

**FORM 1**  
**[See Rule 53 (1)]**

**Nomination for Retirement Gratuity/Death Gratuity**

When the Govt. servant has a family and wishes to nominate one number or more than one number thereof:

I \_\_\_\_\_ hereby nominate the person/persons mentioned below who is/are members(s) of my family, and confer on him/then the right to receive, to the extend 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 extend specified below, any gratuity, which having become admissible to me on retirement may remain unpaid at my death:

Original Nominee(s)				Alternate Nominee(s)	
Name and addresses of nominee/nominees	Relationship with the Govt. Servant	Age	Amount or share of gratuity payable to each	Name, Address, Relationship and age of person or persons, if any, to whom the right conferred on the nominee pre-deceasing the Govt. servant or the nominee dying after the death or the Govt. servant but before receiving payment of gratuity	Amount or share of gratuity payable to each
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nomination made by me earlier on \_\_\_\_\_ which stands cancelled.

**Note:** (i) The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_

Witnesses to signature:

1.

2.

Signature of the Government servant

(To be filled by the Head of Office)

Nomination by \_\_\_\_\_

Designation \_\_\_\_\_

Office \_\_\_\_\_

Signature of Head of Office

Date \_\_\_\_\_

Designation \_\_\_\_\_

**FORM 2**  
**[See Rule 53 (1)]**

**Nomination for Retirement Gratuity /Death Gratuity**

When the Govt. servant has no family and wishes to nominate one person or more than one person

I \_\_\_\_\_, having no family, hereby nominate the person/persons mentioned below and confer on him/then the right to receive, to the extend 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 extend specified blow, any gratuity which having become admissible to me on retirement may remain unpaid at my death:

Original Nominee(s)				Alternate Nominee(s)	
Name and addresses of nominee/nominees	Relationship with the Govt. Servant	Age	Amount or share of gratuity payable to each*	Name, Address, Relationship and age of 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 or the Govt. servant but before receiving payment of gratuity	Amount or share of gratuity payable to each**
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nomination made by me earlier on \_\_\_\_\_ which stands cancelled.

**Note:** (i) The Government servant shall draw lines across 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 \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_

Witnesses to signature:

1.

2.

Signature of the Government servant

(To be filled by the Head of Office)

Nomination by \_\_\_\_\_

Signature of Head of Office

Designation \_\_\_\_\_

Date \_\_\_\_\_

Office \_\_\_\_\_

Designation \_\_\_\_\_

\* This column should be filled in so as to cover the whole amount of the gratuity

\*\* The amount/share of the gratuity shown in this column cover the whole amount/share payable to the original nominee(s)



## FORM 5

**[See Rule 59 (1) (c) and 61 (1)]**

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

1.	Name	:	
2.	(a) Date of Birth	:	
	(b) Date of Retirement	:	
3.	Two specimen signatures (to be furnished in an separate sheet) duly attested by the Gazetted Government servant	:	
4.	Three copies of passport size joint photograph with wife or husband (To be attested by the Head of Office	:	
5.	Two slip showing the particulars of height and personal identification marks duly attested by the Gazetted Government servant	:	
6.	Present Address	:	
7.	Address after retirement	:	
8.	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	:	
9.	Details of the family in Form 3	:	
10.	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	:	
	Signature		
	Designation	:	
	Ministry/Department/Office	:	
	Place	:	
	Date	:	

1. Two slip 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 the Gazetted Government servant.
2. Two copies of passport size photograph of self only need be furnished 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.
3. Where it is not possible for the 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.
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 Services (Pension) Rules, 1972, applies to the Government servant.

TWO SPECIMEN SIGNATURE DULY ATTESTED BY THE  
GAZETTED GOVERNMENT SERVANT

Specimen Signature

Specimen Signature

TWO THUMB IMPRESSION DULY ATTESTED BY THE  
GAZETTED GOVERNMENT SERVANT

\* Thumb impression

Thumb impression



PERSONAL IDENTIFICATION MARKS DULY ATTESTED  
BY THE GAZETTED GOVERNMENT SERVANT

HEIGHT:

IDENTIFICATION MARKS

1.

2.

THREE COPIES OF PASSPORT SIZE JOINT PHOTOGRAPH WITH WIFE OR HUSBAND

DULY ATTESTED BY THE GAZETTED GOVERNMENT SERVANT

**FORM 3**  
**[See Rule 54 (12)]**

**DETAILS OF FAMILY**

Name of the Government 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 Officer	Initials of the Head of Office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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

Signature of Government Servant

Place	:	
Dated	:	

\* Family for this purpose means family as defined in Clause (b) 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 1 – A

Form of application for commutation of a fraction of  
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 Rule 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 \_\_\_\_\_

(Here 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 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 husband's name in the case of a female Govt. Servant)	:	
3.	Designation	:	
4.	Name of Office/Department/Ministry in which employed	:	
5.	Date of Birth	:	
6.	Date of Retirement on superannuation or on the expiry of extension in service granted under FR 56(d)	:	
7.	Fraction of superannuation pension proposed to be commuted.	:	
8.	Disbursing authority from which pension is to be drawn after retirement	:	
	(a) Treasury/Sub Treasury (Give name and Complete address)	:	

	(b) 1) Branch of nominated nationalized Bank with complete postal address	:	
	(2) Bank account No. to which monthly pension is to be credited each month	:	
	© Account office of the Ministry/Department/Office	:	
	Signature		
	Present Postal Address	:	
	Postal address after retirement	:	
	Place	:	
	Date	:	

**PART – II**  
(Acknowledgement)

Received from Shri/Smt./Kumari\_\_\_\_\_

Designation\_\_\_\_\_

Application in Part – I of Form – 1-A for commutation of a fraction of pension without medical examination.

Place:

Date:

Signature of Head of Office



### PART – III

1. Forwarded to the Accounts Officer

(here indicate the address and designation)

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With the remarks that---

(i) The particulars furnished by the applicant in Para 1 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 the Table applicable at present comes to Rs. \_\_\_\_\_ and

(iv) The amount of residuary pension after commutation will be Rs. \_\_\_\_\_

2. The Pension paper 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 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 acknowledgement in Part – II which has been forwarded separately to the applicant on \_\_\_\_\_

(4) The Commuted value of pension to Head of Account

Place:

Date

Signature  
Head of Office

PONDICHERRY UNIVERSITY

PUDUCHERRY

DETAILS TO BE SUBMITTED WHILE APPLYING FOR

PENSIONER'S IDENTITY CARD

Affix  
a stamp size  
photo

Name : \_\_\_\_\_ Blood Group : \_\_\_\_\_

Residential address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. :

Mobile No. :

Date of Birth :

Date of Superannuation :

On Retirement

Post held :

Pay scale :

Last Pay drawn :

Average emoluments :

Qualifying service :

Pension originally sanctioned

Sanction Order No. with date :

Name of the next kin :

Signature of Card Holder :

Signature of Issuing Authority with seal :

Note : One Stamp size photograph should be enclosed.