

FORM 14

Form of Application for Family pension on death of Government Servant or Pensioner or on death or ineligibility of Family Pensioner

- 1 (i) Name of the Government servant in respect of whom family pension is being claimed :
- (ii) Office/Department/Ministry served last :
- (iii) Date of retirement of Government servant :
- (iv) Date of Death of Government Servant/Pensioner/date of death or ineligibility of family Pensioner :
- (v) PPO No. of Government servant/pensioner/
Family pensioner :

2 Name and other details of claimant —

Name	Date of birth	Relationship with the deceased Government servant	Postal Address

3. In case the claimant is minor or suffering from disorder or disability of mind, including mental retardation, details of guardian/nominee, wherever applicable —

Name	Date of birth	Relationship with the minor/mentally disabled claimant	Relationship with the deceased Government servant	Postal Address

4. Details of surviving widow/widower, children, dependent parents and disabled siblings of the deceased Government servant / pensioner are enclosed in Form 3.
5. Account No., name and BSR code of Branch of Bank to which family pension is to be credited:
6. Other source of family pension - Military or State Government and/or a Public Sector Undertaking/ Autonomous body/Local Fund under the Central or a State Government, if any—

I am aware that future good conduct of the claimant/family pensioner shall be an implied condition for every grant of family pension and its continuance.

Encl: As per the check-list. Signature or left hand thumb impression of the claimant/guardian
Mobile/Telephone No.....
Permanent Account Number for Income Tax (PAN).....
Aadhar No., if available -

Signatures of two Witnesses with names and full addresses:

- (i)
- (ii)

Note: Form 14 is not to be filled if the spouse had a joint account with the deceased pensioner. In such cases, family pension shall be allowed by the Pension Disbursing Authority on the basis of an application on plain paper. The permanently disabled children/siblings and dependent parents to whom family pension has been authorised in the PPO of the pensioner will submit this Form to the Pension Disbursing Authority.

CENTRAL GLASS AND CERAMIC RESEARCH INSTITUTE
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I, Dr./Shri/Smt.....retired/retiring
on like to avail the facility of fixed medical allowance of
Rs. 500.00 (Rupees five hundred) only per month along with my pension.

Signature of the applicant

I, Dr./Shri/Smt.....husband/wife/
daughter/son of Late..... like to
avail the facility of fixed medical allowance of Rs. 500.00 (Rupees five hundred)
only per month along with my family pension.

Signature of the applicant

श्री / श्रीमती / डॉ० से सम्बन्धित विवरण :
Description Roll in respect of Sri/Smt./Dr. :
जन्म तिथि / Date of birth :
ऊँचाई / Height :
पहचान चिह्न / Identification marks :

बाँए हाथ के अंगूठे तथा अँगली की छाप
Left-hand Thumb and Finger impression

कनिष्ठिका
Small Finger

अनामिका
Ring Finger

मध्यमा
Middle Finger

तर्जनी
Index Finger

अंगूठा
Thumb

प्रति हस्ताक्षरित
Countersigned

श्री / श्रीमती / डॉ० के हस्ताक्षर का नमूना
Specimen Signature of Sri/Smt./Dr.

.....
.....
.....

प्रति हस्ताक्षरित
Countersigned

मैं घोषित करता हूँ कि मैंने केन्द्र/राज्य सरकार या स्थानीय कोष से भुगतान प्राप्त करनेवाली संस्था से कोई भुगतान नहीं लिया है। मैं आगे भी घोषित करता हूँ कि मैंने ना तो कोई वाणिज्यिक रोजगार स्वीकार किया है, और ना ही अगले दो वर्ष में कोई रोजगार स्वीकार करने का विचार है।

I declare that I have not secured any payment under the Central/State Government, an establishment paid from a local fund. I further declare that I have neither accepted any commercial employment nor I propose to seek any employment during the next two years.

(नाम स्पष्ट अक्षरों में)
(Name in Block letters)

स्थान/Station :

हस्ताक्षर/Signature

दिनांक/Date :

पदनाम/Designation ..

पता/Address

.....

साक्ष्यांकित

Attested

टिप्पणी : उपर्युक्त घोषणा व्यक्ति के निवास स्थान के किसी जिम्मेदार व्यक्ति द्वारा साक्ष्यांकित होनी चाहिए।

NOTE : The above declaration should be attested by a person or responsibility in the locality/area where the person resides.

मैं घोषणा करता हूँ कि मुझे वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद के अलावा किसी और स्रोत से कोई पेंशन संबंधी सुविधाएँ प्राप्त नहीं हैं। मैं आगे घोषणा करता हूँ कि मैंने पुनर्विवाह नहीं किया है।

I declare that I am not in receipt of any pensionary benefits from any other source than Council of scientific & Industrial Research. I further declare that I have not been re-married.

हस्ताक्षर/Signature

नाम/Name

पदनाम/Designation

पता/Address

.....

FORM—A

Pension Disbursing Authority/Head of Office
 (Name of Bank/Treasury/Post Office/Accounts Officer, etc)

Place : (Name of the Pensioner in capital letters) hereby nominate the person named below under Rule 5 of the Payment of Arrears of Pension (Nomination) Rules, 1983.

Name and address of the nominee	If nominee is minor		Name and address of person who may receive the said pension during the nominee's minority.	Name and address of other nominee in case the nominee under column (1) predeceases the pensioner.	Relation-ship with the pensioner.	Date of birth if the other nominee is minor.	Name and address of person who may receive the pension during the other nominee's minority.	Contingency on happening on which nomination shall become invalid.
	Relationship with the pensioner	Date of birth						
1	2	3	4	5	6	7	8	9

Place :
 Date :
 Witness : Signature :
 Name & address :
 Signature of Pension Disbursing Authority/Head of Office
 Acknowledgement to be sent by the Pension Disbursing Authority/Head of Office
 Certified that application/nomination has been received from (Name of pensioner)
 whose address is :
 Place :
 Date :
 Signature of Pension Disbursing Authority
 Bank/Treasury/Post Office/Accounts Officer
 Head of Office.
 Full Address :

To be furnished by the Pensioner/Family Pensioner
at the time of submission of Pension Papers

Attach a
recent
passport size
photograph

Name _____

Communication Address _____

Contact No. : Mobile : _____
Resident : _____

Email Id : _____

Aadhar No. : _____

Voter ID Card No : _____

PAN No. : _____

Date : _____

Signature of the Pensioner/Family Pensioner

***If changes in the above information may please be informed to the Account Section, CGCRI immediately.