

ANNEXURE – V (Chapter II, Para – 23)

**Form of Application for Family Pension (See page 26 of Chapter 2A) By
widow/widower or natural/legal guardian as the case may be:
Application for Family Pension for the family of late**

Sri/Smt. of
(Designation)
..... Deptt./College/Institution/Office of the University.

1. Name of the applicant :-
2. Religion & Nationality :-
3. Relationship of the application to the deceased employee :-
4. Date of death of the deceased employee :-
5. Date of retirement of the deceased employee, if already retired :-
6. No. and date of pension payment order, for grant of pension to the deceased employee if he/she was in receipt of Pension:-
7. If the deceased employee was not in receipt of Pension :-
 - i. Date of beginning of his service :-
 - ii. Last appointment held and the College/Deptt./Institution/Office in which held:-
 - iii. If holder of a substantive appointment:-
 - (a) Name of the same.
 - (b) Date of substantive appointment.
 - (c) College/Deptt./Institution/Office in which held.
 - iv. Rate of pay and CLA, admissible on the date of death.
8. No. and date of the P.P.O. under which family pension was last issued if any member of the family was already in receipt of family Pension.
9. If the application is for grant of family pension to minor children, date of
 - i. death
 - ii. re-marriage
 - iii. Attaining the age of maturity of the existing recipients
10. Name of the place where payment is desired :-
11. No. of the individual Bank A/c with the branch of the Bank at the place where payment desired (this account should be with a branch of the Bank in which pension and Gratuity Fund A/c of the University is kept):-
12. Descriptive roll of widow/widower/Guardian of minor child (children)
 - i. Date of Birth (by Christian era)
 - ii. Height
 - iii. Personal marks, if any, on hand or face:-
13. Signature of left hand thumb impression (in the case of those who are not literate enough to sign name) of the applicant
14. Full address of the applicant With PIN No.
15. Pan No. :- Aadhar No.:-
Attested by:-
 1. (Name, address & date)

Signature of the applicant
date and place

2. (Name, address & date)