- (ii) of Government Servant's Wife-	
23.	Date on which the Government Servant applied for pension in Form 30-	

Signature of the Head of the Department

SECOND PAGE

Details of Services of SHRI, IAS (BH:)

Date of Birth-

SECTION-I

Year of Induction in the IAS-

[illegible]

Total Period of Qualifying Service = Years, Months & Days

SPECIMEN SIGNATURE OF....., IAS (BH:)

In English	In Hindi
1.	1.
2.	2.
3.	3.

ATTESTED

SECTION-II**EMOLUMENTS DRAWN DURING THE LAST THREE YEARS****AVERAGE EMOULMENTS OF LAST "TEN MONTHS" OF, IAS (BH: ..)**

S. No.	Month & Year	Pay Band	Basic Pay	Grade Pay	Total
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.	Total				
12.	Average Pay of Last Ten Months				
13.	Last Pay Drawn	PB-4			

SECTION -III

Period (s) of Non-Qualifying Service	From	To
1. Interruption(s)		
2. Extra-ordinary Leave Not Qualifying for Pension		
3. Period of suspension Not Treated as Qualifying		
4. Any other service Not Treated as Qualifying		
TOTAL		
Period of service Not Verified with reference to the Acquaintance Rolls		
Whether the above period verified in accordance with the provisions of Art. 915 (c) and if not, whether the necessity of verification of the aforesaid period of service dispensed with under orders of the appropriate authority		

THIRD PAGE

1. Total period of Qualifying Service which has been accepted for the grant of Superannuation/Retiring/Invalid/Compensation Pension/Gratuity, with reasons for disallowance, if any (other than disallowance indicated in Second Page)	
2. Amount of Superannuation/Retiring/Invalid/Compensation Pension/Gratuity, that have been admitted	
3. Amount of Superannuation/Retiring/Invalid/ Compensation Pension/Gratuity admissible after taking into account reduction, if any in Pension and Gratuity made by the competent authority	
4. Total period of Qualifying Service which has been approved for the grant of Special Additional Pension	
5. The amount of Special Additional Pension if any, admitted under the Rules	
6. The date from which the Special Additional Pension is admissible	
7. The date from which Superannuation/Retiring/Invalid/ Compensation Pension/Gratuity is admissible.	
8. Head of Account to which the Superannuation/Retiring/ Invalid/Compensation and Special Additional Pension/Gratuity is chargeable	
9. The amount of Life Time Family Pension becoming payable to the entitled member(s) of family in the event of death of the Government Servant after retirement	

Accounts Officer, Bihar

PTO

BACK OF THE THIRD PAGE

1.	Date of submission of Pension Application Form by the Government Servant	
2	Name of the Government Servant	
3.	Class of Pension or Gratuity	
4.	Sanctioning Authority	
5.	Amount of Pension sanctioned	
6.	Amount of Gratuity sanctioned	
7.	Date of Commencement of Pension	
8	Date of Sanction	
9.	Amount of Family Pension admissible in the event of death of the Pensioner	
10.	Amount to be recovered from Gratuity under Para-7 of the Family Pension Scheme, 1964	
11	Government Dues held over from the Gratuity	

APPLICATION FOR COMMUTATION OF PENSION

1.	Name of the Government Servant	
2.	Father's Name	
3.	Designation	
4.	Name of the Department	
5.	Date of Birth	
6.	Date of Retirement	
7.	Fraction of Pension proposed to be commuted CVP Amount (Total)	
8.	Treasury from which Pension is to be drawn	
9.	Postal Address	

Date-

Signature of the Retiring Government Servant

NOMINATION FORM**NOMINATION FOR COMMUTATION OF PENSION**

I,, do hereby nominate the person named below for receipt of the Commuted Value of Pension in the event of my death as per Finance Department Resolution No.-11556 PF, dated- 22.12.1999

Name & Address of the Nominee	Relationship with the Retired Government Servant	Date of Birth	If the Nominee is Minor	
			Name and Address of the Person who may receive the said Commuted Value of Pension during the Nominee's minority	Relationship with the Person
			NA	NA

Place-Patna

Date-

Signature of the Retiring Government Servant

PTO

Signature and Address of Witness:

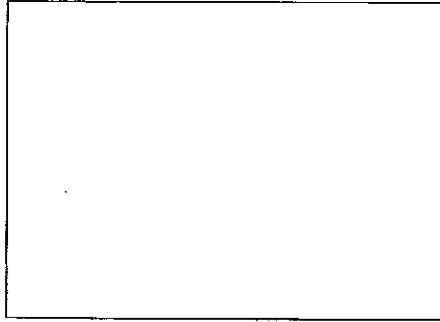
Name	Signature	Address

SANCTION ORDER

Sanctioned ₹.....being the Commuted Value of Pension of
₹..... without medical examination.

Signature of the Head of the Department

Joint Photograph of with **Wife**



ATTESTED

BANK ACCOUNT DETAILS OF, IAS (BH:)		
1.	Name of the Account Holder	
2.	Bank Account Number	
3.	Type of Account	
4.	Branch	
5.	BSR Code	
6.	IFS Code	
7.	MICR Code	
8.	Bank Contact Number	

SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

Date_____

To

The Branch Manager

_____ (Bank)

_____ (Branch & address)

Dear Sir,

Payment of pension under P.P.O. No. _____ through your office.

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.

Yours faithfully,

Signature:

Name:

Address:

Witnesses:

(1) Signature:

Name:

Address:

Date:

(2) Signature:

Name:

Address:

Date:

पेंशन आवेदन के साथ संलग्न की जाने वाली अनुलग्नक की सूची(चेक लिस्ट)

1. प्रधान महालेखाकार (ले० एवं ह०) का कार्यालय से निर्गत मोटर कार अग्रिम संबंधी बाकी/वेबाकी प्रमाण-पत्र—
2. प्रधान महालेखाकार (ले० एवं ह०) का कार्यालय से निर्गत गृह निर्माण अग्रिम संबंधी बाकी/वेबाकी प्रमाण-पत्र—
3. प्रधान महालेखाकार (ले० एवं ह०) का कार्यालय से निर्गत कम्प्यूटर/विवाह/विविध संबंधी बाकी/वेबाकी प्रमाण-पत्र—
4. भवन निर्माण विभाग से निर्गत आवास संबंधी बाकी/वेबाकी प्रमाण-पत्र—
5. विभागीय बाकी/वेबाकी प्रमाण-पत्र—
6. वचन-पत्र (Letter of Undertaking)—
7. आधार कार्ड की स्व-अभिप्रमाणित प्रति—
8. पैन कार्ड की स्व-अभिप्रमाणित प्रति—
9. बैंक पासबुक के प्रथम पृष्ठ की स्व-अभिप्रमाणित प्रति—
10. अंतिम वेतन प्रमाण-पत्र—
11. मोबाईल संख्या एवं ई-मेल आईडी—
12. एक संयुक्त फोटो (बिना अभिप्रमाणित)—
13. पत्नी का आधार कार्ड की स्व-अभिप्रमाणित प्रति—
14. विभाग के निकासी एवं व्ययन पदाधिकारी का नाम एवं पदनाम—
15. संबंधित कोषागार का नाम/पता—
16. पेंशनभोगी एवं पारिवारिक पेंशन के प्राप्तकर्ता की हाथ के पांचों उंगलियों के अभिप्रमाणित निशान

पदाधिकारी का हस्ताक्षर