

**APPLICATION FOR CONVERSION OF SERVICE PENSION INTO FAMILY PENSION
BY THE TREASURY**

(Form exclusively for AG authorized Joint Pension Payment Order cases only)

(To be submitted in Duplicate)

Attested Recent
Passport size
Photo
(Across the Photo)

1. Name of the Family Pensioner :
(In block letters)

2. Pension Payment Order Number (PPO No.) :

3. Name of the Deceased Pensioner :

4. Applicant's relationship to the
Deceased Pensioner :

5. Date of Death of the Pensioner :

6. Name of the Department / Office and Place in
Which the pensioner last served :

7. Name of the Pension Disbursing Authority
(District Treasury / Sub-Treasury / PPO) :

8. Descriptive Roll of the Applicant

a) Specimen Signature / 1)
Thumb Impression (in case of illiterate) :
2)
3)

b) Date of Birth :

c) Aadhaar Number :

d) PAN Card Number (if necessary) :

9. a) Are you in receipt of any other pension or
Employed in Govt. Service : Yes No
b) If yes, please furnish the details :

Employee	Designation	
	Name of the Department	
Pensioner	PPO No.	
	Name of the Treasury (DT/ST)	

10. Bank Details to which family
Pension is to be credited.- :
(a) Bank Account No. (Single Account) :
(b) IFSC Code of the branch :
(c) Name of the Bank with Branch :

11. Full Address of the Family Pensioner
with Pin Code :

12.a) Mobile Number of the Family Pensioner :
b) Alternate Number to contact (Optional) :
c) E-mail address (Optional) :

Declaration

I hereby declare that all the above details furnished are true to the best of my knowledge.

Station :

Signature / Thumb impression
of the Family Pensioner

Date :

Attestation by any one of the Group A or B officer of the State / Central Government.

a) Name :

b) Designation :

Date :

Signature of the Attesting officer
With seal

List of Enclosures

- (1) Pensioner half of PPO (in Original)
- (2) Death certificate of the pensioner (in Original)
- (3) Age proof documents of the family pensioner (Self attested)
- (4) Bank Account Pass Book photocopy in the name of family pensioner or Cancelled cheque leaf
- (5) Self Declaration for
 - a. Non Re-Marriage Certificate
 - b. Non-Employment Certificate

CONCURRENCE FORM

[Govt. Lr. No.74419/Pen./95-1, Fin. (Pen.) Dept. dt. 20-9-1996.]

Thiru / Tmt. is an account holder of
Savings Bank Account No. in our bank. We accept to collect
it to Saving Bank Account.

Certified that this is an Individual Account and not Either Survivor Account or Joint Account.

Postal Address and Phone No.

MICR No.

**Signature of the Bank Branch Manager
With Bank Name.**

PART-B

ADDITIONAL INFORMATION OF PENSIONER / FAMILY PENSIONER

[To be submitted by Pensioner / Family Pensioner ONE-TIME ONLY]

[Vide G.O.Ms.No.103, Finance (Pension) Department, Dated:31st March, 2015.]

1.	P.P.O.No. : [Pension Payment Order Number]												
2.	Pension scheme opted : Tick wherever applicable	<input checked="" type="checkbox"/>	Pension Pilot Scheme <input type="checkbox"/>			PSB Scheme <input type="checkbox"/>							
3.	Place of payment of Pension / Family Pension :	PPO, Chennai <input type="checkbox"/>	District Treasury <input type="checkbox"/>	Sub-Treasury <input type="checkbox"/>	Directly from Banks <input type="checkbox"/>								
4.	Name of Treasury / Sub-Treasury/Bank & Branch :												
5.	Name of Pensioner / Family Pensioner :												
6.	Expansion of Initials :												
7.	Date of Birth (with proof* for Family Pensioners) :	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
* (a). School Certificate. (b). Driving Licence. (c). PAN Card. (d). Voter's ID Card. (e). Passport. (f). Aadhaar Card													
8.	Type of Pensioner :	Civil Pensioner <input type="checkbox"/>	Civil Family Pensioner <input type="checkbox"/>	Teacher Pensioner <input type="checkbox"/>	Teacher Family Pensioner <input type="checkbox"/>	A.I.S. Pensioner <input type="checkbox"/>	A.I.S. Family Pensioner <input type="checkbox"/>	Ex-Gratia Pensioner <input type="checkbox"/>	Ex-Gratia Family Pensioner <input type="checkbox"/>	1/3rd Pensioner <input type="checkbox"/>	1/3rd Family Pensioner <input type="checkbox"/>	Divisible Family Pensioner <input type="checkbox"/>	Others (Specify) <input type="checkbox"/>
9.	Are you in receipt of Military Pension? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>										
	If Yes, specify Family Pension opted.	Civil Family Pension <input type="checkbox"/>	Military F.P. <input type="checkbox"/>										
10.	Bank Name :												
11.	Branch Name :												
12.	IFSC Code :												
13.	Bank Account No. :												
14.	Ration Card No.* :												
15.	Aadhaar No.* :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
16.	PAN Card No.* :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
* If available, specify now. Otherwise, whenever these numbers are obtained, the same may be furnished immediately for updation													
P.T.O.													

17.	e_Mail Address, if available	:										
18.	Landline No., if available	:										
19.	Mobile No.	:										
20.	Blood Group	:										
21.	Address with PIN Code	:										
	District											
	PIN Code											

Signature of Pensioner / Family Pensioner

FOR OFFICE USE ONLY

- (a) Received Date : _____
- (b) Entered Date : _____
- (c) Vol.No. / Page No. : _____

ANNEXURE-II

NON-EMPLOYMENT / RE-EMPLOYMENT CERTIFICATE

[To be submitted by Pensioner / Family Pensioner once a year OR at the time of employment / re-employment]

[Vide G.O.Ms.No.103, Finance (Pension) Department, Dated:31st March, 2015.]

I declare that I have not been serving in any capacity either in a State or Central Government or a Government Undertaking or a Government Corporation or an Autonomous Body or a Local Fund.

OR

I declare that I have been employed/re-employed in the office of _____ and was in receipt of the following monthly rates of emoluments during the year ended _____ or during the months of _____ within the said years.

- (i) Pay in the Pay Band
- (ii) Grade Pay
- (iii) Dearness Allowance
- (iv) Other Allowance
[like HRA/CCA/MA etc.]

OR

- (i) Honorarium / Consolidated Pay / Other (specify)

Further that the orders of my re-employment do/do not stipulate my pension being held in abeyance during the reemployment period.

OR

I declare that I have not accepted employment under Government outside India.

OR

I declare that I have accepted employment under a Government outside India after obtaining the previous sanction of the Government and none of the conditions attached by the Government has been deviated from without obtaining previous sanction of the Government.

Signature of the Pensioner / Family Pensioner

Place :

Name :

Date :

P.P.O. No.

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I certify to the best of my knowledge and belief that the above declaration is correct.

Signature of Attesting Officer

Place :

Name :

Date :

Designation

Office Seal :

ANNEXURE-III

NON RE-MARRIAGE / NON-MARRIAGE CERTIFICATE

[To be submitted by Family Pensioner once a year OR in the event of remarriage/marriage]

[Applicable only for Widow / Widower / Daughter / Son recipient of family pension]

[Vide G.O.Ms.No.103, Finance (Pension) Department, Dated:31st March, 2015.]

I hereby declare that I have not married and that I have not been married during the past year.

OR

I hereby declare that I have not re-married/married and I undertake to report such an event promptly to the Treasury / Bank concerned.

Signature of the Family Pensioner

Place:

Name: _____

Date:

P.P.O. No. []

I certify to the best of my knowledge and belief that the above declaration is correct.

Place +

ANSWER

Date: _____

Designation:

Signature of Attesting Officer

This certificate shall be furnished by the recipient of family pension:

1. Widow / Widower.
 2. The eligible daughter / son who have not attained the age of 25 years.
 3. The eligible daughter including widowed / divorced daughter who is suffering from any disorder or disability of mind (including mentally retarded) or physically crippled or disabled so as to render her unable to earn a livelihood even after attaining the age of twenty-five years.
 4. The eligible unmarried / widowed / divorced daughters above the age of twenty-five years.

**TAMIL NADU GOVERNMENT PENSIONERS
FAMILY SECURITY FUND SCHEME
ADVANCE STAMPED RECEIPT**

Received from the Director of Pension, Chennai – 35 a cheque bearing
No..... Dated: for Rs..... (Rupees
.....) only drawn on Indian Overseas
Bank, Teynampet, Chennai – 600 006.

Stamp

Signed before me:

COMPUTER SHEET – PENSIONER DATA BASE

(To be furnished by the Pension Disbursing Officer and enclosed with sanction of Tamil Nadu
Government Pensioners' Family Security Fund Scheme)
TAMIL NADU GOVERNEMNT PENSIONERS' FAMILY SECURITY FUND SCHEME 1997

1. Pension Payment Order No.

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2. Pensioner Name (in Capital (English))

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3. Address for communication (in Capital (English)) – for issues of Cheque)

DISTRICT											PIN

4. Date of Retirement

4 a) CLAIM (B) REFUND

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5. If claim, Date of Death of the Pensioner

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6. Category of Pensioner

(Civil / Teacher / AIS (T. N. Cadre))

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7. Details of Pension Disbursing Officer

DISTRICT											
PINCODE											

8. Details of Spouse / Nominee (Name, Age, Relationship & Address for issue of Cheque)

DISTRICT											
PINCODE											

9. Date of Admittance

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10. Recovery made upto

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Signature of the Pension Disbursing Officer

BANK DETAILS

1 | NAME OF THE PENSIONER/
CLAIMANT

2 | ADDRESS WITH MOBILE OR
LANDLINE NUMBER

3 | PENSION PAYMENT ORDER NUMBER

4 | NAME OF THE BANK AND BRANCH
TO WHICH PENSION IS CREDITED

5 | BANK ACCOUNT NUMBER

6 | TYPE OF ACCOUNT

7 | BANK IFSC CODE

8 | BANK BRANCH IFSC CODE

9 | CORE BANKING SYSTEM

YES / NO

10 | NEFT

11 | BANK PHONE NO./MUTH STD CODE

12 | AMOUNT CLAIMED

13 | NAME OF THE DISTRICT/ SUB
TREASURY.

PENSION PAY OFFICE, CH-35

SIGNATURE OF THE PENSIONER/FAMILY PENSIONER/LEGAL HEIR



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