#### **FORM PEN 18**

[See rule 9.24(1)]

Form of letter to the Accounts Officer forwarding papers for the grant of family Pension and death-cum-retirement gratuity to the family to a Government Employee who dies while in service.

	No
	Government of Punjab
	Department/Office
	Dated, the
То	ŕ
Accountant General, Punjab.	
Subject: - Grant of Family pension and	d death-cum-retirement gratuity.
Sir,	
I am directed to say that Shri/Smt	
	died onHis
	of family pension and death-cum-retirement
,	s forwarded herewith for further necessary
action.	J

- 2. Government dues in respect of the deceased Government employee will be recovered out of the death-cum-retirement gratuity as indicated in section II of part I of form PEN 17.
- 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 Department/Office informed that necessary instructions for the disbursement of family pension and death-cum-retirement gratuity have been issued to the disbursing authority concerned.

Yours faithfully,

Head of Office/Pension Sanctioning Authority

List of enclosures: -

- 1. Form PEN 17 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 impression of the claimant or guardian duly attested.
- 4. Two copies of passport size photographs of the claimant or guardian duly attested.
- 5. Two copies of descriptive roll of the claimant or guardian duly attested indicating height and personal identification marks.
- 6. Postal address of the claimant or guardian.
- 7. Undertaking under rule 9.15 of Punjab CSR Vol.-II.
- 8. Form Pen 16 (a) and (b).
- 9. Affidavit to the effect that she is the only legally wedded wife of the deceased and not remarried after his death duly attested by the executive Magistrate.
- 10. Death certificate of Government Servant.
- 11. List of Family members.

#### **FORM PEN 17**

[See rules 9.22(1) 9.24(1), (3) and (5) and 9.26(1) and (5)]

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

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

Section 1

Section 1
1. Name of the deceased Government employee.
2. Father's/Husband's Name.
3. Date of birth (by Christian era)
4. Date of death (by Christian era).
5. Religion and Nationality
6.Office/Department in which last employed
7. Appointment held last:
(1) Substantive
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:
(ii) Amount and nature of any pension/gratuity received for 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 a Government employee 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 death-cum-
retirement gratuity and family pension as provided in rule 9.21.
(ii) Obtain the 'No demand certificate' from the Accounts officer (Rent)/Rent
Assessing Authority as provided in rule 9.27 (1).
(iii) Assess the Government dues other than the dues pertaining to occupation of
Government accommodation as provided in rule 9.24(2).
(iv) Assess the service and emoluments qualifying for death-cum-retirement gratuity
and family pension as provided in rules 9.22 and 9.23.
15. Whether nomination made for death-cum-retirement gratuity
16. Length of service qualifying for death-cum-retirement gratuity/pension
17. Period of non-qualifying service
(i) Interruption service condoned under rule 3.17 A
(ii) Extraordinary leave not qualifying for gratuity
(iii) Period of suspension treated as non-qualifying fromto
(iv) Any other service not treated as qualifying service
Total period of non-qualifying service
18. (a) Emoluments reckoning for death-cum-retirement gratuity
(b) Amount of death-cum-retirement gratuity
FORM DEN 17 (Contd.)

FORM PEN 17 (Contd....)

- 19. If family pension 1964 applies.
  - (i) Proposed family pension at: -

	(a)	Enhanced rated (if service rendered at the tiryears)	me of death is more than seven
		(as in para 2 of Appendix I to these rules)	
	(b)	Ordinary rates as (in para I of Appendix I to	
(ii)		od of tenability of family pension 1964. From	
		Enhanced rates.	
		Ordinary rates	
		whom family pension is payable.	
		ip with the deceased Government employee.	
		ostal Address:	
		Government dues recoverable out of gratuity:	
(i)		ense fee for occupation of Government accon 7)	nmodation (See rule
(ii)		ount of death-cum-retirement gratuity to be harmation from the Accounts Officer	eld over pending receipt of
····		nt) Rent Assessing Authority. (See rule 9.27	
(iii)		es referred to in rule 9.27(2)	
		nich claim received from the claimants	
		uardian who will receive payment of death-cu	
		in the case of minors	
Bank)		syment (Treasury, Sub-Treasury or branch of	Public Sector
,		ccount to which death-cum-retirement gratuit	
debitable		ecount to which death-cum-rethement gratuit	y and family pension are
uconable	•		
Place:			
Dated, the	e		Signature of Head of Office
Dated, til	C		Signature of freda of Office
SECTIO	N II		
		visional family pension and gratuity to be san	ctioned by Pension sanction
		ecordance with rule. 9.25	,
-		mily pension	Rs
		mount mentioned in item 18 (b) of Part (1)	
Less			
(a) Licen	ce fee	e recoverable from gratuity for occupation of	Government
accommo	odatio	on (as in item 21 (i) of Part (1)	Rs
(b) Amou	ınt of	Gratuity to be held over pending receipt of in	nformation from the Accounts
		Rent Assessing Authority (as in item 21 (ii)	
			Rs
(c) Other	r Gov	ernment dues as mentioned in item 21 (iii) of	f Part I.
			Rs
(d) Total	of (a)	), (b) & (c),	Rs
Place:	. /		
Dated, the	e		Signature of Head of Office

#### **ANNEXURE-1**

Form of letter to the widow/widower of a deceased Govt. employee for a grant of a Family Pension, 1964

То	No
Subject: - Payment of Family Pension Shri/Smt	•
Sir/Madam,	
Volume II, a family pension is payable	
Shri/Smt(Designation	
<ul><li>the enclosed Annexure II.</li><li>The family pension will be paya</li></ul>	r the grant of family pension may be submitted in able till your death or re-marriage, whichever ur death or re-marriage, the family pension shall my, through the guardian.
	Yours faithfully,
	(Head of Office)

Attestation should be done by two Gazetted Government employees or two or more persons of respectability in the town, village or pargana in which the applicant resides.

#### **ANNEXURE-II**

Form of application for the grant of family pension on the death of a Govt. Employee/Pensioner.

Name of the applicant

(i) (ii)		widowern, if the deceased		
2.	Name and	age of surviving wid	low/widower and child	ren of the deceased
Gover	nment emplo	yee/pensioner.		
Serial	No.	Name	Relationship with the deceased person	Date of birth (to be attested by the Head of Office)
1				
2				
3				
4				
3.		th of the Government en		
4.		artment in which the	deceased Government	t employee/pensioner
	last			
5.		cant is guardian, his date		
5A may be	If the applice in receipt or	p with the Govt. employed cant is widow/widower on the date of death of the s of the applicant	the amount of service husband/wife	pension which she/he
7. (Treas 8.	ury, Sub-Trea Enclosures: (i) Two	specimen signatures of	atuityhk Branch).  The applicant duly attes	
	(ii) Two (iii) Two	mants) (To be furnished to copies of passport size to slips each bearing lefticant, duly attested (in contract)	photograph of the applic t hand thumb and fing	er impressions of the
	(iv) Desc (b) 1	criptive Roll of the appl personal marks, if any, licate).	licant, duly attested, ind	icating (a) height and
	(v) Cert date: Mun recognishou	ifficate(s) of age (in oris of birth of the childicipal Authorities or from gnized school if the childid be furnished in respective dates of birth are n	dren. The certificate om the Local Panchayat d is studying in such scheet of such child or child	should be from the or from the head of a ool. (This information dren the particulars of
9.	(vi) Deat	th Certificate. r left-hand thumb impres	ssion of the applicant	

10.	Attested by:		
Name		Full Address	Signature
(i)			
11.	Witnesses:		
(i)			

Note: - Attestation should be done by two gazetted Government employees or two or more persons of respectability in the town, village or pargana in which the applicant resides. To be furnished in case the applicant is not literate enough to sign his name.

In the case of re-marriage of the widow while applying for family pension on behalf of the minor child, the widow should furnish (i) the date of her re-marriage, (ii) name of the Treasury/Sub-Treasury at which payment is desired and (iii) her full address in the application for family pension. It is not necessary to furnish a fresh application nor the document as they are already available with the pension papers on which family pension was originally admitted to her.

Signature & Designation of Sanctioning Authority

### FORM PEN-17

# ANNEXURE-III FORM FOR SANCTIONING FAMILY PENSION

1.	Name of the Government employee
2.	Father's Name
	(and also husband's name in the case of a woman Government servant)
3.	Religion and Nationality
4.	Last appointment held including name of establishment
5.	Date of beginning of Service.
6.	Date of ending of service.
7.	Substantive appointment held
8.	Pension Rules opted/eligible
9.	Length of continuous qualifying service prior to death
10.	Pay as per paragraph 2 of the Punjab Govt. Finance Department's letter No. 7856
(7) FR	LI/64/9691, dated 16 <sup>th</sup> October, 1964 (Annexure I to Punjab CSR Vol.II 1969
Edition	as applicable to Haryana State)
11.	Amount of Family Pension admissible
12.	Date from which pension is to commence.
13.	Place of payment (Government Treasury sub-treasury or Branch of Public Sector
Bank).	
	The undersigned having satisfied himself of the above particulars of late
Shri/Sı	
-	orders the grant of a family pension of Rs
to Shri	
	may be accepted by the Accountant General, Haryana as admissible under the
rules.	

Signature and Designation of the Sanctioning Authority

#### FORM PEN-19 [See rule 9.21 (1)]

Form of letter to the member or members of the family of a deceased Govt. employee where valid nomination for the grant of the death-cum-retirement gratuity exists.

То	No
Subject: - Payment of death-cum-retiremen Shri/Smt	=
Sir/Madam,	
I am directed to state that in terms of Shri/Smt	<del>-</del>
gratuity is payable to his/her nominee(s). A coherewith.  2. I am to request that a claim for the grant of in the enclosed FORM PEN 1B.  3. Should any contingency have happened si so as to render the nomination invalid, in who contingency may kindly be stated.	n) in the office/Deptt. of

Head of Office

Yours faithfully,

#### **FORM PEN-20**

Form of letter to the member or members of the family of a deceased Govt. employee where valid nomination for the grant of the death-cum-retirement gratuity does not exists.

То			No
-			irement gratuity in respect of the late
Sir/M	adam,		
Sh./Sı	retiremente/Depar (i) (ii)	ent gratuity is payabletment of	terms of rule 6.16-A of Punjab CSR Vol.II, a death- to the following members of the family of late
2. the gr		will be payable to the following Widowed daughters Father Mother	o surviving member of the family as indicated above, llowing members of the family in equal share: -
	(iv) (v) (vi)	Brother below the a	

It is requested that a claim for the payment of gratuity may be submitted in the

3.

enclosed Form PEN 1B as soon as possible.

Yours faithfully,

#### **FORM PEN 16A**

[See rule 9.21 (1)]

# Form of applicant for the Grant of death-cum-retirement gratuity on the death of a Government Employee.

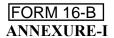
	should	be filled in by the	e guardian or	claimant and in the case claim n his/her behalf. Where there uity in one Form on their beh	are more than
1.	(i) Name of the claimant in case he is not minor				
2.	(i) Name of the guardian in case the claimants are minors.  (ii) Date of birth of the guardian.				
3. being o	claimed (ii) Da	l te of death of G	overnment er	nent employee in respect ofnployee	
4. employ	Relati yee	onship of the	e claimant/g	guardian with the deceas	eed Government
6.	(i) Wh	nere gratuity is cl	laimed by the	guardian on behalf of minors ceased Government employee	s the names of the
Serial No.	N	lame	Age	Relationship with the deceased Govt. employee	Postal Address
1					
1 2 3 4					
3					
4					
(ii) Re 7.				ratuity	

(Treasury/Sub-Treasury/Public Sector Bank Branch)

Signature/Thumb impression of the Claimant/guardian

8.	Two specimen signatur	es or left hand thumb* and finger im	pressions of the
claima	nt/guardian duly attested.		• • • • • • • • • • • • • • • • • • • •
9.	Attested by: -		
Name		Full Address	Signature
(i)			
(ii)			
10.	Witnesses:		
(i)			
(ii)			

<sup>\*</sup>To be furnished in case the applicant is not literate enough to sign his name.



### Form for Sanction of Gratuity in case of Death

<b>A</b> 1.	Remarks by the receiving authority As to character and past conduct of applicant			
2.	Explanation of any suspension or Degradation.			
3. VII)	Regarding any gratuity or pension already received by the applicant (See Chapter II)			
4.	Any other remarks.			
5. should			ther the service claimed i 9.12 (a) (ii)	
В	Order of the s	sanctioning authority	y	
is thor be acc	mt./Kumari coughly satisfact	ory hereby orders the countant General as a c) below.	grant of DCRG/residual admissible under the rule	I gratuity which may
has no accept	ont./Kumari ot been thorough ted by the Accou es (c) below, shall	ly satisfactory hereby untant Gen. admissible Il be reduced by the sp	mself that the service of orders that the DCRG we under the rules to the pecified amount of percesson account.	which may be persons mentioned in entage indicated
below			utstanding dues are asses	

This order is subject to the condition that should the amount of gratuity as authorized by the Accountant General if afterwards found to be in excess of amount to which the person

concerned is entitled under the rules he/she will be called upon to refund such excess.	A
declaration from the person accepting this condition has been obtained and	
enclosed/declaration from the person accepting to condition will be obtained and	
submitted separately.	

2. The DCRG/residual gratuity payable at treasury and is chargeable.

Dated

Signature & Designation of Sanctioning Authority

## Report regarding verification of Qualifying Service

Certified that Sh./Smt./Kur Designation	has comp	leted a qualifying service
ofyears	months	days as
on(date).	The service has been verified on the	basis of his service
documents and in accordan	nce with the rules regarding qualifying	ng service in force at
present. The verification of	of service shall be treated as final and	d shall not be reopened
except when necessitated b	y a subsequent change in the rules a	and order governing the
conditions under which the	e service qualifies for pension.	
D	ETAILS OF QUALIFYING SERVI	CE

S.No.	Period		Page No. of Service Book	No. or part of
	From	То	Service Book	page of Service Book

(Signature of Head of Office)

7 TI	D 4 "I	c	<b>∧</b> 1.€	•	<b>G</b> •
i anie.	Details	ΛT	( )III 9 II T	vinσ	Service
I abic.	Details	UI	Quam	yms	Service

NameDesignation
-----------------

Name of Govt. under with employed (in order of employment)	Name of Establishment	From	То	Total Period	Less Non- Qualifying Service (see table-II)	Qualifying service
1	2	3	4	5	6	7

## Table-II: Details of Non-Qualifying Service

			Period of interruption not qualifying for pension							
Name of Govt. under which employed	Name of Establishment	From	То	Extra-ordi leave not of for pensio	qualifying	Suspen period treated qualify	not as	Any of period treated qualify	not as	Total non- qualifying period
1	2	3	4	5			6	,	7	8
				From	То	From	То	From	То	

# Calculation Sheet for Family Pension/Death-Cum-Retirement Gratuity & History Sheet of Service

1.	Name :		
2.	Post held at the time of death:		
2. 3.			
4.			
5.	Date of joining Govt. Service:		
6.		YearsMo	
7.	Less period of E.O.L. etc. not qualifying service	YearsM	onthsDays
8.	Net qualifying service	YearsMonth	ısDavs
9.	Pay drawn at the time of death		
10.	Amount of Family pension		
	(30% of pay last drawn)		
	subject to minimum of Rs. 127	5/-	
11.	Amount of pension to be drawn		
	years or till the deceased would		
	completed 65 years of age (whi		
		,	
12.	Calculation of gratuity (D.C.R.	G) at the following rates:-	
	(i) For less than one year service		
	(ii) One year service but less th	en Five years service:	6 months emoluments
	(iii) With Five years or more se	ervice : 1	/4 of the emoluments for
each h	nalf year subject to minimum or	twelve years emoluments	s and maximum of 161/2
times i	in case of Class I, II and III empl	oyees and 171/2 times in ca	se of class IV employee.
<u>Emolu</u>	<u>iments</u> means Pay as defined	in rule $2.44(a)(1)$ of C.S.	S.R. Vol. I Part I. Plus
Dearne	ess allowance admissible on sucl	n pay on the date of death.	
Pay Rs	S	<u></u>	
D.A. R	Rs	<u></u>	
Total	Rs	X	= Rs.

Head of Office

	Descriptive Roll/Signa	ture or Left hand thumb impression	on
Claimant .			
Name of d	leceased		
Relationsh	nip with deceased		
	ridower/ guardian of minor	child (ren)]	
(i)	Date of Birth	\ / <b>J</b>	
` '	Height		
(iii)	Personal marks of identifi	cation	
. ,	(on hand or face)		
(iv)	Specimen Signature /Left-	-hand thumb impression :	
1.		- 	
2.			
Attested b	v :		
Name	-	Full Address	Signature
(i)			
attested by	y two gazetted officers or j he applicant resides.	should be in duplicate in two sepa persons of respectability in town, vii	llage or pargana
	Descriptive Roll/ Signs	ature or Left hand thumb impressi	on
Claimant .			
Name of d	leceased		
{widow/w (i) (ii)		cation -hand thumb impression:	
Name	J ·	Full Address	Signature
		Tun Address	Signature
(i)	• • • • • • • • • • • • • • • • • • • •		

Note: - The descriptive roll and signature of left hand thumb impression accompanying the application for family pension should be in duplicate in two separate sheets and attested by two gazetted officers or persons of respectability in town, village or pargana in which the applicant resides.

Of Late Shri/SmtDesi	gnation
----------------------	---------

•••••

S.No.	Name and Postal Address	Relation	Date of Birth

No Demand Certificate (N.D.C)				
Certified that there are no long term advances and other advances outstanding/pending against				
Late Shri/ Smt.				
Designation				
Date of Death				
Date of Birth				
(Signature of Head Office)				
NO JUDICIAL / DEPARTMENTAL PROCEEDINGS CERTIFICATE				
Certified that no Judicial / Departmental proceedings have been instituted/ are pending against				
Late Shri/ Smt.				
Designation				

Date of Death .....

Date of Birth .....

(Signature of Head Office)

### PRESENT POSTAL ADDRESS OF THE CLAIMANT

Name of the Deceased	Designation
Claimant	
Relationship with the Deceased.	
[Widow/widower/ guardian of the minor child (ren)]	
Address	
Pin	

Office	of the					
NO						
Office	case					(Provincial)
LAST	PAY CERTIFICA	TE OF				
of the						proceeding
on to .						
2.	He has been paid	upto				
	at the following r	ate :-				
	Particular	S			Rate	
	Substantive Pay				Rs.	P.
	Officiating Pay					
	Exchange Compe	ensation A	llowance			
				•		
				-		
DEDU	J <b>CTIONS</b>					
					C.1	
					of the	
					ernment servant as	
	_		-		ow. Deductions have	e been made as
notea	on the reverse:		Data			
Еном	Period		Rate		Amount	41_
From	to	at	Rs		a mon	
From From	to	at	Rs		a mon	
	to	at Stallowin	Rs		a mon	
					lova	every year.
	also entitled to join	_			the date from the	heginning of the
	t years are noted or			ın up t	o me date mom the	ocgiming of the
	_	ii tiit itve	150.			
Dated	l				Head	of Office/Deptt.

### **DETAILS OF RECOVERIES**

	•		
To be reco	overed in		Installment
		ONS MADE FROM LEAVE	
From	to	on account of	Rs
From	to	on account of	Rs
From	to	on account of	Rs
			Head of Office/Dep

Head of Office/Deptt. Signature with Stamp

Name of months	Pay	Gratuity Fee	Funds and Other Deductions	Amount of Income-tax recovered	Remarks
April					
May					
June					
July					
August					
September					
October					
November					
December					
January					
February					
March					

	He took over/assumed charge of the	Office of	
on the		noon of	
			(Signature) (Designation)