Form Pen - 1

[See rule 41(2)]

Nomination for DCRG if the Government employee has a family or has not a family at that time

I, _____, working as _____ has a family the detail of which is as under :-

Sr. No.	Name of the members of family	Date of birth	Relationship with the Government employee	Aadhaar Card No.	Remarks
1					
2					
3					
4					
5					

I, hereby nominate the following person(s) who is/are member(s) of my family or who is/are not member(s) of my family, and confer on him/them the right to receive any gratuity the payment of which shall be sanctioned by Government in the event of my death while in service and the right to receive on my death to the extent specified below, any DCRG which having become admissible to me in case of death while in service or death after retirement before the receipt of DCRG :-

Original nominee(s)				Alternate nominee(s)	
Name and address of the nominee(s)	Relationship with the Government employee	Age	Amount or share of gratuity payable to each	Name, address and relationship, age of the person(s), if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Government employee or the nominee dying after the death of the Government employee but before receiving payment of gratuity	Amount or share of gratuity payable to each
1	2	3	4	5	6

2. Number of persons (in words) as Original Nominee : _____
3. Number of persons (in words) as Alternate Nominee : _____
4. This nomination supersedes the nomination made by me earlier on _____ which stands cancelled.
5. Strike out which is not applicable.
6. The amount/share of the DCRG shown in column No. 4 and 6 shall cover the whole amount of DCRG.

Dated this _____ day of _____20 at _____.

Signature of Government employee

Witnesses :

	Name	Full Address	Signatures
1			
2			

(To be filled in by the Head of office)

Nomination by_____ Signature of Head of office_____

Designation_____ Date _____

Office_____ Designation : _____

Form Pen - 2

[See rule 71]

Particulars to be obtained by the Head of office from the retiring Government employee one year before his retirement on superannuation.

Paste one passport size joint photograph or photograph of widow/widower duly attested by Head of office

1.	**Name of the Government employee**	
2.	**Designation**	
3.	**Department/Office**	
4.	**Date of birth**	
5.	**Date of retirement** **or** **Date of death, in case of death while in service**	
6.	**Present address alongwith Mobine phone number**	
7.	**Address after retirement alongwith Mobine phone number** [1]	
8.	**Details of the members of the family as on _____ :-**	

Sr. No.	Name of the members of family	Date of birth	Relationship with the Government employee	Aadhaar Card No.	Remarks
1					
2					
3					
4					
5					
6					

9.	**Name of the Treasury, Sub-Treasury or Branch of Public Sector Bank through which the Government employee wants to draw his pension.**	
10.	**Enclose the following documents :-** **(i) Two slips of specimen signatures to be attested by Head of Office or any gazetted officer authorized by him** **(ii) Four copies of passport size joint photographs of the Government employee with spouse (to be attested by Head of office or any gazetted officer authorized by him)** **(iii) Form Pen-1 (Detail of family members)**	
11.	**Option for commutation of pension and fraction of pension proposed to be commuted:**	

Place _____ Signature of Government employee

Dated the _____

****

Form Pen - 3

(See rule 75)

Form for Assessing Pension/Family Pension, Commutation of Pension and DCRG

(To be sent in duplicate to the Principal AG (A & E), Haryana if payment is desired in a different circle of accounting unit).

Paste one passport size joint photograph duly attested.
Signature & Stamp of attesting authority should be on the photograph.

1.	**Name of the Government employee**	
2.	**Sex**	
3.	**Aadhaar Card Number**	
4.	**Father's name**	
5.	**Name of wife/husband**	
6.	**Date of birth**	
7.	**Marks of identification of Government employee**	
8.	**Present residential address of the Government employee alongwith Mobine phone number**	
9.	**Address after retirement alongwith Mobine phone number**	
10.	**Particulars of the post held at the time of retirement:**	
	(a) Department	
	(b) Name of the office	
	(c) Post last held and Group of the post	
	(d) Pay scale of the post	
11.	**Class of pension applicable**	
12.	**Date of beginning of service**	
13.	**Date of ending of service**	
14.	**Particulars relating to military service/past service, if any, allowed to be counted by the competent authority towards civil pension.**	
15.	**Total length of service**	
16.	**(i) Period of foreign service if any**	
	(ii) Whether pension contribution has been received for the above said period	

17. Periods of non-qualifying service

		From	To	YY	MM	DD
(a)	**Interruption in service condoned under Rule 14(2)**					
(b)	**Extraordinary leave not qualifying for pension**					
(c)	**Period of suspension not treated as qualifying service for pension**					
(d)	**Any other service not treated as qualifying service for pension.**					
(e)	**Total period of non-qualifying service :**					

18.	**Net qualifying service (Column 15-17) in terms of completed six monthly periods i.e. period of three months and above is treated as completed six monthly period. Note.— Details of qualifying service is attached.**	
19.	**Detail of period, if any, treated as duty in case of a**	from _____ to _____

	Government employee who has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service.	(_____Y _____ M _____ D) Order No. _____ dated _____

20. Emoluments at the time of retirement:-

(a)	**Last drawn emoluments (actual)**	
(b)	**Last emoluments (notional) if any**	
(a)	**Emoluments reckoned for Pension and Family Pension**	
(b)	**Emoluments reckoned for death-cum-retirement gratuity**	

Note 1.─ See also the definition of Emoluments for the purpose of Pension/DCRG/Family Pension.

Note 2.─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 be reflected against (a) above.

21.	**Date of receipt of Form Pen-2, duly complete in all respects, from the Government employee.**	

22. Proposed pension :-

_____ **2**	**X**	_____ = **40**

23. Proposed death-cum-retirement gratuity:

_____ **4**	**X**	**=**

24. Proposed family pension:

(a)	**Ordinary Family Pension:**	**Pay last drawn x 30% (subject to Minimum and maximum limit as per rule 48)**
(b)	**Enhanced Family Pension:**	**Equal to 50% of last emoluments in case of death while in service OR Equal to retiring pension in case of death after retirement before attaining the age of 65 years) (Subject to minimum and maximum of limit of enhanced family pension as per rule 49)**

25. The amount of the family pension becoming payable to the family of the deceased Government employee, if death takes place after retirement.

(a) before attaining the age of 65 years. Rs.

(b) after attaining the age of 65 years Rs.

Sr. No.	Name of the members of family	Date of birth	Relationship with Government employee	Aadhaar Card No.
1				
2				
3				
4				
5				

26.	**Date from which pension is to commence**	
27.	**Proposed amount of provisional pension, if departmental or judicial proceeding instituted against the Government employee are pending at the time of retirement**	

28. Details of Government dues recoverable out of DCRG:-

(a)	**Licence fee for the allotment of Government accommodation (See rule 72)**	
(b)	**Other dues referred to in rule 73**	

29.	**Whether valid nomination made for DCRG subsists, if yes, enclose the copy thereof.**	

30.	**Commutation of pension if applied before retirement or within one year after retirement:-**		
	(a)	**The portion of pension to be commuted: (upto 50% of pension for Judicial Officers and upto 40% of pension for others)**	
	(b)	**Commuted value of pension = *(Portion of pension to be commuted x factor from table under rule 96 x 12)***	
	(c)	**Amount of residuary pension after deducting commuted portion of pension [Sr. No. 22 - 30(a)]**	
31.	**(i)**	**Place of payment of Pension/DCRG (Treasury, Sub-Treasury or Branch of Public Sector Bank)**	
	(ii)	**Bank Account No.**	
	(iii)	**Unique Payee Code**	
32.	**10 digit DDO Code**		
33.	**Particulars of Pension Sanctioning Authority :-**		
	(i)	**Designation :**	
	(ii)	**Office Address :**	
	(iii)	**Contact number :**	

Place: _____ Signature of the Head of Office

Date : _____ (with date and stamp of office)

*****

Specimen of Enclosures of Form Pen-4 :-

1. Three specimen signatures of Government employee and spouse :-

(to be attested by the Head of Office or the officer authorised by him)

Name of Government employee :			
Specimen signatures :			
Name of spouse :			
Specimen signatures :			

Signature of the competent officer
(with date and stamp)

2. Three Specimen Signatures of Government employee and spouse :-

(to be attested by the Head of Office or the officer authorised by him)

Name of Government employee :			
Specimen signatures :			
Name of spouse :			
Specimen signatures :			

Signature of the competent officer
(with date and stamp)

3. Specimen of Undertaking regarding refund/recovery of excess payment:-

Undertaking

Whereas the _____(pension sanctioning authority) has consented to grant me the sum of Rs. _____ as the amount of my pension and Rs._____ as death-cum-retirement gratuity w.e.f. _____ subject to revision of the same being found to be in excess of that to which I am entitled under the rules and I promise to raise no objection to such revision. I further promise to refund/recover any amount paid to me in excess of that to which I may be eventually found entitled.

Signature of the Government employee

Witnesses No. 1:-	Witness No. 2 :-
Signature :	**Signature :**
Name :	**Name :**
Designation :	**Designation :**
Address :	**Address :**

---

4. Specimen of Undertaking regarding adjustment of loans and advances and Government dues :-

Undertaking

I hereby authorise to recover from my pension any Government dues such as over payment of pay and allowances, leave salary, loans and advances, travelling allowance or any amount of any description is found recoverable at any stage.

Signature of the Government employee

---

5. Option for Medical Allowance :-

I intend to draw fixed medical allowance at the rate prescribed from time to time with my pension/family pension.

Or

I intend to avail the facility of medical re-imbursement, instead of fixed medical allowance, for out door treatment being a chronic disease patient or otherwise separately.

Signature of the Government employee

Form Pen - 11

(See rule 70)

Undertaking to be given by the Government employee in respect of period of service not verified by the then Head of Office

To

_____

_____

_____

SUB : Undertaking of Service not verified in the service book.

Kindly refer to your letter No. _____ Dt. _____ . It is certified that I, Shri/Smt. _____ Designation_____ has actually rendered service during the period mentioned below, as clarified from the authentic proof enclosed with this certificate. It is requested that the following period of service may please be counted towards pension/DCRG.

I also undertake that if later on it comes to your notice from the office record that the period of following service or any portion thereof is not qualifying for pension, my pension may be refixed with retrospective effect. I am ready to pay excess amount drawn by me by way of pension and/or DCRG etc.

Period of Service not verified in the service book

Sr. No.	From	To	Authentic Proof	Remarks, if any
1.				
2.				
3.				
4.				
5.				

Dated :_____

Signature of Government employee

Name :_____

Designation:_____

Department:_____

*****

Particulars of height and identifications mark in respect of Shri

Height

Identification mark

Dated Chandigarh, the

Signature

Designation

ATTESTED

Specimen signature of …….

Signature

……

……..

……

Dated Chandigarh, the

ATTESTED

CERTIFICATE REGARDING MILITARY SERVICE

Certified that I have not rendered any military service, nor I have received any pension / gratuity.

OR

Certified that I have rendered military service and have received …… pension / gratuity. Details are as follows: -

1. Total period of military service date of Commencement and end of each period of military service.
2. Amount and nature of any pension/gratuity received for the military service

Signature……..

Designation……..

Attested

Annexure-A-Departmental Data Sheet

10 digits DDO Code ____0542_____ Class of pension _____

Name_____ Sex Male/Female _____

Designation _____ Group/ Class _____

a) **Address Before Retirement** b) **Address After Retirement**

_____ _____
_____ _____
_____ _____
_____ _____

Department _____
Place/ District of Retirement _____
DDO Retired from _____
T.O. for Pension _____ T.O. for DCRG _____
Bank Details
a) Bank Name _____
b) Bank Branch_____
c) Bank A/c.No._____
G.P.G. Account No. allotted by AG. Office _____
Date of Birth _____Date of Appointment _____
Date of commencement Date of Retirement/Death _____
of Pensionable service _____
Date of Medical Certificate invalidating Government Servant _____
Date of lodging FIR in absconding cases _____
Period of Foreign Service: _____
Whether contributions received for the above period _____
Length of Military Service, if any: _____
Amount of Military Pension/ Gratuity, if any: _____

	Year	Months	Days
Gross Service			
Non-Qualifying Service			
Weightage			
Net Qualifying Service			

Average Emoluments		Last Pay drawn	
Non-Practicing Allowance		DP	
Other Allowances		DA	

Signature of the Competent Authority.

Form Pen - 12
(See rule 97)

Form of Application for Commutation of Pension admissible after Medical Examination

(To be submitted in triplicate)

Paste one passport size joint photograph duly attested

Part - I

To

The _____

_____

_____

(Here indicate the designation and full address of the Head of office)

Subject: Commutation of pension after medical examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of rule 95 of these rules. Necessary particulars are furnished below alongwith two copies of my photographs:-

1.	**Name (in block letters)**	
2.	**Father's/Husband's name**	
3.	**Full postal address alongwith Mobine phone number**	
4.	**Designation**	
5.	**Name of Office/Department in which employed**	
6.	**Date of Birth**	
7.	**Date of retirement**	
8.	**Class of pension**	
9.	**Amount of pension authorized**	
10.	**Fraction of pension proposed to be commuted.**	
11.	**Month from which pension to be commuted**	
12.	**Pension Payment Order Number, if issued**	
13.	**Disbursing authority for payment of pension**	
	(a) Treasury/Sub-Treasury (Name and Complete address of the Treasury/Sub-Treasury to be indicated)	
	(b) (i) Branch of the Nationalized Bank with complete address	
	(ii) Bank Account No. to which the monthly pension is being credited each month	
	(iii) Unique Payee Code	
14.	**Preference for station where medical examination is desired to take place**	

Place:_____ Signature of Government employee

Date:_____

Form Pen - 14

(See rule 102)

Medical Examination by the _____
(here enter the medical authority)

Affix passport size recent photograph

[(See Rule 101(i)]

PART - I

The applicant must complete this statement prior to his examination by the _____ _____(here enter the medical authority) and shall sign the declaration appended thereto in the presence of that authority:-

<table>
<tr><td>1.</td><td>Name of the applicant (in block letters)</td><td></td></tr>
<tr><td>2.</td><td>Date of birth</td><td></td></tr>
<tr><td>3.</td><td>Place of birth</td><td></td></tr>
<tr><td>4.</td><td colspan="2">Particulars regarding parents, brothers and sisters:-
<table>
<tr><th>Father's age if living and state of health</th><th>Father's age at death and cause of death</th><th>Number of brothers living their ages and state of health</th><th>Number of brothers dead, their ages at death and cause of death</th></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><th>Mother's age if living and state of health</th><th>Mother's age at death and cause of death</th><th>Number of sisters living their ages and state of health</th><th>Number of sisters dead, their ages at death and cause of death</th></tr>
<tr><td></td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>5.</td><td>Have you ever been examined—
(a) for life Insurance, or/and
(b) by any Government Medical Officer or Medical Board.</td><td></td></tr>
<tr><td>6.</td><td>Have you been granted or considered for grant of invalid pension? If so, state the ground thereof.</td><td></td></tr>
<tr><td>7.</td><td>Have you ever been granted leave on medical certificate during the last five years? If so, state periods of leave and nature of illness.</td><td></td></tr>
<tr><td>8.</td><td>Have you ever—
(a) Had enlargement or suppuration of glands small pox, intermittent or any other fever, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks rheumatism, appendicitis, epilepsy, insanity or other nervous disease, discharge from or other disease of the ear, syphilis, or gonorrhea; or
(b) had any other disease or injury which required confinement to bed, or ?
(c) undergone any surgical operation? or
(d) suffered from any illness, wound or injury sustained while on active service? or
(e) presence of albumin or sugar in urine.</td><td></td></tr>
</table>

9.	**Present state of health—** **(a) have you a hernia?** **(b) have you varicocele, varicose veins or piles?** **(c) Is your vision in each eye good (with or without glasses)?** **(d) Is your hearing in each ear good?** **(e) Have you any congenial or acquired malformation, defect or deformity?** **(f) Have you lost or gained weight markedly during the last three years?** **(g) Have you been under treatment of any doctor within the last three months and nature of illness for which such treatment was taken?**	

Declaration by Applicant

(To be signed in the presence of medical authority)

I declare all the above answers to be, best of my belief, true and correct.

I am fully aware that by willfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation I have applied for, and of having my pension withheld or withdrawn under rule 10 and 12 of the Haryana Civil Services (Pension) Rules, 2016.

Applicant's Signature

Signed in presence of _____
Signature of Medical Authority
(with date and stamp)

PART - II

(To be filled in by the examining medical authority)		
1.	Apparent age	
2.	Height	
3.	Weight	
4.	Describe any scars or identifying marks of the applicant	
5.	Pulse rate	
	(a) Sitting	
	(b) Standing	
	(c) Character of pulse	
6.	Blood pressure—	
	(a) Systolic	
	(b) Diastolic	
7.	Is there any evidence of disease of the main organs—	
	(a) Heart	
	(b) Lungs	
	(c) Liver	
	(d) Spleen	
	(e) Kidney	
8.	Investigations	
	(a) Urine (State Specific gravity)	
	(b) Blood	
	(c) X-Ray Chest	
	(d) E.C.G.	
9.	Has the applicant a hernia?	
	(if so, state the kind and if reducible)	
10.	Any additional finding	

PART - III

(To be filled in by the examining medical authority)

I/We have carefully examined Shri/Smt./Kumari _____, whose photo has also been attested by the undersigned and am/are of opinion that—

He/She is in good bodily health and has the prospect of an average duration of life.

Or

He/She is not in good bodily health and is not a fit subject for commutation.

Or

Although he/she is suffering from _____, he/she is considered a fit subject for commutation but his/her age for purpose of commutation, i.e. , the age next birthday shall be taken to be _____ (in words) years more than his/her actual age.

Date: _____

Signature and designation of
examining Medical Authority

****