

श्री.....के

बांये हाथ के अंगूठा/उंगलियों के प्रमाणित निशान

कनिष्ठिका	अनामिका	मध्यमा	तर्जनी	अंगूठा

प्रमाणित

प्रतिहस्ताक्षरित

श्री.....के

प्रमाणित ऊंचाई एवं पहचान चिन्ह

ऊंचाई	फिट	इंच	सेन्टीमीटर

पहचान चिन्ह.....

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प्रतिहस्ताक्षरित

श्री.....के

प्रमाणित नमूना हस्ताक्षर

1.	
2.	
3.	

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1.	
2.	
3.	

प्रमाणित

प्रतिहस्ताक्षरित

कार्यालय प्रधान महालेखाकार (सामान्य एवं सामाजिक क्षेत्र लेखापरीक्षा), मध्यप्रदेश
ऑडिट भवन, ग्वालियर-474002

विकल्प – पत्र

भारत सरकार कार्मिक लोक शिकायत और पेंशन मंत्रालय (पेंशन और पेंशन भोगी कल्याण विभाग) के ज्ञापन क्रमांक 45/57/97 पी. एण्ड पी. डब्ल्यू(सी.) दिनांक 19.12.97 की कंडिका (3) के अनुपालन में मैं श्री - केन्द्रीय सिविल सेवा पेंशन नियम 1972 से शामिल हूँ तथा दिनांक को सेवा निवृत्त हो रहा हूँ। अतः निम्नानुसार अपना विकल्प प्रस्तुत करता हूँ :-

1. केन्द्रीय कर्मचारी स्वास्थ्य योजना अथवा मंत्रालय/विभाग द्वारा संचालित स्वास्थ्य योजना के अंतर्गत प्रदत्त चिकित्सा सुविधाओं का उपयोग करना चाहता/चाहती हूँ।

अथवा

2. एक मुस्त निर्धारित चिकित्सा भत्ता रुपये 500/- (रुपये पाच सौ मात्र) प्रतिमाह लेना चाहता/चाहती हूँ। इसके साथ साथ मैं Non-CGHS शहर में निवासरत हूँ, अतः भारत सरकार, स्वास्थ्य विभाग के पत्र क्रमांक 1105/1/2000-CGHS(P) दिनांक 25.2.2000 के अनुसार CGHS की In-door Hospitalisation treatment facilities भी लेना चाहता हूँ। मैं Outdoor Patient Department के तहत CGHS स्कीम में लाभ नहीं लेना चाहता हूँ।

स्थान :-

हस्ताक्षर.....

दिनांक :-

पूरा नाम –

पिता का नाम –

कार्यालय का नाम –

विकल्प – पत्र

भारत सरकार कार्मिक लोक शिकायत और पेंशन मंत्रालय (पेंशन और पेंशन भोगी कल्याण विभाग) के ज्ञापन क्रमांक 45/57/97 पी. एण्ड पी. डब्ल्यू(सी.) दिनांक 19.12.97 की कंडिका (3) के अनुपालन में मैं श्री - केन्द्रीय सिविल सेवा पेंशन नियम 1972 से शामिल हूँ तथा दिनांक को सेवा निवृत्त हो रहा हूँ। अतः निम्नानुसार अपना विकल्प प्रस्तुत करता हूँ :-

1. केन्द्रीय कर्मचारी स्वास्थ्य योजना अथवा मंत्रालय/विभाग द्वारा संचालित स्वास्थ्य योजना के अंतर्गत प्रदत्त चिकित्सा सुविधाओं का उपयोग करना चाहता/चाहती हूँ।

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2. एक मुस्त निर्धारित चिकित्सा भत्ता रुपये 500/- (रुपये पांच सौ मात्र) प्रतिमाह लेना चाहता/चाहती हूँ। इसके साथ साथ मैं Non-CGHS शहर में निवासरत हूँ, अतः भारत सरकार, स्वास्थ्य विभाग के पत्र क्रमांक 1105/1/2000-CGHS(P) दिनांक 25.2.2000 के अनुसार CGHS की In-door Hospitalisation treatment facilities भी लेना चाहता हूँ। मैं Outdoor Patient Department के तहत CGHS स्कीम में लाभ नहीं लेना चाहता हूँ।

स्थान :-

हस्ताक्षर.....

दिनांक :-

पूरा नाम –

पिता का नाम –

कार्यालय का नाम –

FORM 3
[See Rule 54 (12)]
Details of Family

Name of the Government servant ...
Designation ...
Date of birth ...
Date of appointment ...
Details of the members of my family
*as on ...

S.No.	Name of the members of family*	Date of Birth	Relationship with the Officer	Initials of the Head of Office	Remarks
1	2	3	4	5	6
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

Place.....

Signature of Government servant

Dated the

- Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.
- Note- Wife and husband shall include respectively judicially separated wife and husband.

FORM 3
[See Rule 54 (12)]
Details of Family

Name of the Government servant ...
Designation ...
Date of birth ...
Date of appointment ...
Details of the members of my family
*as on ...

S.No.	Name of the members of family*	Date of Birth	Relationship with the Officer	Initials of the Head of Office	Remarks
1	2	3	4	5	6
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2.					
3.					
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5.					
6.					
7.					
8.					
9.					

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

Place.....

Signature of Government servant

Dated the

- Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.
- Note- Wife and husband shall include respectively judicially separated wife and husband.

FORM-5

(See Rules 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 his retirement.

- 1 Name :
- 2 (a) Date of Birth :
- (b) Date of Retirement :
- 3 Three specimen signature (to be furnished :
on a separate sheet) duly attested by a
Gazetted Government servant
- 4 Three copies of passport size joint :
photograph with wife or husband (to be
attested by the Head of Office)
- 5 Three slip showing the particulars of :
height and personal identification marks
duly attested by a Gazetted Government
servant
- 5 (a) Three copies of Left Hand Thumb and :
finger impression
- 6 Present Address :
- 7 Address after Retirement :
8. name of the Treasury or the branch of :
Public Sector Bank or the Pay and
Accounts is to be drawn (Saving bank
Account Number) , Bank BSR Code , Link
Branch Code
- 9 Details of the family in
- 10 Indicate whether family pension is :
admissible from any other source military
or State Government and/ or a public
sector undertaking/autonomous
Body/Local fund under the Central or a
State Government.

Signature

Place:-

Designation

Dated the _____

Ministry/ Deptt/Office

FORM-5

(See Rules 59 (1) (c) and 61 (1))

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- 1 Name :
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or State Government and/ or a public
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Body/Local fund under the Central or a
State Government.

Signature

Place:-

Designation

Dated the _____

Ministry/ Deptt/Office

FORM No. 4

(See para 11.1)

To,

The _____

Subject:- Application for payment of accumulation under Central Government Employee's Group Insurance Scheme, 1980.

Sir,

I have been a member of the Central Government employee's Group Insurance Scheme, 1980, since _____. I have retired from service after attaining the age of _____ years/ I have ceased to be in employment with the Central Government with effect from _____. I was holding the post of _____ before retirement/cessation of employment with the Central Government. I request that the amount due to me under the Central Government Employees Group Insurance Schemes may be paid to me.

Yours faithfully

Place:-

Date:-

Name and Designation of the Employee

FORM No. 4

(See para 11.1)

To,

The _____

Subject:- Application for payment of accumulation under Central Government Employee's Group Insurance Scheme, 1980.

Sir,

I have been a member of the Central Government employee's Group Insurance Scheme, 1980, since _____. I have retired from service after attaining the age of _____ years/ I have ceased to be in employment with the Central Government with effect from _____. I was holding the post of _____ before retirement/cessation of employment with the Central Government. I request that the amount due to me under the Central Government Employees Group Insurance Schemes may be paid to me.

Yours faithfully

Place:-

Date:-

Name and Designation of the Employee

FORM-1(A)

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

(See Rules 5(2) ,(12), 13(3), 14(1) and 15(3))

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

PART-I

The _____

(Here indicated the designation and full address of the head of office)

Subjected:- Commutation of pension without medical examination.

Sir,

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

1. Name (in Block Letters) :
2. Father's name (and also husband's name in the case of a female Govt. servant) :
3. Designation :
4. Name of Office/ Department/ministry in which employed :
5. Date of Birth (by Christian era) :
6. Date of retirement on Superannuation or on the expiry of extension ion services granted under FR 56 (d) :
7. Fraction of superannuation pension proposed to be commuted :
8. Disbursing authority from which pension is to be drawn after retirement :
- (a) Treasury/Sub-Treasury (name and complete address of the Treasury/Sub-Treasury to the indicated) :
- (b) (i) Branch of the nominated nationalized bank with complete postal address.
(ii)Bank Account No. to which monthly pension is to be credited each month.
(iii)Bank BSR Code , Link Branch Code
- (c) Accounts Office of the Ministry/ Department/Office :

Signature

Present Postal Address

Place:

Date:

Postal Address after retirement

FORM-1(A)

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

(See Rules 5(2) ,(12), 13(3), 14(1) and 15(3))

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

PART-I

The _____

(Here indicated the designation and full address of the head of office)

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1. Name (in Block Letters) :
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(iii)Bank BSR Code , Link Branch Code
- (c) Accounts Office of the Ministry/ Department/Office :

Signature

Present Postal Address

Place:

Date:

Postal Address after retirement

NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT EMPLOYEES GROUP INSURANCE SCHEMES, 1980.

I, _____ 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 Central Government under the Central Government Employees Group Insurance Schemes, 1980 in the event of my death whittle in service or which having become payable on may attaining the age of superannuation may remain unpaid that my death.

Names addresses nominee/ nominees	Relationship with Government Servant	Age	Share of Amount to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name address relationship of the person, if any to whom the right of the nominee shall pass in the event of his predeceasing the Government Servant.
1	2	3	4	5	6

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

Dated:- This _____ day of _____ 200

Signature of two witness. 1.

2.

Signature of Govt. Servant

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT EMPLOYEES GROUP INSURANCE SCHEMES, 1980.

I, _____ 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 Central Government under the Central Government Employees Group Insurance Schemes, 1980 in the event of my death whittle in service or which having become payable on may attaining the age of superannuation may remain unpaid that my death.

Names addresses nominee/ nominees	Relationship with Government Servant	Age	Share of Amount to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name address relationship of the person, if any to whom the right of the nominee shall pass in the event of his predeceasing the Government Servant.
1	2	3	4	5	6

Dated:- This _____ day of _____ 200_____

Signature of Govt. Servant

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FORM-1
(See Rule 53 (1))

Nomination for Retirement Gratuity/Death Gratuity

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

I, _____, hereby nominate the person/persons 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 gratuity the payment of which may be authorised by the Central Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which has become admissible to me on retirement may remain unpaid at my death-

Original Nominees(s)				Alternate Nominee(s)	
Name & address of nominee/nominees	Relationship with the Govt Servant	Age	Amount or 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 pre-deceasing the govt. servant or the nominee dying after the death of the Government Servant but before receiving payment of gratuity.	Amount or share of gratuity payable to each (**)
1	2	3	4	5	6

This nomination supersedes the nomination made by me earlier on _____ 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.

(ii) Strike out which is not applicable.

Dated this _____ day of _____ 20____ at _____

Witness to signature:

(i) _____

(ii) _____

Signature of Government Servant

(To be filled by the Head Office)

Nomination by _____
Designation _____
Office _____

Signature of Head Of Office
Date:
Designation:

FORM-1
(See Rule 53 (1))

Nomination for Retirement Gratuity/Death Gratuity

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

I, _____, hereby nominate the person/persons 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 gratuity the payment of which may be authorised by the Central Government in the event of my death 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 retirement may remain unpaid at my death-

Name & address of nominee/ nominees	Original Nominees(s)			Alternate Nominee(s)	
	Relationship with the Govt Servant	Age	Amount or 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 pre-deceasing the govt. servant or the nominee dying after the death of the Government Servant but before receiving payment of gratuity.	Amount or share of gratuity payable to each (**)
1	2	3	4	5	6

This nomination supersedes the nomination made by me earlier on _____ 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.

(ii) Strike out which is not applicable.

Dated this _____ day of _____ 20____ at _____

Witness to signature:

(i) _____

(ii) _____

Signature of Government Servant

(To be filled by the Head Office)

Nomination by _____
Designation _____
Office _____

Signature of Head Of Office
Date:
Designation: