**Specimen Signature of ………………………………………………………………, (Name of Center/Sub-Center/Institute/Station ………………………………………).**

1. ……………………………………………………
2. ……………………………………………………
3. ……………………………………………………

Signature of the Controlling Officer

with seal

**Photograph of …………………………………………………………………………….**

**…………………………………………………………………………………………….**

Signature of the Controlling Officer

with seal

**Statement showing the calculation of Pension, D.C.R. Gratuity of …………………………, …………………………………………………………………………………………………….**

1. Name of employee with designation :
2. Date of beginning of Service :
3. Date of Birth :
4. Date of Superannuation :
5. Basic Pay : Rs.
6. Average emoluments : Ra.
7. Total qualifying service :
8. Last Pay Drawn : a. Basic Pay – Rs. b. C.L.A. ( %) – Rs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total - Rs.

**CALCULATION OF PENSION/DCR GRATUITY AND FAMILY PENSION**

1. Pension admissible for years:- = Rs.

% of Rs.

1. D.C.R. Gratuity for years:- Rs. = Rs.

Maximum allowed = Rs.

1. Family Pension:-
2. % of Rs. = Rs.

ii. Double of Rs. = Rs.

iii. Family Pension is therefore admissible:

* 1. From to = Rs.
  2. From & onwards = Rs.

Assistant Comptroller Signature of the Controlling Officer

Bihar Agricultural College, with seal

Sabour (Bhagalpur)

**Statement showing the calculation of average emoluments in respect of ………………….. …………………………………………………………………………………………………...**

|  |  |  |
| --- | --- | --- |
| **Month** | **Period** | **Pay (Rs.)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | |  |

Average emoluments =

Assistant Comptroller Signature of the Controlling Officer

Bihar Agricultural College, with seal

Sabour (Bhagalpur)

**FOR FAMILY PENSION**

**DESCRIPTIVE ROLL**

**Items 1 to 9 and 14 to 16 are compulsory**

1. Name :
2. Father’s Name :
3. Name of Husband, in case of female :
4. Caste :
5. Village :
6. Police Station and Post Office :
7. District :
8. Age :
9. Height :
10. Built :
11. Complexion :
12. Face :
13. Nose :
14. Distinguishing marks, if any :
15. Specimen Signature :
16. Left hand thumb and finger impression :

Signature of the Controlling Officer

with seal

**lgefr i=**

;fn osru ,oa HkÙks ds vf/kd Hkqxrku ds dkj.k dksbZ cdk;k gks vFkok osru] nkSjk laca/kh ;k=k HkRrk ;k LFkkukUrj.k gsrq ;k=k HkRrk ls lacaf/kr dk cdk;k gks] vFkok eksVj dkj vfxze] lkbZfdy vfxze] x`g fuekZ.k vfxze] vkokl dk fdjk;k laca/kh dk dksbZ vU; cdk;k gks] ftldh olwyh eq>ls djuh gks mlds Hkqxrku djus ds fy, eSa ok/; gks tkmaxkA

fu;a=h inkf/kdkjh@laLFkku iz/kku]

fcgkj d`f’k fo”ofo|ky;] lckSj ¼Hkkxyiqj½A

**Note:-** The descriptive roll (column 5) and signature of left hand thumb and finger impressions accompanying application for family pension should be in duplicate in two separate and attested by the Gazetted Officer or persons of responsibility in the town, village or parganas in which the applicant resides.

**Annuxre – III**

**FROM FOR SANCTIONING FAMILY PENSION**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name of the Government Servant | **:** |  |
| 2. | Father’s name and also husband’s name.  (in the case of a women Govt. Servant) | **:** |  |
| 3. | Religion and Nationality | **:** |  |
| 4. | Last appointment hold including name of establishment | **:** |  |
| 5. | Date of beginning of service | **:** |  |
| 6. | Date of ending service | **:** |  |
| 7. | Substantive appointment held | **:** |  |
| 8. | Pension rules opted/eligible | **:** |  |
| 9. | Length of continuous qualifying service period death. | **:** |  |
| 10. | Pay as per paragraph 4 of the Finance Department memo no Pen-103/64/9505 F.I. dated | **:** |  |
| 11. | Amount of family pension admissible | **:** |  |
| 12. | Date from which pension is to commence | **:** |  |
| 13. | Place of payment  (Government Treasury or Sub-Treasury) | **:** |  |

The undersigned having satisfied himself of ……………………………………………

…………………………………………………………………… the grant of family pension of Rs……………………………………….. to ……………………………………………….., which may be accepted by the audit officer as admissible under the rules.

Signature and Designation of

Sanctioning authority

**Schedule LIII Form No. 214**

Slip containing left hand thumb and finger impressions pensioner thumb & finger impressions of **…………………………………………………………………………………...**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Thumb | Fore Finger | Middle Finger | Ring Finger | Little Finger |

Signature of the Controlling Officer

with seal

Taken before me

Date: Designation of Officers

**RULE 204 OF B.P.R.**

**FOR ANTICIPATERY PENSION**

**DECLARATION**

Whereas his consented provisionally to advance to me the sum of Rs…………………..……………… a month in anticipation of completion the enquiry necessary to enable the Government to fix the amount of any pension I hereby acknowledge that in receipting this advance, I fully understand that my pension is subject to revision on the completion of necessary formal enquiries and I promise to base no objection to such revision on the ground that the provisional pension now to be paid to me needs the pension to which I may be found entitled. I further promise to repay any amount advanced to me excess of the pension to which I may be eventually found entitled.

Witness: 1. Signature

Designation

Witness: 2. Station

Signature of the Controlling Officer

with seal

**DECLARATION UNDER RULE 202 BIHAR PENSION RULE**

Whereas the Government of Bihar there State the designation of the Officer sanctioning the family pension, death-cum-retirement gratuity has consented to grant me the sum of Rs. ………………………………………………………………………………. Rupees only as the amount of death-cum-retirement gratuity in due to Sri ……………………………………………………………………… (here give the name and designation of the Govt. Servant). I hereby acknowledge that in accepting this amount. I fully understand that the family pension death-cum-retirement gratuity/due to Shri. ……………………………………………………………….is subject to revision on its being found to be in excess of that to which I am entitled under the rule and I promise to take no objection to such revision. I further to which I may be eventually found entitled.

Attested Signature

**DECLARATION UNDER RULE 193 B.P.R.**

I hereby declare that I have neither applied for nor received any pension or gratuity in respect of any portion of the pensions of which is claimed here in nor shall submit an application here is after without getting reference to the application and to the order which may be passed.

Applicant

**List of family members of : ……………………………………………………………….**

**……………………………………………………………………………………………….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SI.**  **No.** | **Name** | **Relationship with Govt. Servant** | **Date of**  **Birth** | **Married/**  **Unmarried** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

Signature of the Controlling Officer Signature

with seal

**FORM ‘A’**

**NOMINATION FOR DEATHE CUM RETIREMENT GRATUITY**

When the Government servant has a family & wishes to nominate one member thereof.

I hereby nominate the person mentioned below. Who is a member of my family and confer on him the right to receive any gratuity that may be sanctioned by Government in the event of my death while in service and the right to receive on my death, any gratuity which having become admissible to me on retirement may remain unpaid at my death.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address  of nominees | Relationship with Govt. Servant | Age | Contingencies on the happening of which the nomination shall become invalid | Name & Address and relationship of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Govt. servant or the nominee dying after the death of the Govt. servant out before receiving payment of the gratuity. |
|  |  |  |  |  |

Date this ……………………………………………day of ……………………… at ……………………………………..

Witnesses the signature Signature of Govt. Servant

1.

2.

Note:- This column should be filled in so as to cover the whole amount of gratuity.

(To be filled in by the Head of office in the case of a non-gazetted Government Servant)

Nomination by:

Designation:

Office:

Signature of the Controlling Officer

with seal

**OFFICE OF THE PRINCIPAL & REGIONAL DIRECTOR**

**(Name of Center/Sub-Center/Institute/Station ………………………………………)**

Certified that there were nothing dues against **……………………………………..**

retired**………………………………………………………………………………….….** (Name of Center/Sub-Center/Institute/Station **……………………………..…………**)

Signature of the Controlling Officer

with seal

**BIHAR AGRICULTURAL UNVERSITY: SABOUR**

**QUESTIONNARIES**

**(Revised)**

To be attached with the pension paper, please reply in yes or no with details.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name of the retire/deceased employee with the name of post last hold. | **:** |  |
| 2. | Name of the Institution/Department | **:** |  |
| 3. | Date of Retirement/Death | **:** |  |
| 4. | Whether he/she was permanent or temporary Govt. Servant | **:** |  |
| 5. | Whether he/she was a member of C.P.F. ?  If, so has he opted for pension Scheme?  In case he/she has opted for pension, has RAU’s share of C.P.F. with proportionate Interest been realized from him?  Please indicate the B.D.No. with date and letter no. remitting the same to the Comptroller. If not sent to the Comptroller as it please attach the B.D. of RAU Share including interest with the pension paper. | **:** |  |
| 6. | Whether he/she was a member of C.P.F. U.G.P.F. continuously. | **:** |  |
| 7. | What action has been taken in respect of unutilized leave encashment number of days due at his credit and amount involved be intimated. | **:** |  |
| 8. | Whether UGPF and GIS amount due to him has been calculated for payment to him/his/her nominate/legal heir? If so indicate the position. If not, what action has been taken for the same. | **:** |  |
| 9. | Please indicate the amount of other dues with details, if any. | **:** |  |
| 10. | Has he/she vacated the quarter? | **:** |  |
| 11. | In case of deceased employee. Has the death certificate been attached? | **:** |  |
| 12. | If he/she was permanent Govt. Servant has his pension paper for pro-rate pension been sent to Govt. | **:** |  |
| 13. | Certified that above statements have been verification by me and are correct. | **:** |  |

Assistant U.G.P. Assistant G.I.S. Assistant

Asstt. Accts (Bill) Head Asstt. Account

Asstt. Establishment Head Asstt. Establishment

Asstt. Comptroller Controlling Officer

Rule XXV-Form No.203 (Form A.T.O.5)

(Revised) (See Append 4/15 of C.T.R./B.I.O.)

**LAST PAY CERTIFICATE**

Last pay certificate of : …………………………………………………………………………….

of the ………………………………………………………………………………………………

Proceeding on …………………………………….

2. He has been paid to be upto ……………………. at the following rates:-

|  |  |  |
| --- | --- | --- |
|  | Particulars | Rate |
| Substantive Pay ………………. | Basic Pay |  |
| Officiating Pay ……………….. | D.A. Pay |  |
| Allowances, etc ………………. | CLA |  |
|  | MA |  |

**DEDUCTIONS**

…………………………..U.G.P.F.

……………………………..G.I.S

3. He made over charge of the office of ………………………………………………………

………………………………………………………………………………………………… on the ……………………………………………………………………….. noon of ……….

…………………….

1. Recoveries are to be made from the pay of the Government Servant as detailed on the reverse.
2. He has been paid leave salary as detailed below. Deductions have been made as noted on the reverse.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Period |  | Rate |  | Amount |  |
| From | ………………… | to | ……………….. | at Rs. | …………………… | a month |
| From | ………………… | to | ……………….. | at Rs. | …………………… | a month |
| From | ………………… | to | ……………….. | at Rs. | …………………… | a month |

1. He is entitled to draw the following:

………………………………………………………….

………………………………………………………….

………………………………………………………….

1. He is also entitled to joining time for ……………….days.
2. He finances the insurance policies detailed below from the provident fund.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Insurance Co. | No. of Policy | Amount of  Premium | Due date  Payment |

1. The details of the income tax recovered item his upto date item the beginning of the current year are reverse.

Date:……………. Signature

Designation

**FOR ANTICIPATORY DEATH CUM RETIREMENT GRATUITY**

**DECLARATION**

Form G

Declaration to be furnished by a person to whom an anticipatory DCR Gratuity is sanctioned.

Whereas his consented provisionally to advance to me the sum of Rs. …………………………..............................In anticipation of the completion of the enquires necessary to enable the Govt. to fix the amount of death cum retirement gratuity payable to me as the nominee/legal heir Shri ……………………………..…………………………………………………………………

I hereby acknowledge that in accepting the advance. I fully understand that DCR Gratuity payable to me in subject to revision on the completion of necessary formal enquires and I promise to base no objection to such revision on the ground that the provisional DCR Gratuity now to be paid to me exceeds the DCR Gratuity which may be finally sanctioned to me. I further promise to repay any amount advance to me in excess of the DCR Gratuity that may be finally granted to me.

Witness Signature

Witness