

FORM - 3

See Rule 54 (12)

DETAILS OF FAMILY

| | | |
|-----|--|--|
| 01. | Name of the Government Servant : | |
| 02. | Designation : | |
| 03. | Father's/Husband's Name : | |
| 04. | Date of Birth : | |
| 05. | Date of Appointment : | |
| 06. | Religion : | |
| 07. | Details of the members of my family *as on ----- : | |

| Sl.No. | Name of the members of family* | Date of Birth | Relationship with the officer | Initials of the Head of Office | Remarks |
|--------|--------------------------------|---------------|-------------------------------|--------------------------------|---------|
| 01 | 02 | 03 | 04 | 05 | 06 |
| 01. | | | | | |
| 02. | | | | | |
| 03. | | | | | |
| 04. | | | | | |
| 05. | | | | | |
| 06. | | | | | |
| 07. | | | | | |

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

Place: _____

Signature of Government Servant

Dated the _____

*Family for this purpose means family as 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 - 5

See Rules 59 (1) (c) and 61

Particulars to be obtained by the Head of Office from the retiring Government servant eight months before the date of his retirement

| | | |
|-----|--|--|
| 01. | Name : | |
| 02. | (a) Date of birth : | |
| | (b) Date of retirement : | |
| 03. | <u>1</u> Two specimen signatures (to be furnished in a separate sheet) duly attested by a Gazetted Government servant. | |
| 04. | <u>2</u> Three copies of passport size joint <u>3</u> photograph with wife or husband (To be attested by the Head of Office). | |
| 05. | Two slips showing the particulars of height and <u>4</u> personal identification marks duly attested by a Gazetted Government servant. | |
| 06. | <u>Present address</u> : | |
| 07. | <u>5 Address after retirement</u> : | |
| 08. | Name of the Treasury or the Branch of Public Sector Bank or the Pay and Accounts Office through which the pension is to be drawn. | |
| 09. | <u>6</u> Details of the family in Form-3. | |
| 10. | Indicate whether you have taken any type of advances i.e. HBA/Motor Car/Moroe Cycle/TA/LTC, etc. : | |
| 11. | Indicate whether you have allotted Govt. accommodation or not. | |

| | | |
|-----|---|--|
| 12. | 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. | |
|-----|---|--|

Place: _____

Signature: _____

Dated the _____

Designation: _____

Ministry/Deptt./Office: _____

| | |
|----|--|
| 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 toe impressions. Impressions should be duly attested by a Gazetted Government servant. |
|----|--|

| | |
|----|--|
| 2. | Two copies of the passport size photograph 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 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 photograph with his wife or her husband, he or she may submit separate photographs. The photographs shall be attested by the Head of Office. |
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| 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. |
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| | |
|----|---|
| 6. | Applicable only where Rule 54 of the Central Civil Services (Pension) Rules, 1972, applies to the Government servant. |
|----|---|

Joint photographs (size 9 cm X 7 cm) to Shri/Smt/Miss/Dr._____

Name of Wife/Husband_____

in the Indian Council of Agricultural Research, Krishi Bhavan, New Delhi - 110 001.



Attested by:
(Two Gazetted Officers)

01.

02.

Left hand thumb and finger impression of incase of Male.

Right hand thumb and finger impression in case of Female.

| | |
|-----------------------|--|
| <u>Thumb</u> | |
| <u>Pointer Finger</u> | |
| <u>Middle Finger</u> | |
| <u>Ring Finger</u> | |
| <u>Little Finger</u> | |

Signature:

ATTESTED

Signature/Designation with official seal.

(01)

(02)

Specimen signatures of **Shri/Smt/Miss/Dr.**_____

in the Indian Council of Agricultural Research, Krishi Bhavan, New Delhi - 110 001.

| | |
|-----|--|
| 01. | |
| 02. | |
| 03. | |

ATTESTED BY

(1)

(2)

INDIAN COUNCIL OF AGRICULTURAL RESEARCH
KRISHI BHAVAN : NEW DELHI - 110 001

Descriptive roll of Dr./Shri/Smt./Miss. _____

in the Indian Council of Agricultural Research, Krishi Bhavan, New Delhi - 110 001.

| | | |
|-----|----------------|--|
| 01. | Date of Birth: | |
| 02. | Height : | |

| | | |
|-----|--|--|
| 03. | Personal marks on hand or on face as identification:- | |
| | (i) | |
| | (ii) | |

| | | |
|-----|--------------------------|--|
| 04. | <u>Signature:</u> | |
| | (i) | |
| | (ii) | |
| | (iii) | |

Attested by (Two Gazetted Officers)

(1)

(2)

INDIAN COUNCIL OF AGRICULTURAL RESEARCH
KRISHI BHAVAN : NEW DELHI - 110 001

I hereby agree to the recovery of Rs._____ on
account of over drawal of pay and allowances and of Rs._____
on account of arrears of rent and other miscellaneous recoveries being made for
my pension and/or Retirement Gratuity/Death-cum-Retirement Gratuity.

Signature: _____

Designation: _____

Address(Office/Residence): _____

Two Witnesses:

01.

02.

FORM - I

**FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION
WITHOUT MEDICAL EXAMINATION**

See Rules 5 (2), 6 (1), 12, 13 (1) and (2), 14 (1) and (2), 15 (1) and (2) and 16 (1) and (2)

(To be submitted in duplicate after retirement but within one year of the date of retirement)

P A R T - I

To

The Under Secretary(Cash)/H.O.O.,
Indian Council of Agricultural Research,
Krishi Bhavan,
New Delhi-110 001.

Sub: Commutation of Pension without Medical Examination.

Sir,

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

| | | |
|-----|--|--|
| 01. | Name (in Block Letters): | |
| 02. | Father's Name (also Husband's Name in the case of a female Government servant): | |
| 03. | Designation at the time of retirement: | |
| 04. | Name of Office/Department/Ministry in which employed: | |
| 05. | Date of birth (by Christian era): | |
| 06. | Date of retirement on superannuation/voluntarily or on the expiry of extension in service granted under FR 56(d): | |
| 07. | Class of pension on which retired: | <u>SUPERANNUATION</u> OR <u>VOLUNTARILY</u> |
| 08. | Amount of pension authorized (in case final amount of pension has not been authorized, indicate the amount of provisional pension sanctioned under Rule 64 of the Central Civil Services (Pension) Rules, 1972): | <u>YET TO BE SANCTIONED.</u> |

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| | | |
|-----|---|--|
| 09. | Fraction of pension proposed to be commuted: | <u>Fraction of the amount of monthly pension</u> <u>(subject to a maximum of 40%)</u> |
| 10. | Designation of the Accounts Officer who authorized the pension and the Number and date of the Pension Payment Order (PPO), if issued: | <u>SENIOR F&AO(PENSION),ICAR HQRS.</u> |
| 11. | Name of Treasury or Bank and Account Number from which pension is being drawn: | <u>I. C. A. R. HEADQUARTERS</u> |
| 12. | Name of the Treasury or Bank through which the commuted value is desired to be paid, if payment is not desired through the Accounts Officer who authorized the pension: | <u>I. C. A. R. HEADQUARTERS</u> |
| 13. | Particulars of any application for commutation of pension made previously and whether appeared before and Medical Authority or not: | ----- |

Signature:_____

Full Name (in block letter):_____

Designation(at the time of retirement):_____

Full Postal Address:_____

Place:_____

Dated:_____

P A R T - II

Forwarded to the Senior Finance & Accounts Officer(Pension), I.C.A.R., Krishi Bhavan, New Delhi-110 001, for authorizing the payment of the amount of commuted value of pension under Rule 15 of the Central Civil Services (Commutation of Pension) Rules, 1981.

UNDER SECRETARY(CASH)/H.O.O.
I.C.A.R., KRISHI BHAVAN,
NEW DELHI-110 001

Place: _____

Dated: _____

P A R T - III

ACKNOWLEDGEMENT

Received from Dr./Shri/Smt./Miss. _____

Ex-_____ application in Part-I of Form-1 for the commutation
of a fraction of pension without medical examination.

Signature, Name & Address of
the Head of the Office
(with stamp)

Place: _____

Dated: _____