

FAMILY PENSION FORM

[to be issued by the Appointing Authority / Pension Sanctioning authority in the event of in-service death of a government servant / death of pensioner]

Subject : SANCTION OF FAMILY PENSION IN CASE OF IN-SERVICE DEATH OF GOVERNMENT SERVANT / DEATH OF THE PENSIONER

In Service Death

It is mentioned that Mr./Mrs/Ms. _____ S/o, W/o, D/o _____ Designation / post held _____ drawing pay/ emoluments _____ (reckonable toward pension), in BS _____ (please indicate kind of appointment i.e. Regular/ Officiating or Acting / Current Charge w.e.f. _____) Personal/ Employee No. _____ CNIC No. _____ lastly posted at (Office) _____ place of posting _____ has expired on _____ while in service.

Death of Pensioner

Mr./Mrs./Ms. _____ S/o, W/o, D/o _____ residing at _____ designation at the time of retirement _____ drawing pension/ family pension vide PPO/FPPO No. _____ CNIC No. _____ drawing pension/family pension Rs. _____ per month, increases Rs. _____ Total pension Rs. _____ per month from Bank/Post Office/ Treasury _____ Branch _____ Account No. _____ has expired on _____. His/her date of birth is _____ date of retirement from government service _____ and date of sanction of family pension is _____.

A. Family Pension Calculation :-
(in service death)

Gross Pension Rs. _____
Family Pension @ 75 % of Rs. _____
Gratuity 1/4th [of Gross Pension] Rs. _____

Other Benefits :-

i) _____ Rs. _____
ii) _____ Rs. _____
iii) _____ Rs. _____

B. Family Pension Calculation
(On death of Pensioner)

Gross Pension Rs. _____
Family Pension @ 75% [net or gross pension as the case may be] Rs. _____

(1) His/her date of birth is _____, date of 1st entry into government service is _____ EOL availed during service is _____. His/her total length of qualifying service for pension comes to _____ Years _____ Months _____ Days.

(2) Certified that no inquiry is pending against deceased employee.

- (3) Certified that no Demand / Recovery is outstanding against the deceased.
- (4) Certified that Advances drawn by the deceased (if any) have been fully repaid or waived off.
- (5) As per record, it is verified that Mr./Mrs./Ms. _____ CNIC No. _____ is bonafied family member entitled to family pension of Mr./Mrs./Ms (Late) _____ and his/her gratuity/family pension may be transferred/credited in Bank/Post Office/Treasury _____ Branch _____ Account Number _____ (as opted).
- (6) Administrative and financial sanction for grant of family pension/ gratuity is hereby accorded.

Following Documents Attached

- i. Pension application alongwith three attested photographs, as "Annexure-B"
- ii. Death Certificate and Death Notification.
- iii. Original PPO/FPPO of deceased pensioner.
- iv. Last Pay Certificate [LPC]/ Last Pension Payment Certificate.
- v. Pension contributions receipts/Bank Challan/Acceptance Certificate (if required).
- vi. Original service book alongwith its attested copy/ service statement (in case of gazetted Government servant).
- vii. N.D.C from state office in case of Government accommodation.

**Signature (By Name) with stamp
Pension Sanctioning Authority**

1. The AGPR/ Accounts Office is requested to grant family pension/ gratuity and endorse a copy of Computerized Family Pension Payment Order [C.F.P.P.O] / Pension Payment Order [P.P.O] to this department/office. The original service book after recording necessary entries regarding issuance of FPPO may also be returned to this department/office.
2. Mr./Mrs./Ms. _____ you are hereby informed that your gratuity/ and first monthly pension/ shall be transferred/ credited by the Accounts Office in the Bank/ Post Office/ Treasury Office _____ Branch _____ Accounts No. _____ as opted by you.

Important: *As per requirement every pensioner is bound to provide Life Certificate/ No Marriage Certificate to his/her bank on or before 10th March and 10th September of each year [Annex-C].*

APPLICATION FOR FAMILY PENSION

[To be filled in and signed by the applicant himself/herself]

The _____

Dear Sir/Madam,

- 1). It is submitted that my husband/wife/son/daughter _____ has expired on (date) _____ (death certificate attached). I, therefore, requested that the family pension admissible under the rules may kindly be sanctioned to me.
- 2). List of my family members are given below :-

S. No.	Name	Relationship with the deceased	CNIC No.	Age/ date of Birth	Marital Status

- 3). It is hereby informed that my gratuity/ commutation/ family pension may be transferred/ credited by the Accounts Office in the Bank/Post Office/ Treasury Office _____ Branch _____ Account No. _____ [DCS form, where applicable, is enclosed].

UNDERTAKINGS

- 4). **Under Article 351 (B) of CSR** : I do hereby undertake that government may, within one year from the issue of Pension Payment Order, recover any of its dues from the pension granted to me.
- 5). **In pursuance of Article 911 (2) of CSR** : I do hereby declare I have neither applied for nor received any family pension or gratuity in respect of any portion of the service included in this application and in respect of which family pension/gratuity is claimed herein, nor shall I submit any application hereafter without quoting a reference to this application and to the order which may be passed thereon.
- 6). **Under Article 920 (1) of CSR** : I hereby undertake to refund if the amount of family pension granted to me after wards found to be in excess of that to which I am entitled under the regulation.
- 7). **Under Article 922 (a) of CSR** : I do hereby declare that I have not received any family pension or gratuity in respect of any portion of the service included in this application [in case of anticipatory pension only].

THUMB IMPRESSION

SIGNATURE _____
NAME _____
CNIC # _____

Important: As per requirement every pensioner is bound to provide Life Certificate/ No-Marriage Certificate to his/her bank on or before 10th March and 10th September of each year [Annex-C].

Note : Application to be verified by Pension Sanction Authority/DDO

LIFE CERTIFICATE FORM

[This certificate is to be furnished on or before 10th March and 10th September of each year to the concerned Bank/Post Office/ Treasury (Pension Payment Office) in person or through representative or by post/courier service]

This is to certify that Mr./Mrs./Ms. _____ S/o,
W/o, D/o _____ holder of P.P.O No. _____
C.N.I.C No. _____ whose specimen signatures/thumb impression and
address are appended below is alive till date _____.

(Pensioner's Signatures/Thumb Impression)
Date : _____ Phone No. _____
Address : _____

(Signature of attesting Officer
With date & Name Stamp)

NO MARRIAGE CERTIFICATE FORM

[This certificate is to be furnished on or before 10th March and 10th September of each year to the concerned Bank/Post Office/ Treasury (Pension Payment Office) in person or through representative or by post/courier service]

I _____ Widow/Daughter of the deceased
Mr./Mrs./Ms. _____ holder of P.P.O No. _____
_____ C.N.I.C No. _____ hereby declare that I have not
been married during the last six months.

(Pensioner's Signatures/Thumb Impression)
Date : _____ Phone No. _____
Address : _____

(Signature of attesting Officer
With date & Name Stamp)

NOTE:- The above certificate(s) is/are to be signed by Gazetted Government Officer/Military Commissioned Officer/ Magistrate / Sub-Registrar / Pensioned Officer/ Chairman Union Councils/ Member of the Federal or Provincial Assemblies / Manager of Banks.

The. _____,

Sub: - GRANT OF FAMILY PENSION.

Respectfully it is stated that my husband _____ Ex,
_____ has died on _____.

I am the widow of above named deceased employee.

I therefore, request to your good self that the pension of my husband
may kindly be transferred to me under the extent rules,

Thanks.

Mst. _____

widow of

Ex, _____

Specimen Signatures

Specimen signatures and Right hand thumb and finger impression of
Mst _____ widow of late _____, Ex,
_____.

Signatures/Thumb Impression.

1	2	3
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Thumb and Fingers.

1 Thumb	2	3	4	5
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ATTESTED

CERTIFICATE OF IDENTITY

Certified that Mr. _____ S/O
_____ Ex _____ who has
expired on _____ and widow also expired on _____ leaving
behind the following members of his family.

S.NO	Name	Relation with the employee	Date of birth	Married/Un Married.
1				
2				

Any other member of the family's Father, NIL

Certified that the deceased has left no other member of the family
Except those mentioned above.

Signature of the widow Daughter

ATTESTED.

INDEMNITY BOND

To,

The Bank Manager,

Lahore

In compliance with the SBP's insurance for payment of gratuity and other dues through your Bank, branch. I agree to indemnify you and keep you indemnified about liabilities with the sum of money what so ever including mark-up of my account. I further undertake that my legal heirs, successors, executor shall be refund excess amount, if any, credited to my pension Account either in full or in installments equal to such excess amount.

Next of Kin:- _____	Signature:- _____
CNIC:- _____	Name of Pensioner. _____
Signature _____	D.O.D:- _____
	PPO:- _____
	Bank Account No:- _____
	CNIC No:- _____
Witness-1 _____	Witness-2 _____
Name:- _____	Name:- _____
CNIC No:- _____	CNIC No:- _____
Date:- _____	Date:- _____
Signature:- _____	Signature:- _____

AFFIDAVIT.

I am _____ widow
of _____ Ex, _____
P-R HQ Office Lahore.

That my husband _____ has died on _____.

That I am only single widow of deceased employee.

That the dues of pension of my deceased Husband kindly be transferred to me.

That I am well conversant with the fact stated above.

That the statement mode above is true and correct to the best of my knowledge and belief.

(Mst _____)

Widow of Late

Ex, _____

P-R HQ Office Lahore.

Pension transfer to _____

Our father _____, CNIC No. _____ Ex:
_____ has been died during service on _____. after his
death pension was transferred to our mother _____ CNIC No.
_____.

Our mother _____ expired on _____. after desmise
of our mother _____ her pension transferred case to our sister
_____ CNIC No. _____ is under process.

We have absolutely no objection in transferring pension of our mother
_____ in name of our sister _____.

CNIC No. _____