

FORM 9
(Pension)
Form of intimation Family Pension (1964)
(Under the Family Pension Scheme, 1964)

_____ Department

Office of the _____

No. : _____ Date : _____

Sub : Payment of family pension under the Family Pension Scheme, 1964 for Assam Government Employees (Rule 138 of the Assam Service (Pension) Rules, 1969 in respect of : _____

The undersigned has learnt with regret the death of

(Name) _____

(Designation) _____

of this Office/Department and and is directed to inform you that under provisions of the Family Pension Scheme, 1964 for Assam Government employees you are entitled to Family Pension for life or remarriage whichever is earlier/till attaining the maturity where family pension is admissible to the minor children.

I am accordingly to suggest that formal claim for the grant of family pension may be submitted by you in the enclosed Form of Application in a revised Form No.10 (Pension) along with the documents mentioned therein.

Signature of Head of Office

Designation :
(Head of Office) _____

Date: _____

To,

**Revised Form No. 10
(Pension)
FORM OF APPLICATION FOR FAMILY PENSION
(under the Family Pension Scheme, 1969)**

1. Name of the applicant

- (i) Widow/Widower : _____
- (ii) Guardian if the deceased person is survived by child or children : _____

2. Name and age of surviving widow/widower and children of the deceased Government servant

Sl. No.	Name (in CAPITAL letters)	Relationship with deceased person	Date of Birth by Christian Era

3. Date of Death of the Government servant : _____

4. Office/Deptt. in which the deceased Government servant / pensioner served last: _____

5. If the applicant is guardian, his date of birth and relationship with the deceased Government servant / pensioner. _____

A. 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 : _____

6. Full address of the applicant

Village/Town : _____

Street/Lane : _____

Poice Station : _____

District : _____

State : _____ PIN Code : _____

Signature or left-hand thumb impression of the applicant

Left-hand thumb impression to be furnished in case the applicant is not literate enough to sign his name

7. Name of the Treasury or Sub-Treasury at which payment is desired :

8. Enclosures

- (i) Two specimen signature of the applicant, duly attested (to be furnished in two separate sheets)
- (ii) Three copies of passport size photograph of the applicant, duly attested.
- (iii) Two slips each bearing left hand thumb and finger impression of the applicant, duly attested.
- (iv) Descriptive Roll of the applicant indicating (a) height and (b) personal marks, if any, on the hand, face, etc (to be furnished in duplicate), duly attested.
- (v) Certificate(s) of age (in original with two attested copies) showing the date of birth of the children. The certificate should be from the Municipal Authority or from the Local Panchayat or from the Head of a recognized school if the child is studying in such 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 Audit Officer/Head of Office).

9. Signature or left-hand thumb impression of the applicant
Left-hand thumb impression to be furnished in case the applicant is not literate enough to sign his name

10. Attested by :

Sl. No.	Name	Full address	Signature
1.			
2.			

11. Witness :

Sl. No.	Name	Full address	Signature
1.			
2.			

NOTE : Attestation should be done by two Gazetted Government servants or two or more persons of responsibility in the town, village or Pargana in which the applicant resides.

Enclosures to Form No. 10

Three copies of passport size photographs of the widow/widower* duly attested by a Gazetted Officer.
*Guardian if the deceased person is survived by child or children.

**Enclose photographs as mentioned above inside an envelope
- staple the closed envelope with Form No. 10.**

Two * slips containing two specimen signatures each duly attested by a Gazetted Officer

----- Do not detach before submission -----

Slip No. 1 containing specimen signatures of :-

Name of the applicant :

- (i) Widow/Widower : _____
(ii) Guardian if the deceased person is survived by child or children : _____

Specimen Signatures :

1.

2.

Attested by :-

Sl. No.	Name	Full address	Signature
1.			
2.			

----- Do not detach before submission -----

Slip No. 2 containing specimen signatures of :-

Name of the applicant :

- (i) Widow/Widower : _____
(ii) Guardian if the deceased person is survived by child or children : _____

Specimen Signatures :

1.

2.

Attested by :-

Sl. No.	Name	Full address	Signature
1.			
2.			

Enclosures to Form No. 10

DESCRIPTIVE ROLL

Two ** slips each showing particulars of height and personal identification mark duly attested by a Gazetted Government servant

Slip No. 1 showing particulars of height and personal identification of :-

Name of the applicant :

- (i) Widow/Widower : _____
- (ii) Guardian if the deceased person is survived by child or children : _____

Height (in cms) :

Personal Identification :

Specify a few conspicuous marks, not less than two if possible

Attested by :-

Sl. No.	Name	Full address	Signature
1.			
2.			

----- Do not detach before submission -----

Slip No. 2 showing particulars of height and personal identification of :-

Name of the applicant :

- (i) Widow/Widower : _____
- (ii) Guardian if the deceased person is survived by child or children : _____

Height (in cms) :

Personal Identification :

Specify a few conspicuous marks, not less than two if possible

Attested by :-

Sl. No.	Name	Full address	Signature
1.			
2.			

Enclosures to Form No. 10

Note :

* Two slips each bearing the left hand thumb and fingers impressions duly attested may be furnished by a person who is not literate enough to sign his name. If the applicant on account of physical disability is unable to give left hand thumb and finger impression he/she may give thumb and finger impression of the right hand and where the applicant has lost both the hands he/she may give his/her toe impression. Impression should be duly attested by a Gazetted Government Officer.

Slip No. 1 containing the left hand thumb and fingers impressions of :-

Name of the applicant :

(i) Widow/Widower :

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

* Left Hand Thumb Impression	* Fingers impression

Attested by :-

Sl. No.	Name	Full address	Signature
1.			
2.			

----- Do not detach before submission -----

Slip No. 2 containing the left hand thumb and fingers impressions of :-

Name of the applicant :

(i) Widow/Widower :

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

* Left Hand Thumb Impression	* Fingers impression

Attested by :-

Sl. No.	Name	Full address	Signature
1.			
2.			

FORM 21

FORM OF LETTER TO THE FORWARDING PAPERS FOR THE GRANT OF
FAMILY PENSION AND DEATH-CUM-RETIREMENT GRATUITY
TO THE FAMILY OF A GOVERNMENT SERVANT
WHO DIES WHILE IN SERVICE

_____ Department
Office of the _____

No: _____ Dated, _____, the _____

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

Sub : Grant of Family Pension and Death-Cum-Retirement-Gratuity (DCRG)

Sir/Madam,

I am directed to say that _____

Designation _____ died on _____.

His / Her family has become eligible for the grant of Family Pension and Death - Cum -
- Retirement - Gratuity (DCRF). Form 20 duly completed is forwarded herewith for
further necessary action.

2. Government dues in respect of the deceased Government servant will be recovered out of the Death-Cum-Retirement-Gratuity(DCRF) as indicated in Section-II Part-I of Form 20.
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 Family Pension and Death-Cum-Retirement-Gratuity (DCRF) 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 No. 20 - duly completed.
2. Form No. 10 - duly completed along with all (i to v) enclosures.
3. Form of intimation for DCRG/residuary gratuity: FORM 5 / 6 - duly completed.
4. List of Family Members.
5. Form No. 3 - duly completed along with all enclosures.
6. Service Book - Date of Death indicated in the Service Book.
7. Copy of the Death Certificate - duly attested.
8. Last Pay Certificate of the deceased Government servant.
9. Certificate to the effect that the deceased Government servant was holding sanctioned post.
10. No Demand Certificate from the Head of Office.
11. Non Drawal Certificate from the Head of Office.
- 12.
- 13.
- 14.
- 15.

FORM 20

**FORM FOR ASSESSING AND AUTHORISING THE PAYMENT OF
FAMILY PENSION AND DEATH-CUM-RETIREMENT GRATUITY
WHEN A GOVERNMENT SERVANT DIES WHILE IN SERVICE**

(To be sent in duplicate if payment is desired in a different circle of accounting unit)

**PART-1
SECTION-1**

01. Name of the deceased Government servant _____
02. Father's name (and also husband's name
in case of female Government servant) _____
03. Date of birth (by Christian era) _____
04. Date of death (by Christian era) _____
05. Religion _____
06. Office/ Department in which last employed _____
07. Appointment held last _____
 - (i) Substantive _____
 - (ii) Officiating _____
08. Date of beginning of service _____
09. Date of ending of service _____
10. (a) Total period of Military service for which
pension and gratuity was sanctioned and _____
(b) Amount and nature of any pension / gratuity
received for the military service _____
11. Amount and nature of any pension/gratuity
received for previous civil service if any _____
12. Department under which service has been
rendered _____
13. The date on which intimation regarding the
death of Government servant was received
by Head of Office _____
14. (i) The date on which action initiated to obtain
claim or claims from the claimants in the
appropriate form for death-cum-retirement-
gratuity and family pension _____
(ii) Obtain the 'No demand certificate' from the
Estate Officer/Executive Engineer, PWD etc. _____
(iii) Assess the Government dues other than the dues
pertaining to occupation of Government
accommodation _____
(iv) assess the service and emoluments
qualifying for death-cum-retirement
gratuity and family pension _____
15. Whether nomination made for D.C.R.G. _____
16. Length of service qualifying for death-cum-
retirement gratuity/pension _____

Signature of Head of Office

17. Periods of non-qualifying service _____
- (i) Interruption in service condoned _____
- (ii) Extra-ordinary leave not qualifying for gratuity _____
- (iii) Period of suspension not treated as qualifying service _____
- (iv) Any other service not treated as qualifying service _____
- Total non-qualifying service period _____
18. (a) Emoluments reckoning for death-cum-retirement gratuity _____
- (b) Amount of death-cum-retirement gratuity _____
19. Family Pension 1964 _____
- (i) Proposed Family Pension at, _____
- (ii) Enhanced rate (if service rendered at the time of death is more than seven years) _____
- (iii) Ordinary rate _____
- (iv) Period of tenability of Family Pension 1964 _____
- (v) Enhanced rate from _____
- (vi) Enhanced rate to _____
20. Person to whom family pension is payable _____
- Name _____
- Relationship with the deceased Government Servant _____
- Full postal address _____
- Village/Town : _____
- Street/Lane : _____
- Police Station : _____
- District : _____
- State : _____ PIN : _____
21. Details of Government dues recoverable out of gratuity : _____
- (i) Licence fee/rent for allotment of Government accommodation _____
- (ii) Amount of death-cum-retirement gratuity to be held over pending receipt of information from the Estate Officer/Executive Engineer etc _____
- (iii) Dues other than those pertaining to Government accomodation _____
22. Date on which claims received from the claimants _____
23. Name of guardian who will receive payment of death-cum-retirement gratuity and family pension in the case of minors _____
24. Place of payment of pension (Treasury, Sub-Treasury or Branch of Public sector bank) _____
25. Head of Account to which death-cum-retirement-gratuity and family pension are debitale _____

Place :-

Date :-

Signature of Head of Office

PART-I
SECTION –II

DETAILS OF PROVISIONAL FAMILY PENSION AND GRATUITY

Provisional family pension Gratuity
(the amount mentioned in item 18(b) of Part I)

Less

- (a) Licence fee/rent recoverable
from gratuity for occupation
of Government accommodation
as in item 21(i) of Part-I
- (b) Amount of gratuity to be held
over pending receipt of information
from the Estate Officer
as in item 21(ii) of Part-I
- (c) Other Government dues as
mentioned in item 21 (iii) of Part-I
- (d) Total of (a), (b) and (c)

Total

Place :-

Date :-

Signature of Head of Office

PART-II
SECTION-I
AUDIT ENFORCEMENT

1. Total period of qualifying service, which has been accepted for
- | | | | |
|-----------------------------------|-------|--------|------|
| | Years | Months | Days |
| (i) Death-cum-retirement gratuity | | | |
| (ii) Family Pension 1964 | | | |

2. Net amount of gratuity after adjustment of Government dues _____
3. Amount and the period of tenability of Family pension 1965.
If death took place

(i) before seven years service

Amount (Rs)	Period of enability	
	From	To

(ii) after seven years service

Amount (Rs)	Period of enability	
	From	To

4. Date from which family pension is admissible _____
5. Head of Account to which death-cum-retirement-gratuity and family pension are chargeable _____

SECTION-II

1. Name of the deceased Government Servant _____
2. Date of death of the Government Servant _____
3. Date on which pension papers received by the Audit Officer _____
4. Amount of family pension authorized _____
5. Amount of gratuity authorized _____
6. Date of commencement of family pension _____
7. Date on which payment of family pension and gratuity authorized _____
8. Amount recoverable from gratuity _____
9. Amount of gratuity held over pending receipt of 'No Demand Certificate' _____

Place :- _____
Date :- _____

Audit Officer

FORM 5

(Pension)

Form of intimation for death-cum-retirement gratuity/
residuary gratuity in cases where valid nomination exists.

Office of the _____ Department

No: _____ Dated, _____, the _____

To,

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

Sub : Payment of death-cum-retirement Gratuity/Residuary Gratuity in respect of
Late _____

Sir / Madam,

I am directed to state that in terms of the nomination made by

(Name) : **Late** _____

(Designation) : _____

in the Office / Department of _____

a death-cum-retirement gratuity/residuary gratuity is payable to his/her nominee/nominees.

A copy of the said nomination is enclosed herewith.

2. I am to request that a formal claim for the grant of death-cum-retirement gratuity/
residuary gratuity may be submitted by you in the enclosed Form No.3 (Pension) as soon as possible.

3. Should any contingency have happened since the date of making the nomination so as
to render the nomination invalid, in whole or in part, precise details of the contingency may kindly be
stated.

Yours faithfully,

Place :- _____

Date :- _____

Signature of Head of Office
(Office Seal)

FORM 6

(Pension)

Form of intimation for death-cum-retirement gratuity/
residuary gratuity in cases where valid nomination does not exist.

Office of the _____ Department

No: _____ Dated, _____, the _____

To,

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

Sub : Payment of death-cum-retirement Gratuity/Residuary Gratuity in respect of
Late _____

Sir / Madam,

I am directed to say that in terms of Liberalised Pension Rules, Chapter VIII,
Rule 135 of the Assam Services (Pension) Rules, 1969, a death-cum-retirement gratuity/residuary
gratuity is payable to the following members of the deceased

(Name) : Late _____

(Designation) : _____

in the Office / Department of _____

in equal shares:

- (i) Wife / Husband
- (ii) Son
- (iii) Unmarried daughters (including step-children and adopted children)

2. In the event of there being no surviving member of family as indicated above,
the death-cum-retirement gratuity/residuary gratuity will be payable to the following members of the
family in equal shares:

- (i) widowed daughters, including step daughters and adopted daughters.
- (ii) brothers below the age of 18 years and unmarried or widowed sisters
- (iii) Father
- (iii) Mother

3. It is requestfd that a formal claim for the payment of the death-cum-retirement
gratuity/residuary gratuity may be submitted in the enclosed revised Form No.3 (pension) as soon
as possible.

Yours faithfully,

Place :-

Date :-

Signature of Head of Office

FORM 3
FORM OF APPLICATION FOR THE GRANT OF THE
DEATH-CUM-RETIREMENT-GRATUITY
ON THE DEATH OF A GOVERNMENT SERVANT
(TO BE FILLED IN SEPERATELY BY EACH APPLICANT)

1. Name of the applicant _____
2. (i) Name of the guardian in case the applicant is a minor : _____
(ii) Date of birth of guardian : _____
3. Name of the deceased Government servant _____
4. Date of Death of the Government servant _____
5. Office/Department in which the deceased served last _____
6. Relationship with the deceased Government servant _____
7. Date of birth of the applicant _____
8. Name of the Treasury or Sub-Treasury at which payment is desired _____
9. Full address of the applicant
Village/Town : _____
Street/Lane : _____
Poice Station : _____
District : _____
State : _____ PIN Code : _____

Signature or left-hand thumb impression of the applicant

Left-hand thumb impression to be furnished in case the applicant is not literate enough to sign his name

10. Attested by :

Sl. No.	Name	Full address	Signature
1.			
2.			

11. Witness :

Sl. No.	Name	Full address	Signature
1.			
2.			

NOTE : Attestation should be done by two Gazetted Government servants or two or more persons of responsibility in the town, village or Pargana in which the applicant resides.

Enclosures to Form No. 3

Three copies of passport size photographs of the applicant duly attested by a Gazetted Officer.

**Enclose photographs as mentioned above inside an envelope
- staple the closed envelope with Form No. 3.**

Two * slips containing two specimen signatures each duly attested by a Gazetted Officer

----- Do not detach before submission -----

Slip No. 1 containing specimen signatures of :-

Name of the applicant : _____

Specimen Signatures :

1.

2.

Attested by :-

Sl. No.	Name	Full address	Signature
1.			
2.			

----- Do not detach before submission -----

Slip No. 2 containing specimen signatures of :-

Name of the applicant : _____

Specimen Signatures :

1.

2.

Attested by :-

Sl. No.	Name	Full address	Signature
1.			
2.			

Enclosures to Form No. 3

DESCRIPTIVE ROLL

Two ** slips each showing particulars of height and personal identification mark
duly attested by a Gazetted Government servant

Slip No. 1 showing particulars of height and personal identification of :-

Name of the applicant : _____

Height (in cms) :

Personal Identification :

Specify a few conspicuous marks, not less than two if possible

Attested by :-

Sl. No.	Name	Full address	Signature
1.			
2.			

----- Do not detach before submission -----

Slip No. 2 showing particulars of height and personal identification of :-

Name of the applicant : _____

Height (in cms) :

Personal Identification :

Specify a few conspicuous marks, not less than two if possible

Attested by :-

Sl. No.	Name	Full address	Signature
1.			
2.			

Enclosures to Form No. 3

Note :

* Two slips each bearing the left hand thumb and fingers impressions duly attested may be furnished by a person who is not literate enough to sign his name. If the applicant on account of physical disability is unable to give left hand thumb and finger impression he/she may give thumb and finger impression of the right hand and where the applicant has lost both the hands he/she may give his/her toe impression. Impression should be duly attested by a Gazetted Government Officer.

Slip No. 1 containing the left hand thumb and fingers impressions of :-

Name of the applicant : _____

* Fingers impression	* Left Hand Thumb Impression

Attested by :-

Sl. No.	Name	Full address	Signature
1.			
2.			

----- Do not detach before submission -----

Slip No. 2 containing the left hand thumb and fingers impressions of :-

Name of the applicant : _____

* Fingers impression	* Left Hand Thumb Impression

Attested by :-

Sl. No.	Name	Full address	Signature
1.			
2.			

Enclosure to Form 3

**LIST OF FAMILY MEMBERS
OF THE DECEASED GOVERNMENT SERVANT**

1. Name of the deceased Government servant : **Late** _____
2. Office/Department in which the deceased served last : _____
3. Date of Death of the Government servant : _____
4. Details of family members as-on-date :-

Sl. No.	Name of the members of the family (in CAPITAL letters)	Date of Birth DD-MM-YYYY	Relationship with the deceased Government servant	Initials of the Head of Office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

Note : Family for this purpose means family as defined in Rule 143(1) of A.S.(P) Rules,1969

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration.

5. Signature or left-hand thumb impression of the applicant :

Left-hand thumb impression to be furnished in case the applicant is not literate enough to sign his name

6. Name of the applicant : _____
7. Relationship with the deceased Govt. servant : _____
8. Place : _____
9. Date : _____

Countersignature
Head of Office

LAST PAY CERTIFICATE FOR NON-GAZETTED OFFICER

No: _____ Dated, _____, the _____

Department / Office _____

Last Pay Certificate of (Name) :- **Late** _____

Designation :- _____

Department/Office :- _____

CERTIFIED that **Late** _____

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>
	BASIC PAY (1) + (2)	Rs.	_____	<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 **Late**
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 :-

NO DEMAND CERTIFICATE

CERTIFIED that **Late**
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 :-

NON DRAWAL CERTIFICATE

CERTIFIED that **Late**
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 :-