NAME OF THE OFFICE :- XYZ

PENSION PAPERS OF SRI XZY

DATE OF RETIREMENT : 31-01-2015

ON

**\*Superannuation/\*voluntary retirement/\*absorption in autonomous body/\*Invalid pension**

*\* Please strike out which is inapplicable*.

**Form-8**

(Form of letter to the Director of Audit and Pension forwarding the pension papers of a Government servant)

Department: Finance

Office : Director of Accounts & Treasuries,

Itanagar

No…………… Dated……..

To

The Director of Audit and Pension,

Government of Arunachal Pradesh,

Naharlagun.

Sub:- **Pension papers of Sri** **XYZ for authorization of pension**.

Sir,

I am to forward herewith the pension papers of Sri XYZof this office /Department form further necessary action.

2.The details of Govt. dues which will remain outstanding on the date of retirement of the Government servant and which need to be recovered out of the amount of the retirement gratuity are indicated below-

(a) Balance of house-building or conveyance advance--------……………...…..Rs. NIL

(b) Overpayment of pay and allowances including leave salary…….……..…...Rs.NIL

© Income tax deductible at source under Income Tax Act 1961,

1961(43of 1961)……………………………………………………..….…Rs.NIL

(d) Arrears of license fee for occupation of Government accommodation……...Rs.NIL

(e) The amount of license fee for retention of government accommodation

for the permissible period of two months beyond the date of retirement …...Rs.NIL

(f) Any other assessed dues and the nature thereof………………………….......Rs.NIL

(g) The amount of gratuity to be withheld for adjustment of unassisted

dues, if any…………………………………………………………………......Rs.NIL

Total Nill

3. Your attention is invited to the list of enclosures which is forwarded herewith.

4. The receipt of the letter may be acknowledged and this Department /Office informed that necessary instruction for the disbursement of pension have been issued to disbursing authority concerned.

5. The retirement gratuity will be drawn and disbursed by the Department/office on receipt of the authority from you. The outstanding Government dues as mentioned in the para 2 above will also be recovered out of the retirement gratuity before making payment.

Yours faithfully

Head of office.

**List of enclosures**-

1. Form-1 - Nomination for Death-cum-Retirement gratuity ***,- See Rule,53*** …..;….1 copy
2. Form 3 - Details of Family -***See Rule 54(12*),** duly completed and signed

and authenticated by Head of Office……...........................................................1 copy

1. Form -5 Particulars , obtained by HoD from Govt. servant

-S***ee Rule 59(1)© & 61(1),*** duly completed and signed by the Govt. Servant……...1 copy

4.Form- 7- Form for assessing pension and Gratuity- ***See Rule 58,60,61(1) &(3)***

***and 65,*** duly filled up and signed… …………………...………………… ….....2copies

1. Application for commutation of pension :-

Form-**1** ***See Rule 5(2),6(1),12,13(1)and (2),14(1) and (2),15(1) and (2),16(1)and (2)***

***CCS(Commutation of Pension) Rules 1981.***

**or**

Form -1 - **A** ***See Rule 5(2), 12,13(3),14(1)15(3), CCS(Commutation of Pension) Rules 1981…***.. ..1.copy

6. Pension calculation sheet……………………………………………….....…..…1 copy

7. Drawal statement of last 10 months…………………………………….………..1 copy

8. Last pay certificate(LPC)……….……………………….......................................1 copy

9. No Demand certificate from the HoO, as required under Rule 57,63 & 71)

and Audit /AC bill clearance certificate………………………………………….1 copy

10. Vigilance clearance certificate from Vigilance Department

of State Government …..………………………………………………………....1 copy

11. Loan clearance certificate***( irrespective of whether loan taken or not***)

issued by the Director of Accounts & Treasuries Govt. of Arunachal

Pradesh…………………………………………………………………………..1copy

12.Specimen signature/thumb impression(if illiterate)and Descriptive roll

indicating height & identification mark of the claimant duly attested

by the HoO……………………………………………………………………...2 copies

1. Medical certificate of incapacity (***in case of invalid pension only***)

in form 23 of CCS ( Pension ) Rules………………………………………..…...1 copy.

1. Passport size Photograph/Joint photograph of ( *Husband and wife if both are alive*)

duly attested by Head of office …….………………………………………..…. 3 copies

1. Service book duly verified with A/Roll and attested with following entries in –
   1. Date of retirement/absorption in Autonomous Body

along-with copy of order.

* 1. Payment /Non payment of provisional gratuity and Pension

with copy of sanction order, if sanctioned.

* 1. Date of acceptance of voluntary retirement with copy of order.
  2. Date of membership in the UTGEGIS, 1984.
  3. Date of change of Group status with rate of subscription.
  4. Enhanced rate of subscription from 1.1.1990.
  5. Date of cessation from the membership.

***\*\*\*\*\*\*\*\*\*\*\*\*\*//\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\****

**FORM-1**

(See Rule 53(I0of the CCS (Pension) Rules 1972)

Nomination for Death –cum Retirement Gratuity

*When Government servant has family and wishes to nominate one member or more than one member thereof.*

I, **SRI XYZ** hereby nominate the person/persons mentioned below who is /are members of my family, and confer on him /them the right to receive, to the extent specified below, any gratuity that may be sanctioned by the by Government in the event of my dea5th while in service and the right to receive on my death ,to the extent specified below, any gratuity which having become admissible to me on my retirement may remain unpaid at my death.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Nominee(s) Alternative Nominee(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and address of the nominee/nominees | Relationship with the Govt. servant. | Age | Amount of the share of gratuity payable to each. | Name, address, relationship and age 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 Govt. servant or the nominees dying after the death of the Govt. servant but before receiving the payment of the gratuity. | Amount or share of gratuity payable to each. |
| Smti abc | wife | 53 | Full | SRI abc | Full |
|  |  |  |  |  |  |

This nomination supersedes the nomination made by me earlier on 4-8-1987 which stands cancelled

Note:- (i) The Government servant shall draw lines across the blank space below the last entry

to prevent the insertion of any name after he has signed.

* 1. Strike out which is not applicable.

(iii) Dated this day……………………..day of ……………201…at ……..

Witness to sign:

1. Shri abc, FAO

2. Smti abc

Sig. of the Govt. Servant

(*To be filled in by the Head of Office)*

Nomination by XYZ. Sig.of Head of Office…………..

Designation Director of Accounts & Treasuries Date………………

Office Directorate of Accounts & Treasuries. Designation………

**FORM NO.3**

DETAILS OF FAMILY MEMBERS

See Rule 54(12)

1. Name of the Government Servant :- xyz
2. Designation :- Asstt
3. Date of appointment :- 16-02-1978
4. Details of members of family as on :- 01-03-2015

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No. | Name of the members of the family | Date of birth& age | Relationship with the official | Initials of the Head of office | Remarks |
| 1. | abc | O5.12.1961 | Wife |  |  |
| 2. | abc | 24.05.1979 | Daughter |  |  |
| 3. | abc | 03.12.1982 | Son |  |  |
| 4. | abc | 10.02.1985 | Son |  |  |
|  |  |  |  |  |  |

I hereby undertake to keep the above particulars up to addition by notifying the Head of office/Audit officer any addition or alteration.

Place: Itanagar

Date : Signature of the Govt. servant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family for this purpose means:

1. Wife in case of the male Govt. servant.
2. Husband in case of the female Govt. servant.
3. Sons below 18 years of age ,unmarried daughters below 21 years of age ,including such son or daughter adopted legally before retirement.

Note: Wife and husband shall include respectively judicially separated wife and husband.

**FORM-5**

See Rule 59 (1) (C) and 61 (1)

Particulars to be obtained by the Head of Office from the retiring Government servant eight months before the

date of retirement .

1. Name :- xyz
2. (a) Date of birth :- 01.06.1957

(b) Date of retirement :- 31.05.2015

3. Two specimen signature to be furnished

In a separate sheet duly attested by a gazetted

Government servant :- enclosed

4. Three copies of passport size joint photograph

With wife or husband as the case may be duly

Attested by the Head of office. :- enclosed

5. Two slips showing the particulars of height and

Personnel identification marks duly attested by a

Gazzetted Government servant. :- enclosed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Two slips each bearing the left thumb finger impression

dully attested may be furnished by a person who is not

literate to sign the name. If such a Govt. servant on account

of physical disability is unable to give thumb and finger

impression of the right hand where the Government servant

has lost both the hands he may give his toe impression

should be duly attested by a gazetted Government servant.

1. Two copies of passport size photograph of self only needed.
   1. If the Government servant is Governed by Rule Not applicable

54 of the CCS(Pension) Rules 1972 and is

unmarried or a widower or widow.

(ii) If Government servant is Governed by Rule

55 of CCS(Pension )Rules1972.

3. When it is not possible for a Government servant to submit

photograph with his wife or her husband he or a she may submit

separate photograph. The photographs shall be attested by the

Head of office.

4. Specify a few conspicuous marks not less than two if possible.

5. Present address :- O/o Directorate of Acctts. & Treasuries, Itanagar.

6. Address after retirement :- Vill. Daring, P.O./ Daring, Dist. West Siang, Arunachal

Pradesh.

7. Name of the treasury or Branch of Public Sector Bank or the

Pay and Accounts Officer through which Pension is to be

Drawn:- Treasury Officer, Itanagar

1. Details of family in Form-3. :- enclosed
2. Indicate whether family pension is admissible from any other

Sources i.e. Military or State Government and or Public Sector

Undertaking /autonomous body Local Fund under the central or

State Government. :- No

Place:- Itanagar

Date :- 01/03/2015

Signature of Govt. Servant…………

Department/Office Directorate of Accounts & Treasuries

Govt. of A.P., Itanagar

**FORM – 7 (Revised**)

FORM FOR ASSESSING PENSION /FAMILY PENSION AND GRATUITY

**PART –I**

1. Name of the retiring Government employee :- xyz

2. Father’s/Husband’s Name :- xyz

3. Height :- 5ft 3 inch

4. Marks of identification :- cut mark on left thumb.

5. Date of birth :- 01-06-1957

6. Service to which belongs (indicate name of :- Arunachal Pradesh Finance & Accounts Service organized service, if any, otherwise say,

General Central Service).

7. Particulars of post held at the time of

retirement.

(a) Name of the office :- Directorate of Accounts & Treasuries (b) Post held :- Asstt

(c) Whether the appointment mentioned

above was under Government or

outside the Government on foreign :- Under Govt. of Arunachal Pradesh.

service terms.

8. Whether declared substantive in any post

under the Central Government. :- Yes

9. Date of beginning of service :- 16.02.1978

10. Date of ending of service :- 31.05.2015

11. Cause of ending of service :-

(a) Voluntary retirement on being :-

declared surplus (Rule 29)

(b) Permanent absorption in public :-

sector undertaking /autonomous Not applicable

body (Rule 37-A).

(c) Due to abolition of post (Rule 59) :-

(d) Superannuation (Rule 35) :- Superannuation.

(e) Invalidment on medical ground :-

(Rule 38).

(f) Voluntary/premature retirement at :-

the initiative of the Government

servant under Rule 48, 48 –A and

FR 56 (k).

(g) Premature retirement at the initiative :-

of the Government Rule 48 or Not applicable.

FR 56 (j)

(h) Compulsory retirement (Rule 40) :-

(i) Removal /dismissal from service :-

(Rule 24 and 41)

(j) Death. :-

2

12. In the case of compulsory retirement, the :- Not applicable.

orders of the competent authority whether

pension may be allowed at full rates or at

reduced rates and, in case of reduced rates,

the percentage at which it is to be allowed.

13. In case of removal /dismissal from service :- Not applicable.

whether orders of competent authority have

been obtained for grant of compassionate

allowance and if so, at what rate.

14. Particulars relating to military services, if any:-

(a) Period of military service :-

(b) Terminal benefits drawn /being :-

drawn for military service.

(c) Whether opted for counting of :-

military service towards civil

pension.

(d) If answer to (c) above is in the :- Not applicable.

affirmative, whether the terminal

benefits have been refunded.

(e) In case of ex-servicemen who are :-

eligible for family pension under

the Armed Forces Rules, whether

opted to retain family pension under

the Armed Forces Rules or to draw

family pension under the Civil Rules.

15. Particulars relating to service in autonomous :-

body, if any Not applicable.

(a) Particulars of service :-

|  |  |  |  |
| --- | --- | --- | --- |
| Name of organization | Post held | Period | |
|  |  | From | To |
|  | | | |

(b) Whether the above service is to be :-

counted for pension.

(c) Whether the autonomous organization Not applicable.

has discharged its pensionary liability

to the Central Government. :- No

16. Whether any departmental or judicial :- No

proceedings are pending against the

retiring employees.

17. Qualifying service :- 36 years 02 months 14 days

(a) Details of omission, imperfection or :- N.T.R

deficiencies in the Service Book

which have been ignored.

[ under Rule 59(1)(b)(iii)]

3

(b) Period not counting as qualifying service-

i) Boy service (2nd proviso to :- NIL

Rule 13).

ii) Extraordinary leave not :- NIL

counting as qualifying service

(Rule 21).

iii) Periods of suspension not :- NIL

treated as qualifying service

(Rule 23).

iv) Interruptions in service :- NIL

[Rule 27 (1) (b) and

Rule 28 (c) ]

v) Period of foreign service with:- NIL

United Nations bodies for

which United Nations pension

has been availed.

vi) Any other period not treated :- NIL

as qualifying service (give

details).

c. Additions to qualifying service :- NIL

i) Military service (Rule 19) :- NIL

ii) War service (Rule 20) :- NIL

iii) weightage on voluntary :- NIL

retirement on being declared

surplus (rule 29).

iv) Weightage under Rule 30 :- NIL

v) Benefit of service in an :- NIL

autonomous body (Rule 37).

vi) weightage under Rule 48-B :- NIL

d. Net qualifying service :- 36 years 02 months 14 days (Restricted to 33 years)

e. Qualifying service expressed in terms:-

of completed six monthly period(period

of three months and over is treated as

completed six monthly period). 66

18. Emoluments:-

(a) Emoluments drawn during 10 months:-

preceding retirement.

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Rate of Pay | Amount |
| 1-08-2014  1-12-2015 | 31-11-2014  31-05-2015 | 37400+ G.P.-8700  38790 + G.P.8700 | 1,84,400  2,84,940 |
|  |  | Total Rs. | **4,69,340** |

(b) If the Officer was on foreign service :- NIL

immediately preceding retirement, the

motional emoluments which he would

have drawn under Government but

for being on foreign service.

(c) Average emoluments reckoned for :- 46934/- pension.

4

(d) Emoluments reckoned for retirement :- 98310/-

gratuity/death gratuity.

(e) Emoluments reckoned for family :- 47490/-

pension.

19. Date on which the retiring employee :- 01-03-2015

submitted his application for pension in

Form – 5.

20. Complete and up-to-date details of the :-

family as given in Form – 3

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Name of the members of family | Date of birth | Relationship with the officer |
| 1. | Abc | 05.12.1961 | Wife |
| 2. | Abc | 24.05.1979 | Daughter |
| 3. | Abc | 03.12.1982 | Son |
| 4. | Abc | 10.02.1985 | Son |

21. Whether nomination made for death gratuity :- yes

retirement gratuity.

22. The date on which action initiated to :- 25/2/2015

(a) Obtain the ‘No demand Certificate’ :- 25/2/2015

from the Directorate of Estates as

provided in Rule 57.

(b) Assess the service and emoluments :- 25/2/2015

qualifying for pension as provided

in Rule 59 and

(c) Assess the Government dues other :-

than the dues relating to the allotment

of Government accommodation as

provided in Rule 73 (1)

23. Details of Government dues recoverable out :-

of gratuity.

(a) License fee for Government :- NIL

accommodation [See sub-rules (2),

(3) and (4) of Rule 72]

(b) Dues referred to in Rule 73 :-

24. (a) Proposed pension :-

(b) Proposed dearness relief on pension :- 107%

(as on the date of retirement)

(c) Date from which pension is to :- 01-06-2015

commence.

25. Rate of Family Pension :-

(a) Enhanced rate :- 50% of emoluments.

(b) Period for which family pension :- 7 years after retirement or 65 years of age had he will be payable at enhanced rate. survived whichever is earlier.

(c) Ordinary rate :- 30% of emoluments.

(d) Date from which ordinary rate of :- After 7 years or 65 years of age if Govt. servant

family pension will be payable would have survived whichever is earlier.

26. Amount of retirement gratuity/ :- 10,00,000/-

-5-

27. Commutation of pension

(a) Whether simultaneously applied for :- yes.

Commutation of pension with the

Pension application (applicable only

in the case of those who retire on

Superannuation pension).

(b) The portion of pension commuted :- 40% of Pension e.i (Rs.9498/-)

(c) Commuted value of pension :- 954093/-

(d) Amount of residuary pension after :- 14247/-

deducting commuted portion.

(e) Date from which reduced pension :-1-6-2015

is payables.

28. Name and address of Bank/Pension :- S.B.I, Itanagar

Accounting office from where pension is to

be drawn.

29. Head of Account to which pension and :- 2071 Pension

gratuity are debitable.

30. Post-retirement address of the retire. :- Vill.- Daring

P.O. Daring

Dist. W/Siang, Arunachal Pradesh.

Signature of the Head of Office.

**PART-II**

1. Date of receipt of pension papers by the :-

Account Officer from Head of Office.

**2. Entitlements admitted :-**

**A. Length of Qualifying Service :-**

**B. Pension**

(i) Class of Pension :-

(ii) Amount of monthly pension :-

(iii) Date of commencement :-

**C. Commutation of Pension**

(i) Commuted value of portion of :-

Pension commuted, if any

(ii) Residuary Pension after commutation. :-

(iii) Date from which reduced pension is payable :-

(iv) Date of restoration of commuted portion :-

of pension subject to the pensioner

continuing to live.

**D. Retirement / Death Gratuity :-**

(i) Total amount payable :-

(ii) Amount to be adjusted towards :-

Government dues.

(iii) Amount to be withheld for adjustment :-

of unassessed dues.

(iv) Net amount to be released immediately :-

**E. Family Pension :-**

(i) At enhanced rate :-

(ii) Period for which family pension at :-

enhanced rate is payable.

(iii) At normal rate :-

3. Head of Account to which the amount of pension, :-

retirement / death gratuity and family pension are

to be debited.

Director of Audit and Pension

**FORM-1-A**

FORM OF APPLICATION FOR COMMUTATION OF FRACTION OF SPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION WHEN THE APPLICANT DESIRES THAT THE COMMUTED VALUE OF PENSION SHOULD BE AUTHORISED THROUGH THE PENSION PAYMENT ORDER.

*See Rule 5(2),12,13(3),14(1) and,15(3)of CCS (Commutation of Pension ) Rules, 1981*.

***(To be submitted in duplicate at least three months before the date of retirement***)

**PART-I**

To

The Director of Audit and Pension

Government of Arunachal Pradesh

Naharlagun.

Sub:- **Commutation of pension without medical examination**.

Sir,

I desire to commute a fraction of pension indicated below in accordance with the provision of CCS( Commutation ) Pension Rules 1981.The necessary particulars are furnished below:-

1. Name (in block letters) :- **xyz**
2. Father’s name (husbands’ name in the case of female Government servant ) :- abc
3. Designation at the time of retirement :- Director of Accounts & Treasuries.
4. Name of the office Department in which employed :-Directorate of Accounts & Treasuries
5. Date of Birth in Christian era :-01-06-1957
6. Date of retirement :- 31-05-2015
7. Fraction of pension proposed to be commuted :- 40% of pension i.e. (Rs.9,498/-)
8. Disbursing authority from which pension is to be drawn after retirement-
   1. Name and complete address of the Treasury/Sub-Treasury:- Treasury Officer, P.O.,

Itanagar

* 1. (i) Branch of the nominated Nationalized Bank

With complete postal address :-SBI Itanagar:

P.O. Itanagar, Ar. Pradesh.

* + 1. Bank Account No. to which monthly

Pension is to be credited each month :- S/B Acctt.No. **1111111111**

(C) Accounts Office of the Ministry/Department/Office :-Director of Audit & Pension

Signature

Place:\_Itanagar **Present Postal address**:-Itanagar-791111

Date:- **Postal address after retirement:-**

P.O. Daring, West Siang Dist.,

Arunachal Pradesh

**PART-II**

(ACKNOWLEDGEMENT)

Received from **SRI Xyz** application in Part-I of Form I-A for commutation of pension without medical examination.

Place:-

Date:-

Signature of Head of Office

**PART-III**

Forwarded to **the Director of Audit and Pension,** Govt. of Arunachal Pradesh, Naharlagun with the remarks that ------

(i) The particulars furnished by the applicant inn part-I have been verified and and are correct.

(ii) The applicant is eligible to get pension commuted without medical examination.

(iii) The commuted value of pension determined with reference to the Table applicable at present

comes to Rs.954094 ; and

(iv)The amount of residuary pension after commutation will be Rs.14247/-

2. The pension papers of the applicant completed in all respect were forwarded under this Office letter No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dated\_\_\_\_\_\_\_\_\_\_\_\_\_.It is requested that the payment of the amount of the commuted value of pension may be authorized through PPO.

3. The receipt of the part-I of this form has been acknowledged in part –II which has been separately forwarded to the applicant on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4. The commuted value of pension is debitable to H/A \_\_\_\_\_\_\_\_\_\_\_.

Place:-

Date :-

Sig. Head of Office

**Pension calculation sheet**

1. Name of the Pensioner :- xyz
2. Date of birth :-01-06-1957
3. Date of entry into Govt. service :- 16-02-1978
4. Age at entry :- 20 Years
5. Date of quitting the service/retirement :- 31-05-2015
6. Age at quitting the service /retirement :- 58 Years
7. Total length of service :- 36 yrs 2 months 14 days
8. Non-qualifying service (if any) :- NIL
9. Net qualifying service ( 7-8 ) :- 36 yrs 2 months 14 days (Restricted to 33 years)
10. Last pay ( *Band Pay + GP+SP+NPA*) :-47,490/-
11. Average emoluments for pension ( *Band pay +GP+SP+NPA*) of last 10 months :-46934/-
12. Emolument for calculation of pension

(*Amounts at sl.10 or 11 whichever is more*) :- 47,490/-

1. Amount of pension ( *50% 0f the emoluments at 12 above*) :- 23,745/-

1. Amount of Gratuity =

i.e. *Emoluments (Last Band Pay+GP+SP+NPA+DA)*

X *Six monthly completed period of service :- 98,304 X 66*

*4 4*

*(Subject to maximum of 16 1/2 times the emoluments or Rs. 10,Lakh ). = 16,22,206/-*

***Restricted to Rs.10,00,000****/-*

1. Amount of family pension:-
   1. Enhanced rate (*50% of emoluments at 12 above* ) :- 23,745/-

*(****For a period of seven years or for a period upto the date***

***on which the deceased Government servant would have***

***attained the age of 65 years/67 years, as the case may be,***

***had he survived whichever is less.)***

* 1. Normal rate (*30% of emoluments at 12 above subject to minimum of Rs. 3500/- p.m.* ) :-7124/-

16.Commutation of pension ( *maximum of 40% of Pension at 13* ) :- 8.371 x9498x12=9,54,094/-

*( Commuted factor x 12 x Amount offered for commutation*)

17. Recoveries due :-

(i) NILL

(ii)NILL

Sig.of Assistant Sig. of Head of office

**LAST PAY CERTIFICATE (PROVISIONAL)**.

Last Pay certificate of **Sri xyz** , Director, Office of the Director of Accounts & Treasuries, Itanagar proceeding on retirement has been paid upto **31-05-2015** in the Pay Band -2 Rs- 38940 + G.P Rs. 8700 per month at the following rates—

1. Pay :- Rs.38,940/-

2. Special pay :- Rs. 400/-

3. Grade Pay :- Rs. 8700/-

4. Dearness Allowance :- Rs. 50814/-

5. Special compensatory allowance :- Rs . 3150/-\_\_

Total – Rs.101,854/-

1. His General Provident Account No. **AP/DA/0000** is maintained by the Director of Accounts and Treasuries, Naharlagun.
2. He /She has made over charges on **31/5/2015 (A/N).**

**Deductions/Recoveries**

1. GPF contribution @ Rs.5000/- deducted upto February, 2015 and credited to his GPF **A/C No. AP/DA/0000.**
2. CGEGIS both Saving s and Insurance Fund @ Rs.120/-per month deducted upto May ,2015
3. Rs. NIL being water charges deducted upto NIL
4. Rs. 300/- being civic charges deducted upto May ,2015.

**Details of payments made as provisional pension and gratuity –**

1. Provisional Pension-Rs NIL
2. Provisional gratuity-Rs NIL

Sig. of DDO/Head of Office

LAST 10 MONTHS PAY IN RESPECT OF **SRI XYZ**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No | Month | Basic pay | Special pay/  NPA | Grade  Pay | Monthly total  Emoluments |
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1. | August, 2014 | 37400 | - | 8700 | 45100 |
| 2. | September, 2014 | 37400 | - | 8700 | 45100 184400 |
| 3. | October, 2014 | 37400 | - | 8700 | 45100 |
| 4. | November, 2014 | 37400 | - | 8700 | 45100 |
| 5. | December, 2014 | 38790 | - | 8700 | 47490 |
| 6. | January, 2015 | 38790 | - | 8700 | 47490 |
| 7. | February, 2015 | 38790 | - | 8700 | 47490 284940 |
| 8. | March, 2015 | 38790 | - | 8700 | 47490 |
| 9. | April, 2015 | 38790 | - | 8700 | 47490 |
| 10. | May, 2015 | 38790 | - | 8700 | 47490 |
|  |  |  |  | Total= | 465340 |

Average emoluments of last 10 months= 46934

Sig. of DDO/Head of office

**NO DEMAND CERTIFICATE**

*(Under rule 53, 67, 71, of CCS Pension Rules*)

Certified that there is no any outstanding Government due from Shri Xyz, Director of Accounts & Treasuries, who in proceeding on Superannuation.

Further, it is certified that there is no AC bill outstanding against the Officer.

Sig. Of Head of Office

(Application for Pensioner’s Identity card)

To

The Director of Audit and Pension

Government of Arunachal Pradesh,

Naharlagun.

Sub:-Issue of Pensioners Identity card –request for

Sir,

I am submitting herewith my necessary particulars for issue of Identity Card as per circular No. DAP/PEN/7/2001,dated 9th February 2005. -

1. Name( in full) :- xyz

2. Residential address after retirement :- Vill. Daring, P.O Daring / Dist. West Siang, A.P.

3.Original PPO No. :-

4. Blood Group :- ‘O’ +

5. Pay scale at retirement :- Rs. 37400-67000+G.P 8700/-

6. Last Pay :- Rs. 38790 + G.P. 8700

7.Amount of Pension :-

8. Date of Birth :- 01-06-1957

9. Date of retirement :-31-05-2015

10. Post held at retirement :- Director of Accounts & Treasuries.

11.Name of Department :-. Depptt. of Accounts & Treasuries

12.Mobile /Telephone No. with code :- 9999999999 (M)

13.Bank draft/Treasury challan No. :-Treasury Challan No. xxx dtd xxxxxx

Yours faithfully,

Enclosed :-1. 2 Nos. stamp size Photograph. Signature…………………….

2.Copy of Treasury challan for Rs. 50/-. Name: Xyz

3. Self addressed envelope. Designation: DIRECTOR

OFFICE OF THE **DIRECTOR OF ACCOUNTS & TREASURIES**

Application for payment of dues under, UTGEGIS, 1984.

Of

Name and Designation

of Government servant :- xyz

Date of Cessation

of Membership :- 31-01-2015

**FORM No. 4**

(See Para 11.1)

To

1 The Director of Accounts & Treasuries,

Govt. of Arunachal Pradesh,

Itanagar

Sub: - **Application for payment of accumulation under Union Territory Government Employees’**

**Group Insurance Scheme 1984.**

Sir,

I have been a member of Union Territory Government Employees’ Group Insurance Scheme,**1984**, since **1987** I have retired from service after attaining the age of **58** years. I have ceased to be in the employment with the Central/State Government with effect from **31-05-2015**, I was holding the post of **Director of Accounts & Treasuries** before retirement /cessation of the employment with the Government . I request that the amount due to me under the Union Territory Government Employees’ Group Insurance Scheme may be paid to me.

Yours faithfully

Name of the Government servant.

Place :-Itanagar

Date:-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Designation and address of the Head of Office.
2. Month and year of becoming a member of the scheme.

**FORM No. 8**

(See para 19.7)

NOMINATION FORM THE BENEFITS UNDER THE UNION TERRITORY GOVERNMENT GROUP INSURANCE SCHEME, 1984.

( When the Government servant has af family and wishes to nominate one member or more than one member thereof )

I, SHRI XYZ hereby nominate the person(s) mentioned below who is/are member(s) of my family ,and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Government under the Union Territory Government Employees’ group Insurance Scheme,1984,in the event of my date while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name(s) and address(es)of nominees | Relationship with the Government servant | Age | \* share of amount to be paid to each | Contingencies on the happening of which the nomination shall become invalid | Name and address and relationship of the person, if any, to whole the right of the nominee shall pass in the event of predeceasing the Government servant . |
| (1) | (2) | (3) | (4) | (5) | (6) |
| 1.Smti ABC  2  3. | Wife | 53 yrs | full | death | XYZ |

*N.B.-The Government servant should draw lines across the blank space below his last entry to prevent insertion of any names after he has signed.*

Dated this ……………………..day of ………………..20……at …………………..

Two witnesses

1.

2.

Signature of the Government servant.

\*This column should be filled up so as to cover the whole amount of that may be payable under the scheme.

**FORM No. 9**

(See para18)

UNION TERRITORY GOVERNMENT EMPLOYEES’GROUP INSURANCE SCHEME 1984

REGISTER OF MEMBER

GROUP

**Section: I Particulars of employees subscribing to the Insurance Fund only**.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Sl.No.* | *Name* | *Designation* | *Date of Birth* | *Date of appointment* | *Date of Commencement of subscription* | *Date of promotion to higher groups/transfer to other Department.* | *Date of death* | *Remarks* |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
|  |  |  |  |  |  |  |  |  |

**Section II : I Particulars of employees subscribing to the Insurance Fund and the Savings Fun**d.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Sl.No.* | *Name* | *Designation* | *Date of Birth* | *Date of appointment* | *Date of Commencement of subscription* | *Date of promotion to higher groups/transfer to other Department.* | *Date of cessation of membership and reason thereof* | *Remarks* |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| 1. | XYZ | Asstt | 1-6-57 | 16-2-78 | 1-1-84 | ‘C’ 1-1-1984  ‘B’ 1-1-1986  ‘A’ 1-1-1997 | 31-05-2015 |  |

Signature of the Head of office

**FORM No.13**

(See para 6)

**UNION TERRITORY GOVERNMENT EMPLOYEES’ GROUP INSURANCE SCHEME, 1984**.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Date of joining Government service* | *Date of admission to the UTGEGIS* | *Group to which admitted* | *Rate of monthly contribution (in Rupees)* | *Period* | | *Events with exact date affecting cols.(3) and (4)* | *Remarks* |
| *From* | *To* |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| 16-02-1978 | 1-1-1984 | ‘C’ | 20/- | 1-1-1985 | 31-12-1985 |  |  |
|  | 1-1-1986 | ‘B’ | 40/- | 1-1-1986 | 31-12-1989 |  |  |
|  | 1-1-1990 | ‘B’ | 60/- | 1-1-1990 | 31-12-1996 |  |  |
|  | 1-1-1997 | ‘A’ | 120/- | 1-1-1997 | 31-05-2015 |  |  |

Signature of the Head of office

**ANNEXTURE-C**

RECEIPTED BILL

Received the sum of Rs. 1,03,240/- (Rupees One lakh three thousand two hundred forty) only the total of entitlement of Rs.NIL from the Insurance Fund or Rs.1,03,240/- from the Savings Fund to Sri/Smti XYZ, Designation : Director of Accounts & Treasuries, Group:- ‘A’ under the Union Territory Government Employees’ Group Insurance Scheme, 1984.

Date: Signature(s) of the Recipients(s)

(Name in Block Letter)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Delete whichever is inapplicable.

**FOR USE IN DEPARTMENTAL OFFICE**

1. Relevant bio-data of the member.
   1. Type of Group of the member (i.e. lowest group)Viz. D/C/B/A on initially joining the scheme on 1-1-84
   2. Year of acquiring membership of higher group---
2. C 1-1-84
3. B 1-1-86
4. A 1-1-97
5. Countersigned for payment of Rs.1,03,240/- ( Rupees One lakh three thousand two hundred forty)

to claimant (s) crossed cheques/Demand draft to be issued in favour of the claimant(s)

Date :

Signature of the DDO

**FOR USE IN THE DIRECTOR OF AUDIT AND PENSION OFFICE**

Passed for payment of Rs…………. (Rupees…………………. ……………………………). Payment through Cheque(s) No……..

Date : Director of Audit and Pension

**GOVT. OF ARUNACHAL PRADESH**

**DIRECTOR OF ACCOUNTS & TREASURIES**

**ITANAGAR**

No……………… Date……………………

**O R D E R**

Sanction is hereby accorded for an amount not exceeding Rs. 1,03,240/- Rupees One lakh three thousand two hundred forty) only in favour of **Sri/Smti XYZ** bein**g** the accumulated amount of Savings Fund under UTGEGIS,1984 on his retirement / Voluntary retirement /absorption of autonomous Body on 31-5-2015.

The expenditure is debitable to the **Head of Account ‘8011 Insurance and Pension Fund’** of Union Territory Government Employees’ Group Insurance Scheme,1984.

Signature of the Head of Office

Memo No……………………………………. Date ……………………….

Copy t:-

1…………….

2…………….

Signature of the Head of Office

SPECIMEN SIGNATURE AND DESCRIPTIVE ROLL OF

**SRI/SMTI XYZ.**

1. SPECIMEN SIGNATURE:------

(i)……………………………

(ii)…………………………….

(iii)……………………………

2. DESCRIPTIVE ROLL

1. Height :- 5`3”

1. Personal identification mark :- Cut mark on left thumb.

Witness:-

Name Full address Signature

1. xxxxxxxxx, FAO O/o Directorate of Accounts & Treasuries

Govt. of A.P., Itanagar

2. xxxxxxx, Supdt O/o Directorate of Accounts & Treasuries

Govt. of A.P., Itanagar

Attested by

Head of Office /Any gazetted Officer

with official seal.