## FORM 3

( See Rule 54 (12))

## Details of Family

٠.	Names of the members of	Date of birth	Relationship with Officer	Initials of the of the Head	Remarks	
	Details of the members	of my family as	on			
	Date of appointment:					
	Date of birth:				Y	
	Designation:					
	Name of the Governmen	t Servant:			·	

SI. No.	Names of the members of family	Date of birth	Relationship with Officer	Initials of the of the Head of Office	Remarks
1	2	3	4	5	6
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I hereby undertake to keep the above particulars up-to-date by notifying to the Accounts Officer/Head of Office any addition or alteration.

Signature of Government Servant

Place:

Dated:

## 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 months before the date of his retirement.

1.	i. Paine.	
2.	2. (a) Date of birth:	\\
	(b) Date of retirement:	-
3.	<ol> <li>Two Specimen signatures duly attested (to be furnished in sepa duly attested by a Gazetted Government Servant.</li> </ol>	rate sheets)
4.	Three copies of passport size joint photograph with wife or husb attested by the Head of Office).	and (To be
5.	Two slips showing the particulars of height and personal identification duly attested by a Gazetted Government Servant.	ation marks
6.	6. Present address:	
7.	7. Address after retirement:	*
8.	Name of the Treasury or the Branch of Public Sector Bank or to Accounts Office through which the pension is to be drawn.	he Pay and
9.	Details of the family in Form 3.	
Pla	Place: Signature :	
Da	Dated: the Designation:	
	Ministry/Dep	tt./Office.

Name:	
Designation:	
Department/Centre :	
Identification Marks :	<del></del>
Height :	Weight:
	•
	·
Name:	
Designation :	<u>.</u>
Department/Centre:	<del></del>
Identification Marks:	· · · · · · · · · · · · · · · · · · ·
Height:	Weight:

## TWO SPECIMEN SIGNATURES DULY ATTESTED

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I am retiring from the Institute with effect	from It will take
longer for me to submit no-dues because of 90% of my retirement benefits and the renecessary undertaking is given below.	of re-employment. Hence please release
	Name:
•	Desig.:
	Deptt.
	E.Code:
<u>UNDERTAKI</u>	NG/SURETY
	d other outstanding amounts against does not clear them before leaving the
Institute.	•
	Name:
	Desig.:
	Deptt.
	E.Code:

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