

**FORM OF LETTER TO THE FORWARDING PAPERS FOR THE GRANT OF  
DEATH-CUM-RETIREMENT GRATUITY  
TO THE GOVERNMENT SERVANT**

Department \_\_\_\_\_

Office of the \_\_\_\_\_

No: \_\_\_\_\_ Dated, \_\_\_\_\_, the \_\_\_\_\_

To,

The Accountant General (A/Cs & Esstt.), Assam  
Maidam Gaon,  
Beltola,  
Guwahati - 781 028

**Sub : Grant of Death-Cum-Retirement-Gratuity (DCRG)**

Sir/Madam,

I am directed to say that \_\_\_\_\_

Designation \_\_\_\_\_

of the Department/Office of \_\_\_\_\_

has retired from the service on \_\_\_\_\_

and has become eligible for the grant of Death-Cum-Retirement Gratuity. Duly completed form for assessing the DCRG is forwarded herewith for further necessary action.

2. Government dues, if any, in respect of the Government servant will be recovered out of the Death-Cum-Retirement Gratuity (DCRG) as indicated in Part-I of Form 2.
3. Your attention is invited to the list of enclosures which is forwarded herewith.
4. The receipt of this letter may be acknowledged and this Department/Office be informed that necessary instructions for the disbursement of Death-Cum-Retirement Gratuity have been issued to the disbursing authority concerned.

Yours faithfully,

\_\_\_\_\_  
Signature of Head of Office

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

(Office Seal)

List of enclosures :-

(Strike out which is/are not enclosed)

1. Form for assessing Death-Cum-Retirement Gratuity - duly completed.
2. Nomination Form.
3. List of Family Members.
4. Last Pay Certificate of the Government servant.
5. Certificate to the effect that the Government servant was holding sanctioned post.
6. No Demand Certificate from the Head of Office.
7. Non Drawal Certificate from the Head of Office.
- 8.
- 9.
- 10.
- 11.
- 12.

**FORM FOR ASSESSING DEATH-CUM-RETIREMENT GRATUITY (DCRG)**  
(TO BE SENT IN DUPLICATE)

1. Name of the Government servant : \_\_\_\_\_
2. Father's name (and also husband's name  
in case of female Government servant) : \_\_\_\_\_
3. Date of birth (by Christian era) : \_\_\_\_\_
4. Religion : \_\_\_\_\_
5. Permanent residential address showing  
village, town, district and state :-  
Village/Town : \_\_\_\_\_  
Street/Lane : \_\_\_\_\_  
Police Station : \_\_\_\_\_  
District : \_\_\_\_\_  
State : \_\_\_\_\_ PIN : \_\_\_\_\_
6. Present or last appointment including  
Name of establishment : \_\_\_\_\_  
: \_\_\_\_\_
7. Date of beginning of service : \_\_\_\_\_
8. Date of ending of service : \_\_\_\_\_
9. Department/Office under which service  
has been rendered in order of employment : **Y M D** \_\_\_\_\_  
: \_\_\_\_\_
10. Total length of qualifying service (for the  
purpose of adding towards broken period  
a month is reckoned as thirty days) : \_\_\_\_\_
11. Periods of non-qualifying service  
(i) Extra ordinary leave not qualifying  
for gratuity : \_\_\_\_\_  
(ii) Period of suspension not treated as  
qualifying : \_\_\_\_\_  
(iii) Any other service not treated as  
qualifying : \_\_\_\_\_
12. (i) Emoluments reckoning for gratuity : \_\_\_\_\_  
(ii) Gratuity entitled for : \_\_\_\_\_  
(iii) Total amount of gratuity entitled : \_\_\_\_\_
13. Proposed Death-Cum-Retirement Gratuity : \_\_\_\_\_
14. Details of dues recoverable : \_\_\_\_\_  
\_\_\_\_\_
15. Whether nomination made for DCRG : \_\_\_\_\_
16. Complete and up to date details of  
Family as given in Form No. 3 : \_\_\_\_\_
17. Height in cms. : \_\_\_\_\_
18. Identification marks : \_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Office

Place :

Name :

Date :

Designation : \_\_\_\_\_

\_\_\_\_\_  
(Office Seal)



### Nomination for Death–Cum-Retirement Gratuity

I, \_\_\_\_\_ (Name of the Government servant in CAPITAL letters) hereby nominate the person / persons mentioned below who is / are member / members of my family, and confer on him / her / them the right to receive, to the extent specified below any gratuity that may be sanctioned by the Government in the event of my death while in service or my death after retirement.

Sl. No.	Name and address of the nominee/nominees	Relationship with pensioner	Date of Birth (DD-MM-YYYY)	Amount of share of gratuity payable to each	Name, address, relationship and Date of Birth of the person, or persons if any to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount of share of gratuity payable to each	Contingency on happening of which nomination shall become invalid
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Note :- (i) The Government servant shall draw lines across the blank space below the last entry to prevent the insert on of any name after he/she has signed.  
(ii) Column (5) should be filled in so as to cover the whole amount of gratuity.  
(iii) The amount/share of the gratuity shown in Column (7) should cover the whole amount/share payable to the original nominee(s).

*contd. ... Page/2*

**Page 2 to be printed on the reverse of this page**



**LAST PAY CERTIFICATE FOR NON-GAZETTED OFFICER**

No: \_\_\_\_\_ Dated, \_\_\_\_\_, the \_\_\_\_\_

Department / Office \_\_\_\_\_

Last Pay Certificate of (Name) :- \_\_\_\_\_

Designation :- \_\_\_\_\_

Department/Office :- \_\_\_\_\_

CERTIFIED that \_\_\_\_\_

has drawn pay of Rs. \_\_\_\_\_

(Rupees \_\_\_\_\_)

for the month of \_\_\_\_\_ up to \_\_\_\_\_,

**at the rate of**

(1)	Pay in the Pay Band	Rs.	_____	<i>pm</i>
(2)	Academic Grade Pay (AGP)	Rs.	_____	<i>pm</i>
	<b>BASIC PAY (1) + (2)</b>	<b>Rs.</b>	_____	<i>pm</i>
(3)	Acting Allowance	Rs.	_____	<i>pm</i>
(4)	Dearness Allowance ( D.A.)	Rs.	_____	<i>pm</i>
(5)	Medical Allowance (M.A.)	Rs.	_____	<i>pm</i>
(6)	House Rent Allowance (H.R.A.)	Rs.	_____	<i>pm</i>
(7)	Special Pay as			
	_____	Rs.	_____	<i>pm</i>
(8)	Additinal Allowance as			
	_____	Rs.	_____	<i>pm</i>

**less the deduction as shown below:**

(1)	G. P. F. / C. P. F. / N. D. C. P. F.			
	Account No. :-		_____	<i>pm</i>
	Amount :-	Rs.	_____	<i>pm</i>
(2)	Professional Tax (PTax)	Rs.	_____	<i>pm</i>
(3)	G. I. S.	Rs.	_____	<i>pm</i>
(4)	_____	Rs.	_____	<i>pm</i>
(5)	_____	Rs.	_____	<i>pm</i>

Signature,  
Name and  
Designation  
of the Head of Office  
in which pay was last drawn

(Office Seal)

**CERTIFICATE FROM THE HEAD OF OFFICE**

CERTIFIED that  
who was serving under the Establishment of the Office of the  
rendered satisfactory and continuous service in this Office for a period of  
w.e.f \_\_\_\_\_ to \_\_\_\_\_ without any break of service, holding a  
Sanctioned Post vide Govt. Letter No. \_\_\_\_\_, dated \_\_\_\_\_

Station : -

Date :-

\_\_\_\_\_  
Signature of Head of Office

Name :-

Designation :-

Department / Office :-

Office Seal :-

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**NO DEMAND CERTIFICATE**

CERTIFIED that  
who was serving under the Establishment of the Office of the  
has no outstanding amount for recovery of the Government of Assam. So demand will be arose  
against him/her for this purpose.

Station : -

Date :-

\_\_\_\_\_  
Signature of the authority

Name :-

Designation :-

Department / Office :-

Office Seal :-

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**NON DRAWAL CERTIFICATE**

CERTIFIED that  
who was serving under the Establishment of the Office of the  
has not drawn any or any part of Provisional Pension/Provisional DCRG from the Govt. of Assam or  
from any other source providing Superannuation Pension/DCRG.

Station : -

Date :-

\_\_\_\_\_  
Signature of the authority

Name :-

Designation :-

Department / Office :-

Office Seal :-