Dated the ………………………

From :-

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To,

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**Subject : Submission of Pension Forms etc. before retirement.**

Sir,

 With reference to above, I am due to retire from the Government Service on the …………………………………… I am enclosing herewith the relevant forms/papers duly filled in for drawing of pension, commutation of pension, gratuity etc. for further processing and further necessary action at your end please.

 I shall be available for furnishing any further documents if necessary.

Yours faithfully,

**Signature of Applicant**

Name : …………..……...

Designation …………….

**Enclosures:-**

1.Application for Commutation of Pension

2.Form-15 Application for Pension

3.Form-5 Particulars to be obtained by Head of Office

4. Form of Nomination to the Under Secretary (Pension Cell)

5. Form-5 (See Rule 7) Form of Nomination

6. Form-3 Details of Family

7. Form of particulars of Height & Identification Marks

8.Form of Specimen Signature

9. Four Copies of Passport sixe joint photographs

**FORM 15**

See Rules 58(1),63(1), 66 and 82(1)

**Application for pension**

From :-

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Dated the ………………

To,

 **The Under Secretary**

 Pension Cell

 Indian Council of Forestry Research & Education

 P.O. New Forest, **dehradun** -248006 (Uttarakhand)

**Sub: Application for Sanction of Pension**

Sir,

 I beg to say that I am due to retire from Government Service with effect from the …………………………………….., my date of birth …….………… I therefore request that steps may kindly be taken with a view to the pension and gratuity admissible to me being sanctioned by the date of my retirement. I desire to drawn my pension from the ………………………………

2. I hereby declare that I have neither applied for nor received any pension in respect of my service to ICFRE qualifying for this pension and in respect of which pension and gratuity are claimed herein nor shall I submit an application hereafter quoting a reference to this application and the orders, which may be passed hereon.

3. I enclose herewith

 (i) Three-specimen signature of mine, duly attested

(ii) Four copies of passport size joint photographs with my wife/husband

(iii) Three slips showing the particulars of my height and identification marks, duly attested.

4. My present address is ……………………………………………………………...

…...……………………………………………………………………………………

and my address after retirement will be …………..…………………………….

…...……………………………………………………………………………………

(…………………………………)

**Signature of Applicant**

Name : ………………………………

Designation ………………………..

Place : Dehradun

Dated the …………………..

**Form of Application for Commutation**

Form of application for commutation of a fraction superannuation pension without medical examination when applicant desires that the payment of the commuted value of pension should be authorized through the pension payment order (See Rule5(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**

Dated the ……………..

To,

 **The Under Secretary**

 Pension Cell

 Indian Council of Forestry Research & Education

 P.O. New Forest, **dehradun** -248006 (Uttarakhand)

**Sub: 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 Services (Commutation of Pension) Rules 1981. The necessary particulars are furnished below :-

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Name in block letters | : | ……………………………………………........... |
| **2.** | Father’s name (and also of husband name in case of a female Government Servant) | : | ……………………………………………........... |
| **3.** | Designation | : | ……………………………………………........... |
| **4.** | Name of the Office/ Department/ Ministry in which employed. |  | ……………………………………………........... |
| **5.** | Date of Birth | : | ……………………………………………........... |
| **6.** | Date of retirement on superannuation or on expiry of the extension in service granted under F.R.56(d) | : | ……………………………………………........... |
| **7.** | Fraction of superannuation pension proposed to be commuted. | : | ……………………………………………........... |
| **8.** | Disbursing authority from which pension is to be drawn after retirement. | : | ……………………………………………........... |
|  | **a.** | **(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) | : | ……………………………………………........... |
|  | **b.** | Account Office of the Ministry/Department/Office | : | ……………………………………………........... |

**Signature of Applicant**

Present Postal Address : ……………………………………………………………………………

…………………………………………………………………………………………………………

Postal Address after retirement: ………………………………………………………………….

…………………………………………………………………………………………………………

Place : Dehradun

Dated the …………………….

**FORM 5**

Particulars to be obtained by the Head of Office from the Retiring Government Servant eight months before the date of retirement.

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Name | **:** | ……………………………………………………… |
| **2.** | **a.** | Date of Birth | **:** | ………………………………………………………. |
|  | **b.** | Date of Retirement | **:** | ………………………………………………………. |
| **3.** | Two specimen signatures (to be furnished in separate sheet) duly attested by a Gazetted Government Servant. |
| **4.** | Three copies of passport size joint photograph with wife (to be attested by the Head of Office) |
| **5.** | Two slips showing the particulars of height and personal identification marks duly attested by a Gazetted Government Servant. |
| **6.** | Present Address | **:** | ……………………………………………………….………………………………………………………. |
| **7.** | Address after retirement | **:** | ……………………………………………………….………………………………………………………. |
| **8.** | Name of the Treasury or the Branch of the Public Sector Bank or the Pay & Accounts Officer through which the pension is to be drawn. | **:** | ………………………………………………………. |
| **9.** | Details of the family in the FORM-3 |
| **10.** | Indicate whether family pension is admissible from any other source-Military or State Government and/or a Public Section Undertaking/Autonomous Body/Local Fund under the Central or a State Government. |

Signature of Applicant………………………..

Name : …………………………………………...

Designation………………………………………

Ministry /Department/Office : Office of

Directorate of Research, Indian Council of

Forestry Research & Education, An Autonomous

Council under the Ministry of Environment,

Forest & Wildlife, Govt. of India.

Place : Dehradun

Dated the …………………….

1. Two slips each bearing the left hand thumb and finger impressions duly attested may be furnished by a person who is not literate to sign his name. If such a Government Servant on account of physical disability is unable to give left hand thumb and finger impressions he may give thumb and finger impressions of the right hand. Where a Government Servant has lost both the hands, he may give his to impressions. Impressions should be duly attested by a Gazetted Government Servants.

2. Two copies of the passport of self only need be furnished:-

(i) If the Government Servant is governed by Rule 54 of the Central Civil Services (pension) Rules 1972 and is unmarried or a widower or a widow.

(ii) If the Government Servant is governed by Rule 55 of the Central Civil Services (pension) Rules, 1972.

3. Where it is not possible for a Government Servant to submit a photographs shall be attested by the Head of Office.

4. Specify a few conspicuous marks, not less than two, if possible.

5. Any subsequent change of address should be notified to the head of office.

6. Applicable only where Rule 54 of the Central Civil Service (pension) Rules, 1972 applies to the Government Servant.

Particulars of Height and Identification marks of ……………………………………

Height : ……………………………………………………………………………………...

**Identification Marks :**

1. ………………………………………………………………………………………...
2. ………………………………………………………………………………………..

**Attested by a Gazetted Government Servants**

**Specimen signature of** …………………………………………………………………

**1.** ………………………………………………………………………………………

**2.** ………………………………………………………………………………………..

**3.** ………………………………………………………………………………………..

**Attested by a Gazetted Government Servants**

**FORM 3**

**Details of Family**

|  |  |  |
| --- | --- | --- |
| Name of the Government Servant | **:** | ………………………………………………………………………………………………………………….. |
| Designation | **:** | ………………………………………………………………………………………………………………….. |
| Date of Birth | **:** | ………………………………………………………………………………………………………………….. |
| Date of Appointment | **:** | ………………………………………………………………………………………………………………….. |
| Details of the members of my family\* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Serial Number** | **Name of members of family\*** | **Date of Birth** | **Relationship with the Officer** | **Initials of the Head of Office** | **Remarks** |
| **1** | **2** | **3** | **4** | **5** | **6** |
|  |  |  |  |  |  |

 I hereby undertake to keep the above particulars upto date by notifying the Head of Office any addition or alterations.

Place : Dehradun

Dated the …………………….. **Signature of Government Servant**

\*Family for this purpose means family as define din clause (b) of sub-rule (14) of rule 54 of the CCS (Pension) Rules, 1972.

**Note :- Wife and Husband shall include respectively judicially separate wife and husband.**

**FORM 5**

**(See Rule-7)**

To,

 **The Under Secretary**

 Pension Cell

 Indian Council of Forestry Research & Education

 P.O. New Forest, **dehradun** -248006 (Uttarakhand)

 I ……………………………………………………. hereby nominate the person named below rule 7 of the Central Civil Services (Commutation of Pension) Rules, 1981.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and address of the nominee** | **Relationship with the pensioner** | **If minor date of birth** | **If nominee is minor name and address of the person who may receive the said commuted value during the nominee’s minority** | **Name and address of the other nominee in case the nominee under column (1) predeceases the pensioner** | **Relationship with the pensioner** | **Date of birth if the other nominee is minor** | **Name and address of person who may receive the commuted value of pension during the other nominee’s minority** | **Contingency on happening of which nomination shall become invalid.** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
|  |  |  |  |  |  |  |  | Lunacy,Divorce &Death |

Place : Dehradun Signature (or thumb impression if Illiterate)

Date ……………………. and name of Pensioner ………………………………...

Signature of Witness : Present Address.. ……………………………………….

Name and Address …………………………………………………………….

 Permanent Address …………………………………….

 …………………………………………………………….

**Signature of Head of Office**

To,

 **The Under Secretary**

 Pension Cell

 Indian Council of Forestry Research & Education

 P.O. New Forest, **dehradun** -248006 (Uttarakhand)

 I ……………………………………………………. hereby nominate the person named below rule 5 of the Central Payment of Arrears of Pension (Nomination) Rules, 1983.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and address of the nominee** | **Relationship with the pensioner** | **If minor date of birth** | **Nominee is name and address of the person who may receive the said commuted value during the nominee’s minority** | **Name and address of the other nominee in case the nominee under column (1) predeceases the pensioner** | **Relationship with the pensioner** | **Date of birth if the other nominee is minor** | **Name and address of person who may receive the commuted value of pension during the other nominee’s minority** | **Contingency on happening of which nomination shall become invalid.** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
|  |  |  |  |  |  |  |  |  |

Place : Dehradun Signature (or thumb impression if Illiterate)

Date ……………………. and name of Pensioner …………………………………………

Signature of Witness : Present Address.. ………………………………………………..

Name and Address ……………………………………………………………………..

 Permanent Address ……………………………………………..

 ……………………………………………………………………..

**Signature of Pension Disbursing Authority/Head of Office**

**Option**

 In terms of Para 3 of Government of India, Ministry of PBC&P (Department of Pension and Pensioners’ Welfare, Letter No.45/57/97 P & PWC, Dated 19-12-1997 I hereby give my option as under :-

 I wish to avail Indoor and Outdoor Patient treatment viz. all medical facilities under Central Govt. Health (CGHS)/ New Forest Hospital, FRI, Dehradun.

**Or**

 I wish to claim fixed Medical Allowance of Rs.300/- per month to meet day to day medical expenses that do to hospitalization.

 I am not availing my medical facility since ……………………… from New Forest Hospital, FRI, Dehradun.

Name : **…………………….…..**

Designation : **…….……………**

P.P.No. : ……………………….

A/c No. : **………………………**

 I hereby undertake that I am entitled to medical facilities under Central Govt. Health Scheme. But I am residing in the area where no such Outdoor facilities are available, my residential address is as under :-

Name : **…………………………**

Address : **………………………**

…………………………………..

Station : Dehradun

Dated : ………………..

 I, Shri/Smt. ………………………………………….……….. due to retire from ICFRE, Dehradun on ……………………… and he is not availing medical facilities from New Forest Hospital, Dehradun

**Indian Council of Forestry Research & Education**

P.O. New Forest, Dehradun-248007 (UK)