

पेंशन स्वीकृत के लिए साधारण निवेदन फार्म  
फार्म गी.एस.आर.-३०

प्रति,

वरिष्ठ लेखाधिकारी \* पेंशन \*  
मध्य प्रदेश विद्युत मण्डल,  
जबलपुर।

द्वारा - उचित माध्यम

विषय:- पेंशन/सेवा उपदान स्वीकृत करने बाबत।

संदर्भ:- सेवानिवृत्ति आदेश क्रमांक \_\_\_\_\_ दिनांक \_\_\_\_\_

०००

महोदय,

मैं दिनांक \_\_\_\_\_ से अधिवारिकी आयु पूर्ण करने पर स्वेच्छा से / अनिवार्य रूप से सेवा-निवृत्त हो रहा हूँ। मेरी जन्मतिथि \_\_\_\_\_ है। निवेदन है कि मुझे नियमानुसार मिलने वाली पेंशन / सेवा उपदान व ग्रेज्यूटी की स्वीकृति प्रदान की जावे। मैं अपनी पेंशन का भुगतान क्षेत्रीय लेखाधिकारी, मध्य प्रदेश विद्युत मण्डल, \_\_\_\_\_ से प्राप्त करना चाहता हूँ।

मैं यह सुनिश्चित करता हूँ कि मैंने इस संदर्भ में पूर्व में किसी भी प्रकार का निवेदन नहीं किया है व बाद में भी कोई निवेदन नहीं करूँगा। अस्तु उक्त स्वीकृत आदेश अतिशीघ्र पारित करने की कार्यवाही करें।

मैं तत्संबंध में अपेक्षित निम्नलिखित दस्तावेज पूर्ण कर प्रस्तुत कर रहा हूँ :-

- 1/ फार्म-३ \* परिवार - विवरण \*
- 2/ धोषणा-पत्र मारुप \* 1 \* बकाया राशि के कटौती बाबत।
- 3/ पेंशन ग्रेज्यूटी का पूर्व भुगतान न होने बाबत।
- 4/ नामांकन
- 5/ मेरे स्वयं के सत्यापित दस्तावेज \* तीन प्रति में \*
- 6/ मेरे बायें हाथ की \* महिला कर्मचारी का दायें हाथ का \* अंगुलियों के निशान \* तीन प्रति में \* सत्यापित किया हुआ।
- 7/ मेरा व मेरी पत्नी का संयुक्त छाया चित्र सत्यापित किया हुआ \* तीन प्रति में \*
- 8/ मेरा स्वयं का सत्यापित छाया चित्र \* दो प्रति में \* सारांशिकरण पेंशन हेतु।
- 9/ मेरा वर्तमान पता :-
- 10/ मेरा सेवा-निवृत्ति के बाद का पता :-

हस्ताक्षर

\* निवेदनकर्ता कर्मचारी \*

दिनांक :-

स्थान :-

Strike out whichever is not applicable.

FORM - 6

Form for assessing pension and Gratuity

(Rules 57(1), 59, 61(1), 63(1) and (7))

P A R T - I

1. Name of the employee

2. Father's name (and also husband's

name in the case of female employee)

3. Date of Birth (by christian era)

4. Religion and nationality

5. Permanent residential address showing village/town, district & State.

6. Present or last appointment including name of establishment.

7. Date of beginning of service.

8. Date of ending of service.

9. (i) Total period of military service for which pension/gratuity was sanctioned.

(ii) Amount and nature of any pension/Gratuity received for the military service.

10. Amount and nature of any pension/Gratuity received for previous Civil Services.

11. Government under which service has been rendered in order of employment.

12. Interruption & Non-qualifying service

13. Length of qualifying service.

14. Class of pension or service gratuity applied for by the employee & cause of application (In case of invalid pension medical certificate to be attached).

15. Whether the employee is a pre 1933 entrant and sub-rule (2) of rule (40) of M.P. Civil Services (Pension) Rules 1976 applies to him (in respect of allocated employees of former M.P. only).

- 16. Emoluments reckoning for gratuity. \_\_\_\_\_
- 17. Average emoluments reckoning for pension \_\_\_\_\_
- 18. Proposed pension. \_\_\_\_\_
- 19. Proposed death-cum-retirement gratuity \_\_\_\_\_
- 20. Proposed service gratuity if any. \_\_\_\_\_
- 21. Date from which pension is to commence \_\_\_\_\_
- 22. Whether nomination made for :-

(i) Death-cum-retirement Gratuity \_\_\_\_\_

(ii) Non-contributory family pension, if applicable. \_\_\_\_\_

23. Whether the employee has paid all the Board's dues. \_\_\_\_\_

24. Whether contributory family pension applies to the employee and if so ; \_\_\_\_\_

(i) Emoluments reckoning for contributory family pension. \_\_\_\_\_

(ii) The amount of contribution to be recovered out of the gratuity \_\_\_\_\_

(iii) The amount of contributory family pension becoming payable to the wife/husband of his/her death after retirement. \_\_\_\_\_

25. Whether AT ENHANCED RATE made for :-

(i) at enhanced rate of ..... from ..... to .....

(ii) at normal rate of ..... from ..... to .....

(iv) Complete & upto date details of family as given in Form-3 :-

Sl.No.	Name of the members of family	Date of birth	Relationship with employee.
--------	-------------------------------	---------------	-----------------------------

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

...3...

25. Height \_\_\_\_\_

26. \_\_\_\_\_

27. Name of payment of pension/gratuity (FORM NO. OF GOVT. EMPLOYEES).

28. Head of account to which pension and gratuity are debitible. \_\_\_\_\_

Place.....

Date.....

Signature of head of Office

P A R T - II

Emoluments drawn during the last 1 month of service.

Post Held	From	To	Pay	Personal/Special Pay
1.	2.	3.	4.	5.

Average emoluments:-

In case where the last 12 months include some period not to be reckoned for calculating average emoluments of an equal period backwards has to be taken for calculating the average emoluments.

SECTION - II

Details of non-qualifying service.

- |   |    |    |    |      |    |
|---|----|----|----|------|----|
| 1. Interruption                                 | Y. | M. | D. | From | To |
| 2. Any other service not treated as qualifying. |    |    |    |      |    |

TOTAL :

SECTION - III

- 1. Period of service not verified with reference to acquittance Rolls. \_\_\_\_\_
- 2. Whether the above period has been verification accordance with the provisions of rule 58 of the M.P. Civil Services (Pension) Rules 1976. \_\_\_\_\_

SECTION - IV

(To be used by the Head of Office for grant of anticipatory/provisional pension/gratuity).

Details of anticipatory/provisional pension and gratuity to be drawn and disbursed by the Head of Office in accordance with the provisions of rule 61 and 64 :-

Pension.	Rs.....p.m.
Gratuity (90 or 50 percent of the gratuity mentioned against item 19 of Part I as the case may be).	Rs.....
(a) Contribution towards contributory family pension, if applicable (see item 24(ii) of Part I).	Rs.....
(b) Government dues which have been ascertained and assessed.	Rs.....
(c) Amount of gratuity held over for adjustment of Govt. dues which have not been assessed so far.	Rs.....
(d) Total of (a), (b) and (c)	Rs.....
Net amount of anticipatory/provisional gratuity payable.	Rs.....

PART - III

SECTION -1

Audit enforcement.

- 1. Total period of qualifying service which has been accepted for the grant of super-annuation/retiring in valid/compensation/compulsory retirement pension/gratuity with reasons for disallowance, if any.

NOTE: Service for the period commencing .....and upto the date of retirement has not yet been verified, this would be done before the pension payment order is issued.

- 2. Amount of superannuation/retiring/invalid/compensation/compulsory retirement pension/gratuity, that has been admitted.
- 3. Amount of superannuation/retiring/invalid/compensation/compulsory retirement pension/gratuity, admissible after taking into account reduction, if any, in pension and gratuity made by the pension sanctioning authority.
- 4. The date from which superannuation/retiring/invalid/compensation/compulsory retirement/pension/gratuity is admissible.
- 5. Head of Account to which superannuation/retiring/invalid compensation/compulsory retirement pension/gratuity is chargeable.
- 6. The amount of contributory family pension becoming payable to the entitled members of the family in the event of death of the servant after retirement;

at enhanced rate of .....p.m. from.....to.....  
 at normal rate of .....p.m. from.....to.....

ACCOUNTS OFFICER/  
 ASSISTANT ACCOUNTANT GENERAL

SECTION - II

- 1. Name of the Board servant.
  - 2. Class of pension or gratuity.
  - 3. Amount of pension sanctioned.
  - 4. Amount of gratuity sanctioned.
  - 5. Date of commencement of pension.
  - 6. Amount of contributory family pension admissible in the event of the death of the Servant after retirement.
- At enhanced rate .....
- At normal rate .....

...6...

7. Amount recoverable from gratuity under Sub-rule 2(b) of rule 65 of the M.P. Civil Service (Pension) Rules 1976.
8. The amount of cash deposit of the amount of gratuity held over for adjustment of unassessed Board's dues.

C E R T I F I C A T E

Certified that no dues are outstanding against Shri

Total

Signature  
Designation

Certified that no departmental enquiry is pending against

Shri

Signature  
Designation

D E C L A R A T I O N

I hereby declare and give consent to recover any amount outstanding against me from my pension or DCRG.

Signature  
Designation

Total

I hereby declare that I have not received any pension or DCRG so far nor I have applied for the same before.

Signature  
Designation

Certified that no departmental enquiry is pending against

Signature  
Designation

C E R T I F I C A T E

Certified that no DCRG under Gratuity Act, 1972 has been paid to

Shri

Signature of Head of Office  
(With Stamp)

C E R T I F I C A T E  
(FOR DEATH CASES ONLY)

Certified that the family of Late.....  
is Not Entitled/Entitled for compensation under Workman Compensation  
Act, 1923.



**FORM 1**

**Nomination for death cum retirement gratuity**

(I 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 that may be sanctioned by the Government in the event of my death while in service of after retirement.

Original Nominee(s)			Alternate Nominee(s)		
Name and address of Nominee/Nominees	Relationship with the Govt. servant	Age	Amount share of Gratuity payable to each	Name, Address, relationship & 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 nominee dying after the death of Govt. servant but before receiving payment of gratuity.	Amount of 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 if not applicable.

Dated \_\_\_\_\_ days of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_

WITNESS TO SIGNATURE

1. \_\_\_\_\_

2. \_\_\_\_\_

**FORM**

**(see rule 6 (6))**

**Nomination form of family pension**

I hereby nominate the persons mentioned below, who are member of my family, to receive the order shown below the family pension which may be granted by Government in the event of my death after completion of 25 years, qualifying service:

Name & Address of Nominee	Relationship with the Government servant	Age	Whether married or unmarried

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

Dated \_\_\_\_\_ days of \_\_\_\_\_ 20 \_\_\_\_ at \_\_\_\_\_

WITNESS.

1. \_\_\_\_\_
2. \_\_\_\_\_

Signature of Govt.Servant

To be filled by the head of officer in the case of non-Gazetted Officer.

1. Nominee by \_\_\_\_\_
2. Designation \_\_\_\_\_
3. Office \_\_\_\_\_

... 8 ...  
**FORM NO. 3**

See Rule-47 (12)

**DETAILS OF FAMILY.**

<b>Name of Board's Servant</b>	:	
<b>Designation</b>	:	
<b>Date of Birth</b>	:	
<b>Date of Appointment</b>	:	

Details of the Member of my Family as on					
S.No.	Name of the Members of Family*	Date of Birth	Relationship with the Board's Servant.	Initial of the Head Office.	Remarks
1					
2					

I, hereby undertake to keep the above particulars up to date by notifying to the Audit Officer/ Head of Office any addition or alternation.

<b>Place:</b>	Jabalpur
<b>Date:</b>	

**Signature of Board's Servant.**

- \*Family for this purpose means:**
- (a) Wife, or wives in the case of male Board's Servant.
  - (b) Husband in the case of Female Board's Servant.
  - (c) Children below twentyfive(25) years of age including such son or daughter adopted legly before retirement.

**NOTE:** Wife & Husband shall include respectively judicially separated wife and husband.

<b>Details of Family:</b>	
Filed by :	
Designation	
Office	
Dated :	

## नामांकन अन्य दावों के लिये

« सेवा-निवृत्ति दिनों से मृत्यु के बीच अवधि के लिये »

में निम्नलिखित को नामांकित करता हूँ, जो मेरी मृत्यु उपरान्त भुगतान होगा।

1. नामांकित परिवार सदस्य :- « 1 »  
« 2 »  
« प्रत्येक के लिये अंश भरा जाय »
2. कर्मचारी से नामांकित का सम्बन्ध :-
3. नामांकित सदस्य की उम्र :-

मे, आज दिनांक \_\_\_\_\_ को नामांकित कर रहा हूँ।

भवाह :-

« 1 »

« 2 »

« हस्ताक्षर कर्मचारी »

प्रतिहस्ताक्षरित

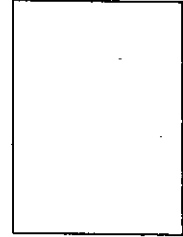
« नियोजताधिकारी का हस्ताक्षर »

टीप:- उपरोक्त नामांकन पत्र की एक प्रति पेंशन प्रकरण के साथ सलमन किया जाये तथा एक प्रति सेवा-मुक्ति के अंतिम भाग में जड़पा किया जाये।

.....

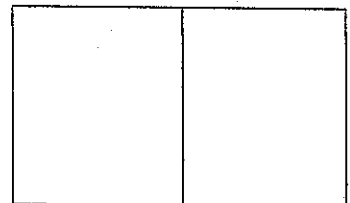
सेवानिवृत्ति  
(सत्यापित छायाचित्र)

(I) मेरा स्वयं का एकल छायाचित्र



(विभाग प्रमुख के हस्ताक्षर एवं सील)

(II) मेरा स्वयं एवं पत्नि का संयुक्त छायाचित्र



(विभाग प्रमुख के हस्ताक्षर एवं सील)

हस्ताक्षर  
नाम:—  
पद:—  
कार्यालय:—

प्रति हस्ताक्षरित

## सेवानिवृत्ति

(I) (पुरुष के बांये हाथ एवं महिला के दांये हाथ की अंगुलियों के निशान)

मैं \_\_\_\_\_ के  
बांये / दांये हाथ की अंगुलियों के निशान सत्यापित किये हुए:-

कनिष्का

अनामिका

मध्यमा

तर्जनी

अंगूठा






हस्ताक्षर

नाम:-

पद:-

कार्यालय:-

प्रति हस्ताक्षरित

(II) मेरे हस्ताक्षर का नमूना:-

(1)

(2)

(3)

मेरी उपस्थिति में हस्ताक्षर किये गये (गवाह):-

(1)

(2)

प्रति हस्ताक्षरित

## सेवानिवृत्ति

मेरा वर्तमान पता:—

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टेलीफोन / मोबाइल नंबर:— .....

मेरा स्थायी पता:—

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हस्ताक्षर

नाम:—

पद:—

कार्यालय:—

प्रारूप "क"  
(नियम 5 (3) तथा 1.1 देखिये)  
(पेंशन के कम्प्यूटेशन के लिए आवेदन पत्र)

प्रति,  
उप निदेशक (पेंशन)  
एमपीपीटीसीएल, जबलपुर

राजपत्रित अधिकारी द्वारा  
आवेदन अनुप्रमाणित फोटो

द्वारा - अतिरिक्त सचिव, एमपीपीटीसीएल, जबलपुर।

पेंशन के कम्प्यूटेशन के लिए आवेदन पत्र

आवेदक का नाम	—	_____
जन्मतिथि	—	_____
सेवा निवृत्ति की तारीख	—	_____
पेंशन का प्रकार	—	_____
धारित पद	—	_____
विभाग/कार्यालय जहां से सेवा निवृत्त हो रहा है/हुआ है।	—	_____
पेंशन की रकम	—	_____
कोषालय का नाम जहां से पेंशन आहरित होती है/ आहरित की जाती है	—	_____
कम्प्यूटेशन की जाने हेतु पेंशन की रकम	—	_____
डाक का पता (सूचित करने के लिए)	—	_____
पेंशन का भुगतान आदेश तथा जारी करने वाले अधिकारी का पद नाम	—	_____

हस्ताक्षर  
पूरा नाम

कार्यालय प्रमुख द्वारा सत्यापन

प्रमाणित किया जाता है कि पेंशन के कम्प्यूटेशन के लिए आवेदन पत्र श्री/सुश्री \_\_\_\_\_  
पद \_\_\_\_\_ कार्यालय- अतिरिक्त सचिव,  
एमपीपीटीसीएल, जबलपुर से इस कार्यालय में तारीख \_\_\_\_\_ को प्राप्त हुआ था।

कार्यालय प्रमुख के हस्ताक्षर  
एवं पद मुद्रा

प्रति की अभिस्वीकृति

कम्प्यूटेशन के लिए आवेदन पत्र श्री/सुश्री \_\_\_\_\_  
पद \_\_\_\_\_ कार्यालय को दिनांक \_\_\_\_\_ को प्राप्त हुआ।

कार्यालय प्रमुख के हस्ताक्षर  
एवं पद मुद्रा



प्रारूप "ख"  
(नियम- 7 देखिये)

प्रति,

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

(कार्यालय प्रमुख)  
(स्थान)

में \_\_\_\_\_ (पेंशनर का नाम) एतद् म.प्र. सिविल सेवा  
(पेंशन का कम्प्युटेशन) नियम 1996 के नियम- 7 के अधीन नीचे व्यक्ति/व्यक्तियों के नाम निर्दिष्ट  
करता हूँ:-

1	नामजद व्यक्ति/व्यक्तियों का नाम तथा पता	
2	पेंशनर से संबंध	
3	यदि नामजद व्यक्ति अवयस्क हो, तो	
	क जन्म तिथि	
	ख उस व्यक्ति का नाम तथा पता जो नामजद की अवयस्कता के दौरान उक्त कम्प्यूटेड मूल्य प्राप्त करेगा	
4	क्र. 1 के अधीन नामजद व्यक्ति की पेंशन के पूर्व मृत्यु हो जाने की दशा में अन्य नामजद व्यक्ति का नाम तथा पता	
5	पेंशनर से संबंध	
6	जन्म तारीख यदि अन्य नामजद व्यक्ति अवयस्क हो	
7	उस व्यक्ति का नाम तथा पता जो अन्य नामजद व्यक्ति की अवयस्कता के दौरान पेंशन का कम्प्यूटेड मूल्य प्राप्त कर सकेगा	
8	वह आकस्मिकता जिसके घटित होने पर नामांकन अवैध हो जावेगा	

स्थान:-

तारीख:-

हस्ताक्षर \_\_\_\_\_

पूरा नाम \_\_\_\_\_

कार्यालय प्रमुख द्वारा भेजी जाने वाली अभिस्वीकृति

प्रमाणित किया जाता है कि श्री/सुश्री/ \_\_\_\_\_ से  
नामांकन प्राप्त हो चुका है।

कार्यालय प्रमुख के हस्ताक्षर  
परा पता