

FORM -18

(See Rules 78(1), 80(1), (3) and (5) and 80-B(1) and (5))

Form for assessing authorizing the payment of family pension and death gratuity when a Government servant dies while in service.

(To be sent in duplicate if payment is desired in a different circle of accounting unit)

PART-I
SECTION-I

1. Name of the deceased Government servant :
2. Father's name(and also husband's name in the case of female Government servant) :
3. Date of birth (by Christian era) :
4. Date of death (by Christian era) :
5. Religion :
6. Office/Department/Ministry in which last employed :
7. Appointment held last :
 - (i) Substantive
 - (ii) Officiating
8. Date of beginning of service :
9. Date of ending of service :
10. (i) Total period of military service for which pension, gratuity was sanctioned and :
(ii) Amount and nature of any pension, gratuity received for the military service :
11. Amount and nature of any pension received for previous civil service, if any :
12. Government under which service has been rendered in order of employment :
13. The date on which intimation regarding the death of Government servant was received by the Head of Office :
14. The date on which action initiated to –
 - (i) Obtain claim or claims from the claimants in the appropriate form for death gratuity and family pension as provided in Rule 77; :
 - (ii) Obtain the 'No demand certificate' from the Directorate of Estates as provided in Rule 80-6 (1); :
 - (iii) Assess the Government dues other than the dues pertaining to occupation of Government accommodation as provided in Rule 80-C (2); and

Contd..P/2

- (iv) Assess the service and emoluments :
qualifying for death gratuity and
family pension as provided in Rules
78 and 79
15. Whether nomination made for death gratuity :
16. Length of service qualifying for death :
gratuity/pension
17. Periods of non-qualifying service **From** **To**
- (i) Interruption in service condoned under :
Rule 28
- (ii) Extraordinary leave not qualifying for :
gratuity
- (iii) Period of suspension treated as non- :
qualifying
- (iv) Any other service not treated as :
qualifying service
- Total period of non-qualifying service _____
18. (a) Emoluments reckoning for death gratuity :
(b) Amount of death gratuity :
19. Deleted.
20. Deleted.
21. (i) Proposed Family Pension at –
(a) Enhanced rates (if service rendered at the time :
of death is more than seven years as in Rule
54(3)).
- (b) Ordinary rates – (as in Rule 54(2)). :
- (ii) Period of inability of Family pension - **From** **To**
(a) Enhanced rates :
(b) Ordinary rates :
22. Persons to whom family pension is payable –
Name :
Relationship with the deceased Govt. servant :
Full Postal address :
23. Details of Government dues recoverable out of :
gratuity –
(i) License fee for occupation of Govt. :
accommodation (see Rule 80-C)
- (ii) Amount of death gratuity to be held :
over pending receipt of information
from the Directorate of Estates. (See
Rule 80-C (i) (v))

- (iii) Dues referred to in Rule 80-C (2) :
24. Date on which claims received from the claimants :
25. Name of guardian who will receive payment of death gratuity and family pension in the case of minors :
26. Place of payment (Treasury, Sub-Treasury or Branch or Public Sector Bank or the Pay and Accounts Office) :
27. Head of Account to which death gratuity and family pensions are debitable :

Place

Dated the

Signature of Head of Office.

SECTION – II

Details of provisional family pension and gratuity to be drawn and disbursed by the Head of Office in accordance with Rule 80-A.

Provisional family pension Rs.....P.M.

Gratuity (the amount mentioned in item 18(b) of Part-I) Rs.....

Less

(a) License fee recoverable from gratuity for occupation of Govt. accommodation (as in item 23(i) of Part-I) Rs.....

(b) Amount of gratuity to be held over pending receipt of information from the Directorate Of Estates (as in item 23(i) of Part-I) Rs.....

(c) Other Government dues as mentioned in item 23(iii) of Part-I Rs.....

(d) Total of (a), (b) and (c) Rs.....

Place

Dated the

Signature of Head of Office.

PART-II

Account Enforcement

SECTION – I

1. Total period of qualifying service which has been accepted for
(i) Death gratuity
(ii) Family Pension, 1964 :
2. Net amount of gratuity after adjusting Govt. dues :
3. Amount and the period of tenability of family Pension, 1964.If death took place –

Amount	Period of tenability	
	From	To
(i) before seven years service		
(ii) after seven years service		

Rs.
4. Dates from which Family Pension is admissible :
5. Head of Account to which death gratuity and family pensions are chargeable :

SECTION – II

1. Name of the deceased Government servant :
2. Date of death of the Government servant :
3. Date of which pension papers received by the Accounts Officers. :
4. Amount of family pension authorized :
5. Amount of gratuity authorized :
6. Date of commencement of family pension :
7. Date of which payment of family pension and gratuity authorized :
8. Amount recoverable from gratuity :
9. Amount of gratuity held over pending receipt of 'No demand certificate'. :

Place
Dated the

Accounts Officer

FORM 1-A

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION WHEN APPLICANT DESIRES THAT THE PAUMENT OF THE COMMUTED VALUE OF PENSION SHOULD BE AUTHORIZED THROUGH THE PENSION PAYMENT ORDER

(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)

PART – I

*The.....
.....
.....

*(Indicate the designation and full address of the Head of Office)

Subject :- Commutation of pension without medical examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of the Central Civil Service (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below:

1. Name (in block letters) :
2. Father's name (and also husband's name in the case of a female Government servant) :
3. Designation :
4. Name of Office/Department/Ministry in which employed :
5. Date of Birth (by Christian era) :
6. Date of retirement on superannuation or on the expiry of extension in service granted under FR 56(d) :
7. Fraction of superannuation or pension proposed to be commuted :
8. Disbursing authority from which pension is to be drawn after retirement –
(a) Treasury/Sub-Treasury(Name and complete address of the Treasury/Sub-Treasury to be indicated) :
(b) (i) Branch of the nominated nationalized bank with complete postal address. :
(ii) Bank Account No. to which monthly pension is to be credited each month. :
(c) Account Office of the Ministry/Department/ Office :

Place :
Date :

Signature
Present Postal address.

Postal address after retirement

PART – II
(ACKNOWLEDGEMENT)

Received _____ from
Shri/Smt./Kumari.....(name)
.....(Designation) application in Part – I of Form I-A for
commutation of a fraction of pension without medical examination.

Place :
Date :

Signature
Head of Office

Note: If the application has been received by the Head of Office before the date of retirement of superannuation, this acknowledgement should be detached from the Form and handed over to the applicant. If the form has been received by post, it has to be acknowledgement on the same day and the acknowledgement sent under registered cover to the applicant. In case it is received after the specified date, it should be accepted only if it has been put into the post on or before that date subject to the production of evidence to that effect by the applicant.

PART – III

Forwarded to the Accounts Officer

(Here indicate the address and designation).....
.....

.....
..... with the remarks that –

- (i) the particulars furnished by the applicant in Part I have been verified and are correct.
- (ii) the applicant is eligible to get a fraction of his pension commuted without medical examination.
- (iii) The commuted value of pension determined with reference to be Table applicable at present comes to Rs.....
And
- (iv) The amount of residuary pension after commutation will be Rs.....

2. The pension papers of the applicant completed in all respects were forwarded under this Ministry/Department/Office Letter No..... dated..... It is requested that the payment of commuted value of pension may be authorized through the Pension Payment Order which may be issued one month before the retirement of the applicant.

3. The receipt of Part-I of this Form has been acknowledged in Part-II which has been forwarded separately to the applicant on.....

4. The commuted value of pension is debitable to Head of Account.....

Place :
Date :

Signature
Head of Office.

SPECIMEN SIGNATURE OF

Shri/Smti.....

Designation.....

1.....

2.....

3.....

Specimen Signature
attested

Signature
Head of Office

HEIGHT AND PERSONAL IDENTIFICATION MARKS OF

Shri/Smti.....

1. Height.....

2. Personal identification marks.....

Above particulars
attested

Signature
Head of Office

FORM – I

(See Rule 53 (I))

Nomination for Retirement Gratuity/Death Gratuity. When the Government servant has a family and wishes to nominate one member or more than one member, thereof.

I,....., hereby nominate the person / persons mentioned below who is/are members of my family and confer on him/them the right to receive to the extent specified below, any gratuity the payment of which may be authorized by the Central Government in the event of my death while in service and the right to receive on my death to the extent specified be or any gratuity which having become admissible to me on retirement may remain unpaid at my death –

Original nominee(s)				Alternate nominee(s)	
Names & addresses of nominee / nominees	Relationship with the Govt. servant	Age	Amount or shares of gratuity payable to each.	Name, address, relationship & age of the person of persons, if any to whom the right conferred on the nominee predeceasing the govt. servant or the nominee doing after the death of the govt. servant but before receiving payment of gratuity.	Amount or share of gratuity payable to each.

This nomination supercedes the nomination made by me earlier on _____ which stands cancelled.

NOTE – (i) The Government servant shall draw lines cross the blank space below the last entry to prevent the insertion of any name after he has signed.

(ii) Strike out which is not applicable

Dated this _____ day of _____ 200__ at _____

Witnesses to Signature :

1. _____

2. _____

Signature of Govt. Servant.

(To be filled by the Head of Office)

Nomination by _____

Designation _____

Office _____

Signature of Head Office

Date _____

Designation _____

FORM 3

(See Rule 54 (12))

DETAILS OF FAMILY

Name of the Govt. Servant.....

Designation.....

Date of Birth.....

Date of appointment.....

Details of the members of my family as on.....

Sl. No.	Name of the members of family	Date of Birth	Relationship with the office	Initials of the Head of Office	Remarks.

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

Place

Dated the.....

Signature of Govt. Servant.

- Family for this purpose means family and 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 14

(See Rule 77 (3) and 81 (2))

FORM OF APPLICATION FOR THE GRANT OF FAMILY PENSION, 1964 ON THE DEATH OF A GOVERNMENT SERVANT/PENSIONER.

1. Name of the applicant.....
 - (i) Widow/Widower.....
 - (ii) Guardian if the deceased pension is survived by child of children.....

2. Name and age of surviving widow/widower and children of the deceased Government servant/pensioner.....

Sl. No.	Name	Relationship with the deceased person	Date of birth by Christian era

3. Name and No. of the P.P.O of the deceased pensioner :

4. Date of death of the Government servant/pensioner :

5. Office/Department/Ministry in which the deceased Government servant/pensioner served last :

6. if the applicant is guardian , his date of birth and relationship with the deceased Government servant/pensioner :

- 6.(A) If the applicant is a widow/widower the amount of service pension which she/he may be in receipt on the date of date of the husband/wife. :

7. Full address of the applicant :

8. Place of payment of pension and Gratuity and (Treasury, Sub-Treasury of Public Sector Bank Branch and pay and Accounts Office) :

Enclosures :

- (i) Two specimen signatures of the applicant duly attested (To be furnished in two separate sheets).
- (ii) Two copies of passport size photograph of the applicant duly attested.
- (iii) Two slips each bearing left hand thumb and finger impression of the applicant, duly attested.
- (iv) Descriptive Ro1 of the applicant, duly attested, indicating (a) height and (b) personal marks, if any, on the head, face, etc. (Specify a few conspicuous marks, not less than two, if possible).
(To be furnished in duplicate).
- (v) Certificate(s) of age (in original with two attested copies) showing the dates of birth of the children. The certificate should be from the Municipal Authorities or from the local Panchayat or from the head of a recognized school if the child is studying in such schools.
(This information should be furnished in respect of such child or children, the particulars of whose date of birth are not available with the Head of Office.)

9. 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. :

10. Signature or left hand thumb-impression of the applicant. :

11. Attested by :

Name	Full Address	Signature
(i).....
(ii).....

13. Witnesses :

(i).....
(ii).....

NOTE: Attested should be done by two Gazetted Government servants or two or more persons of respectability in the town, village or pargana in which the applicant resides.

FORM 19

(See Rule 80 (I))

Form of letter to the Accounts Officer forwarding papers for the grant of family pension and death gratuity to the family of a Government servant who dies while in service.

No.....
Govt. of India
Ministry of.....
Department/Office.....
Dated the.....

To

The Director,
Audit & Pension,
Govt. of Arunachal Pradesh,
Naharlagun.

Sub:- **Grant of family pension and death gratuity.**

I am directed to say that Shri.....
designation.....died on..... His family has become eligible for
the grant of family pension and death gratuity. Form 18 duly completed is forwarded herewith for
further necessary action.

2. Government dues in respect of the deceased Government servant will be recovered
out of the death gratuity as indicated in Section II of part I of Form 18.

3. Your attention is invited to the list of enclosures which is forwarded herewith.

4. The receipt of this letter may be acknowledged and this Ministry/ Department/ Office
informed that necessary instructions for the disbursement of family pension and death gratuity have
been issued to the disbursing authority concerned.

Yours faithfully,

Head of Office

List of enclosures.

1. Form 18 duly completed.
2. Service book(date of death to be indicated in the service book).
3. Two specimen signatures or left hand thumb and finger impressions of the claimant or guardian duly attested.
4. Two copies of passport size photograph of the claimant or guardian duly attested.
5. Two copies of descriptive roll of the claimant or guardian duly attested indicating height and personal marks.
6. Postal address of the claimant or guardian.

FORM 12

(See Rule 77 (2))

Form of application for the grant of death gratuity on the death of a Government servant.

(To be filled in separately by each claimant and in case the claimant is minor, the form should be filled in by the guardian on his/her behalf. Where there are more than one minor, the guardian should claim gratuity in one Form on their behalf).

1. (i)Name of the claimant in case he is not minor.....
 (ii)Date of birth of the claimant.....
2. (i)Name of the guardian in case the claimant are minors.....

 (ii)Date of birth of the guardian.....
3. (i)Name of the deceased Government servant in respect of whom gratuity is being claimed.....
 (ii)Date of death of Government servant.....
 (iii)Office/Department/Ministry in which the deceased served last.....

4. Relationship of the claimant/guardian with the deceased Government servant.....
5. Full Postal Address of the claimant / guardian.....

6. (i)Where gratuity is claimed by the guardian on behalf of minors, the names of the minors, their ages, relationship with the deceased Government servant, etc.

SI No.	Name	Age	Relationship with the deceased Government servant	Postal Address

(ii)Relationship of the guardian with minor.....

7. Place of payment of Pension and Gratuity (Treasury, Sub-Treasury, Public Sector Bank Branch, or the Pay and Accounts Office)

Signature/Thumb impression of the claimant/guardian.

8. Two specimen signatures or left hand thumb and finger impressions of the claimant / guardian duly attested.....
(To be furnished in a separate sheet)

9. Attested by -

Name	Full Address	Signature
(i).....
(ii).....

10. Witnesses:

(i).....
(ii).....

FORM NO. 4

(See Para. II. 1)

To

The _____

Sub:-

Application for payment of accumulation under Union Territory Government Employees' Group Insurance Scheme, 1984.

Sir,

I have been a member of the Union Territory Government Employees 'Group Insurance Scheme, 1984, since..... I have retired from service after attaining the age of.....years/ I have ceased to be in employment with the Union Territory Government/Administration with effect from..... I was holding the post of..... Before retirement/cessation of employment with the said Government. I request that the amount due to me under the Union Territory Government Employees' Group Insurance Scheme may be paid to me.

Yours faithfully,

Place

Date

Name & Designation of the Employee

FORM NO. 4

(See Para. II. 1)

To

The _____

Sub:- **Application for payment of accumulation under Union Territory Government Employees' Group Insurance Scheme, 1984.**

Sir,

I have been a member of the Union Territory Government Employees 'Group Insurance Scheme, 1984, since..... I have retired from service after attaining the age of.....years/ I have ceased to be in employment with the Union Territory Government/Administration with effect from..... I was holding the post of..... Before retirement/cessation of employment with the said Government. I request that the amount due to me under the Union Territory Government Employees' Group Insurance Scheme may be paid to me.

Yours faithfully,

Place
Date

Name & Designation of the Employee

FORMS

1

**FORM OF APPLICATION OF FINAL PAYMENT/TRANSFER TO CORPORATE BODIES/
OTHER GOVERNMENTS OF BALANCES IN THE
.....PROVIDENT FUND ACCOUNT.**

To,

The Director of Accounts & Treasuries,
Govt. of Arunachal Pradesh,
Naharlagun.

(Through the Head of Office)

Sir,

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

2. My Provident Fund Account No. is.....

3. I desire to receive payment through my office/ through the.....Treasury/ Sub-Treasury. Particulars of my personal marks of identification, left hand thumb and finger impressions (in the case of illiterate subscribers) and specimen signature (in the case of literate subscribers) in duplicate, duly attested by a Gazetted Officer of the Government, are enclosed.

PART – I

(To be filled in when the application for final payment is submitted up to one year prior to retirement).

4. I request that the amount of Rs..... standing to the credit in my 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.....Treasury/ Sub-Treasury/head of Office, may please be arranged to be paid to me as first instalment of final payment.

5. ***

6. After payment of the first instalment of my provident fund balance, I will apply for the payment of subsequent instalments in Part-II of the Form immediately on retirement.

Yours faithfully,

Station.....

Signature.....

Date.....

Name.....

Address.....

This applies only when payment is not desired through the Head of Office.

Contd....P/2

(FOR USE BY HEADS OF OFFICES)

1. Forwarded to the Accountant-General.....for necessary action.

2. The Provident Fund Account No. of Shri/Smti/Kumari (as certified from the Statements furnished to him/her from year to year) is.....

3. He/She is due to retire from Government service on.....

4. Certified that he/she had taken the following advances in respect of which.....instalment of Rs.....are yet to be recovered and credited to the Fund Account. The details of the final withdrawals granted to him/her are also indicated below:

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

5. ***

Signature of the Head of Office.

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.).

In continuation of my earlier application date.....for the final payment of Provident Fund balances, I request that the entire balance at my credit with interest due under the rules may 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/transferred to.....

Signature.....

Name.....

Address.....

Contd.....P/3.

Forwarded to the Director of Accounts & Treasuries..... for
necessary action/ in continuation of Endorsement No..... dated
.....

2. He/She has finally retired/will proceed on leave preparatory to retirement
for.....months/has been discharged/dismissed/ has been permanently transferred
to...../has resigned finally from Government service/ has resigned
service under.....Government to take up appointment
with.....and his/her resignation has been accepted with effect
from.....forenoon/afternoon. He joined service
with.....on.....forenoon/afternoon.

3. The last fund deduction was made from his/her pay in this office Bill
No....., dated....., for Rs.....
(Rupees.....), cash voucher
No.....of.....Treasury, the amount of deduction
being Rs.....and recovery on account of refund of advance
Rs.....

Form of application for Final payment of Balances in the Provident Fund account of a SUBSCRIBER to be used by the nominees or day other claiments where no subsists.

To

The Accountant General,

(Through the Head of Office)

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulations in the.....Provident Fund.

1. Certificate No. 6 to be furnished in the case of Contributory Provident Fund only.

2. Please score out if not necessary.

Account of Shri/Smti.....The necessary particulars required in this connection are given below-

1. Name of the Government servant :
2. Date of birth :
3. Post held by the Government servant :
4. Date of death :
5. Proof of death in the form of a death certificate issued: by the municipal authorities, etc., if available
6. Provident Fund Account No. allotted to the Subscriber :
7. Amount of Provident Fund money standing to the credit of the subscriber at the time of his death, if known :
8. Details of the nominees alive on the date of death of the subscriber if a nomination subsists :

Name of the Nominee	Relationship with the subscriber	Share of the nominee
1.....
2.....
3.....
4.....

9. In case the nomination is in favour of a person other than a member of the family, the details of the family if the subscriber subsequently acquired a family :

Name of the Nominee	Relationship with the subscriber	Age on the date of date
1.....
2.....
3.....

10. In case no nomination subsists, the details of the surviving members of the family on the date of death of the subscriber. In the case of a daughter or of a daughter of a deceased son of the subscriber, married before the death of the subscriber, it should be stated against her name whether her husband was alive on the date of death of the subscriber

Name of the Nominee	Relationship with the subscriber	Age on the date of death
1.....
2.....
3.....

11. In the case of amount due to a minor child whose mother (widow of subscriber) is not a Hindu, the claim should be supported by Indemnity Bond or Guardianship certificate, as the case may be

12. If the subscriber has left no family and no nomination subsists, the names of persons to whom the Provident Fund money is Payable (to be supported By probate or succession certificate, etc.)

Name of the Nominee	Relationship with the subscriber	Address
1.....
2.....
3.....

13. Religion of the claimant(s) :

*14. The payment is desired through the office of...../ though the.....Treasury/Sub-Treasury. In this connection the following documents duly Attested by a Gazetted officer in service/Magistrate Are attached.

- (i) Personal marks of identification :
- (ii) Left/Right hand thumb or finger impressions (in the case of illiterate claimants) :
- (iii) Specimen signature in duplicate (in the case of literate claimants) :

Yours faithfully,

Station.....

Dated.....

(Signature of claimant)
(Full name and address)

- This applies only when payment is not desired through the Head of Office.

(FOR USE OF HEAD OF OFFICE/DEPARTMENT)

1. Forwarded to the Accountant General.....for necessary action. The particulars furnished above have been duly verified.
2. The Provident Fund Account No.....of Shri/ Smti/Kumari.....(as verified from the annual statements furnished to him/her) is.....
3. He/She died on.....A death certificate issued by the Municipal authorities had been produced/ is not required in this case as there is no doubt about his/her death.
4. The last fund deduction was made from his/her pay for the month of..... drawn in this office Bill No.....date..... for Rs.....(Rupees.....) Cash Voucher No.....of..... Treasury, the amount of deduction being Rs.....and recovery, on account of refund of advance of Rs.....
5. Certified that he/she was neither sanctioned any temporary advance nor any final withdrawal from his/her Provident Fund Account during the 12 month immediately preceding the date of his/her death.

Or

Certified that the following temporary advances/final withdrawals were sanctioned to him/her and drawn from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her death.

Amount of advances/ Withdrawals	Date and place of encashment	Voucher Number
1.....
2.....

6. It is certified that no demand of Government is/ are due for recovery.
following demand

7. Certified that no advance/following advance sanctioned in terms of the Ministry of Finances, Office Memorandum No. 10 (3)E.V(A)/65, dated the 1st November, 1965, is due for recovery.

(Signature of the Head of Office/Department)

LAST PAY CERTIFICATE FOR NON GAZETTED OFFICERS.

Last pay certificate of Shri/Smti..... is proceeding on transfer to and he/she has been paid here upto..... at the following rates :-

1.	Pay	Rs.
2.	D.A	Rs.
3.	S.C.A	Rs.
Total :-		Rs. _____

He/She has made over charge of his duties on fore/ after noon of the..... The recoveries noted on the reverse :-

He is entitled to draw the following :-

He is also entitled to get joining time as admissible under rules.

The details of the income tax recoveries from his pay upto the start from the beginning of the current year are noted on the reverse.

Group Insurance montly deduction Rs.....P.M. from.....

Signature of the Head of Office.

Deduction on account of GPF account No. AP/PUB/_____ Rs. _____
P.M. (to be filled upto in the office in which transferred)
Shri.....assumed charge of duties in my office on
the.....noon of.....and pay of the
appointment filled in my office is Rs.....

I when the subscriber has a family and wished to nominate one member thereof.

I hereby nominate the person mentioned below, who is a member of my family as defined in Rule 2 of the General Provident Fund (Central Services) Rules, 1960, to receive the amount that may stand to my credit in the Fund in the event of my death before that amount has become payable, or having become payable has not been paid :

Name and address of nominee	Relationship with subscriber	Age	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person/persons, if any, to whom the right of the nominee shall pass in the event of his predeceasing the subscriber.

Dated this..... day of.....at.....

Two witnesses to signature

1.....

2.....

Signature of Subscriber.

NON REMARRIAGE DECLARATION

I Shri / Smtiwidower/ widow of
Late..... expired on.....is hereby declare that
I have not remarriage after the death of my husband/wife.

Signature of Govt. Servant.
Name.....
Designation.....
Office.....