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)	ii) Date of retirement of Government servant:								
	(iv)	(iv) Date of Death of Government Servant/Pensioner/date of death or ineligibility of family Pensioner :								
	(v)	PPO No. of Family pens	Governme	nt serva	nt/pensioner	/		Bong hard soft claver no		
2		Name and o	ther details	s of clair	nant —					
72.00		Name		Pate of birth	Relations the dec Governme	ALCOHOLD DESCRIPTION OF THE PROPERTY OF THE PR		Postal Address		
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etarda	In castion, de	se the claima etails of guar	nt is minor dian/nomi	r or suffence, whe	ering from dis erever applic	order or disabi able —	lity of m	uind, including mental		
	Nan	ae	Date of birth	the mental	onship with minor/ ly disabled	Relationshi with the decease		Postal Address		
				cla	imant	Governmen servant	it was a second			

- 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 or 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.

-3-

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	(ii)	Office/Depar	tment/Mini	stry se	rved last :			
	(iii)	Date of retire	ement of Go	vernm	ent servant:			
	(iv)	Date of Death Pensioner	h of Govern	nment S	Servant/Pension	oner/date of d	eath or ine	ligibility of family
		PPO No. of C Family pension		servan	at/pensioner/			erani Argentalistica Argentalistica
2		Name and oth	her details o	of claim	nant —			
		Name		ite of	Relationsh the dece Governmen	eased	Pos	stal Address
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3.	In ca	ase the claima letails of guar	nt is minor dian/nomin	or suffe	ering from disc erever applic	order or disabil able —	lity of mind	, including mental
	Na	ıme	Date of birth	the menta	onship with e minor/ lly disabled laimant	Relationshi with the decease Governmen servant	d	Postal Address
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CENTRAL GLASS AND CERAMIC RESEARCH INSTITUTE 196, RAJA S. C. MULLICK ROAD KOLKATA – 700 032

I, Dr./Shri/Smt	retired/retiring
on	like to avail the facility of fixed medical allowance of
	only per month along with my pension.
Res 10001- KRs. On	e thousand only)

Signature of the applicant

Signature of the applicant

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on	. like to avail the facility of fixed medical allowance of
	only per month along with my pension.
Res 1000 - < Res. One	e thousand only)

Signature of the applicant

Signature of the applicant

श्री / श्रीमती / डां॰ में सन्बन्धित विवरणें :
Description Roll in respect of Sri/Smt./Dr. :
जन्म तिथि / Date of birth :
ॐचाई / Height :
पहचान चिह्न / Identification marks :

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

कनिष्ठिका		अनामिका		मच्यमा
Small Finger	4	Ring Finger		Middle Finger
	तर्जनी		अंग्ठा	
	Index Finger		Thumb	

प्रवि हस्तासरित Countersigned

	श्री / श्रीमती / डा॰ के हस्ताक्षर का नम्ना
	Specimen Signature of Sri/Smt./Dr.
•••	

श्री / श्रीमती / डॉ॰ में सन्बन्धित विवरणें :
Description Roll in respect of Sri/Smt./Dr. :
जन्म तिथि / Date of birth :
ॐचाई / Height :
पहचान चिह्न / Identification marks

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

कनिष्ठिका	<i>f</i> .	अनामिका		मच्यमा
Small Finger	14	Ring Finger		Middle Finger
	वर्जनी		अंग्ठा	
	Index Finger		Thumb	

प्रवि हस्ताक्षरित Countersigned

श्री / श्रीमती / डा॰ के हस्तीक्षर की नमूनी
Specimen Signature of Sri/Smt./Dr.

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

10	4	
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.

में घोषणा करता हूँ कि मुझे वैज्ञानिक तथा औघोगिक अनुसंघान 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/Signatu	re	
नाम/Name		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
पदनाम/Designat	ion	
पता/Address		
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> (नाम स्पष्ट अक्षरों में) (Name in Block letters)

marrie Chatian	
स्थान/Station :	हस्ताक्षर/Signature
दिनांक/Date :	पदनाम/Designation
	पता/Address

साक्ष्यांकित

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नाम/Name
पदनाम Designation
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-	हस्ताक्षर/Signature
	नाम/Name
	पदन्तम् Designation
	पता/Address

ansion Disbursing Authority/Head of Office

Name of Bank/Treasury/Post Office/Accounts Officer, etc.)

	Contingency on happening	on which nomination shall become inveild.	1	ה		
	of person who on happening	may receive the on which pension during nomination the other nomitable shall become needs, minority.		80		
	Date of birth if the other nomi-	nee is minor.		7		
	Relation-	the pen-	The second secon	9		
	Name and address of other nominee in case	the nomines under column (1) predeceases ses the pensioner.		מ		
	is minor	Name and address of person who may receive the said pension during the nomine's minority.		4		4
:	if nominee is minor	Date of birth		m		
Jlas, 1983.		Relationship with the pensioner	•	2		
ansion (Nomination) Rules, 1983.	ame and address of	و مانتان و و	:	-	*	

Signature (or thumb-impression if illiterate) and name of ponsioner.

Address :

(Name of pensioner)

knowledgement to be sent by the Pension Disbursing Authority/Head of Office. tified that application/nomination has been received from.......

ose address is ..

#P U

inature of pension Disbursing Authority/Head of Office

D)

iness : Signature :

me & address:

Signature of Pension Disbursing Authority Bank/Treasury/Post Office/Accounts Office Head of Office. Full Address ;

ansion Disbursing Authority/Head of Office

Name of Bank/Treasury/Post Office/Accounts Officer, etc.)

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				4		Occ. of hirth if	Name and address Contingency	Consingency
ne and address of		If nominee is minor		other nominee in case	ship with	the other nomi-	of person who on happening	on happening
	Relationship with the pensioner	Date of Lirth	Name and address of person who may receive the said pension during the nominee's minority.	column (1) predeceases the pensioner.	sloner.	nee is minor.	may receive the on which pension during nomination the other nomity shall become needs, minority.	on which nomination shall become inveild.
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Signature (or thumb-impression if illiterate) and name of ponsioner.

Address:

(Name of pensioner)

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iness : Signature :

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tified that application/nomination has been received from......

ose address is ..

#P U

Signature of Pension Disbursing Authority Bank/Treasury/Post Office/Accounts Office Head of Office. Full Address ;

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

recent passport size photograph

Name Communication Address	
Contact No.	Mobile
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.

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
Contact No.	Resident:
- 211	
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.