FORM - 12

{ See Rule 77 (2) }

FORM OF APPLICATION FOR THE GRANT OF DEATH GRATUITY ON THE DEATH OF A GOVERNMENT SERVANT

(To be filled in separately by each claimant and in case the claimant is minor, the Form should be filled in by the guardian on his/her behalf. Where there are more than one minor, the guardian should claim gratuity in one Form on their behalf)

(i) Name of the claimant
 in case he is not minor

(ii) Date of birth of the claimant :

2. (i) Name of the guardian in case the claimants are minors

(ii) Date of birth of the guardian :

(i) Name of the deceased
 Govt. servant in respect of
 whom gratuity is being claimed

(ii) Date of death of Govt. servant:

(iii) Office/Department/Ministry in : Which the deceased served last

 Relationship of the claimant / Guardian with the deceased Govt. servant

5. Full postal address of the Claimant / guardian

6. (I) Where gratuity is claimed by
The guardian on behalf of
Minors, the names of the
Minors, their ages, relationship
With the deceased Govt.
Servant, etc.

SI. No.	Name	Age	Relationship with the deceased Govt. servant	Postal address
1.				
2.				
3.				
4.				

7.	Place of payment of Pension and Gratuity (Treasury, Sub-Treasury, F Sector Bank Branch, or the Pay a Accounts Office)	Public	
8.	Two specimen signature * or left Thumb and finger impressions of Claimant / guardian duly atteste (to be furnished in a separate sh	the ed	Signature / Thumb-impression of the claimant / guardian
9.	** Attested by	:	
	Name	Full Address	Signature
	(i)		
	(ii)		
10.	Witnesses: Name	Full Address	Signature
	(i)		
	(ii)		
*	To be furnished in case the appli	icant is not literate	e enough to sign his name.

(ii) Relationship of the guardian with minor

** Attestation should be done by two Gazetted Government Servants or two or more persons of respectability in the town, village or Pargana in which the applicant resides.

FORM - 14

{See Rules 77(3) and 81 (1)}

FORM OF APPLICATION FOR THE GRANT OF FAMILY PENSION, 1964, ON THE DEATH OF A GOVERNMENT SERVANT / PENSIONER

1.	Name of the applicant			
	(i) (Widow / Widower)			

(ii) Guardian if the deceased person is Is survived by child or children

Name and age of surviving widow / :
 Widower and children of the deceased
 Govt. servant / pensioner

SI. No.	Name	Relationship with the deceased person	Date of birth by Christian era
1.			
2.			
3.			
4.			

- 3. Name and No. of the PPO of the deceased : Pensioner
- 4. Date of death of the Govt. Servant / pensioner :
- 5. Office / Deptt. / Min. in which the deceased Govt. Servant / pensioner served last.
- 6. If the applicant is guardian, his date of birth and : Relationship with the deceased Govt. Servant / Pensioner.
- 6A. If the applicant is a widow / widower the amount: of service pension which she / he may be in Receipt on the date of death of the husband / Wife.
- 7. Full address of the applicant
- 8. Place of payment of Pension and Gratuity (Treasury, Sub-Treasury or Public Sector Bank Branch and Pay and Accounts Office)
- 9. Enclosures:
 - (i) Two specimen signatures of the applicant, duly attested (to be furnished in two separate sheets)
 - (ii) Two copies of passport size photographs of the applicant, duly attested.

(iii)Two slips each bearing left hand thumb and finger impressions* of the applicant, duly attested. (iv) Descriptive Roll of the applicant, duly attested, indicating (a) height and (b) personal marks, if any, on the hand, face etc. (specify a new conspicuous marks, not less than two, if possible) (to be furnished in duplicate.) (v) Certificate(s) of age (in original with two attested copies) showing the dates of birth of birth of the children. The certificate should be from the municipal authorities or from the local panchayat or from the head of a recognized school. (This information should be furnished in respect of such child or children, the particulars of whose date of birth are not available with the Head of Office) Indicate whether family pension is admissible from any other source – Military or State Govt. and / or a public Sector under-taking / autonomous body / local fund under the Central or a State Govt. Signature or left hand thumb-impression* of the applicant Attested by: Full Address Name Signatura

	Name	ruii Address	signature
	(i)		
	(ii)		
10.	Witnesses: Name	Full Address	Signature
	(i)		
	(ii)		

Note: Attestation should be done by two Gazetted Government Servants or two or more persons of respectability in the town, village or Pargana in which the applicant resides.

10.

11.

12.

In the case of re-marriage of the widow while applying for family pension on behalf of the minor child, the widow should furnish(i) the date of her re-marriage, (ii) name of the Treasury / Sub-Treasury at which payment is desired and (iii) her full address in the application for family pension. It is not necessary to furnish a fresh application nor the documents as they are already available with the pension papers on which family pension was originally admitted to her.

^{*} To be furnished in case the applicant is not literate enough to sign his name.

FORM - ABCD A. PHOTO IDENTITY

Certified that the Photograph of

N. B.: If the legal has Pardha Nashee photograph need produced by the should be confirmed gazetted officer photographs.	Lady not be e fact d by a	Sri / Smt			
	B. THUMB	Signature of the Name : Designation: Date :	Gazetted Officer		
Little Finger	Ring Finger	Middle Finger	Fore Finger	Thumb	
Sri of legal heirs c	of the late Govt. Se	hand thumb and fi , S/o. D/ ervant Sri / Smt	/o. W/o		
Name:	ne Gazetted Office	er			
Designation:					

Date:

C. SPECIMEN SIGNATURE SLIP

•	_				pression re or left hand thum	 nb impression are those
of Sri	/Smt					
S/o. [D/o. W/o.					of legal heirs of Late
Govt	. Servar	nt Sri/Sm	nt			
S/o. [)/o. W/o.					
office	of the _					·
Signo	iture of th	e Gazette	ed Officer :			
Name	ə:					
Desig	nation:					
Date	:					
			D. IDE	NTIFIC	ATION CARD	
Height in Inches	Colour of Hair	Colour of eyes	Date of birth	Age	Visible Identification marks	Address
Certif					cs are those of Sri / S	
OHICE	e or me _				·	
Signo	iture of th	e Gazette	ed Officer :			
Name	ə:					
Desig	nation :					
Date	:					

LIFE INSURANCE CORPORATION OF INDIA P&GS UNIT (G505) :: VIJAYAWADA

Dear Sir /	'Madam,	Date:
	Madaill	Daic.

Ref: Direct credit of annuity amounts to your bank account.

In order to our services, we are planning to implement in process of transferring the annuity amount directly into your Bank Account using NEFT facility. For this process to take shape, we request you to furnish us your Bank Account details in the enclosed proforma.

	Thanking you,		
			Yours faithfully,
	CU	T HERE	Sr. Branch Manager.
LIC of P&GS	r. Branch Manager, f India, 5 Unit, Besant Road, awada – 520 002.		
Dear	Sir,		
to my 1. 2. 3.	Ref: My Band I give below the required information bank account. My full name (in bold letters) (exactly as appearing in the banker My fifteen digit bank account No. My Bank Branch Name & Address	:;s pass book) :;	edit of the annuity amount
4. 5.	IFSC Code of my Banker My Contact Nos. Landline/mobile	:	
	(with STD codes)		
6.	My permanent address	:	
	Thanking you,	Pin code :	Yours faithfully,

(Signature of the annuity)

PERSONAL IDENTIFICATION MARKS, HEIGHT AND SPECIMEN SIGNATURES OF THE LEGAL HEIR ALONGWITH PHOTOGRAPH

(To be attested by the Gazetted Officer)

<u>Identification Marks</u> :		
1)		
2)		
<u>Height:</u>		
Specimen Signatures:		
1)		
(Name:)	
2)		
(Name:)	
3)		
(Name:)	

<u>Saraswathi</u>