

REMARKS BY THE HEAD OF OFFICE
NCC-GD-PC/NCC-PC

1. As to character and past conduct of the applicant :
- 1A. Whether the officer is involved in a disciplinary case/Court of Inquiry or not? :
2. Explanation of any suspension or degradation :
3. Regarding any gratuity or pension already received by the applicant :
4. Any other remarks
5. Specific opinion by Head of Office Whether the service claimed is established and should be admitted for pension and DCRG :

Station

Commanding Officer

COUNTERSIGNED

New Delhi-110066

Date :

()
Brig
DDG MS

**APPLICATION FOR PENSION OR GRATUITY AND
DEATH-CUM-RETIREMENT GRATUITY UNDER CIVIL RULES**

1. Name of applicant :
(in block letters)
2. Father's name/ Husband's name :
in the case of female Govt. servant
(in block letters)
3. Religion and Nationality :
(in block letters)
4. Residence showing villages, Pargana, :
Dist. and State
(in block letters)
5. Present or last employment including name :
of establishment
 - (a) Substantive appointment :
6. Date of beginning of service :
7. Date of ending of service
 - (a) Total period of Military service :
 - (b) Date of commencement and end :
of military service
 - (c) Amount and nature of any pension/ :
gratuity received for the Military
service
8. Length of service, including interruption :
of which non- qualifying and interruptions
 - (a) Total qualifying service :
 - (b) Qualifying military service :
reckonable for civil pension

- (c) Total service qualifying for civil pension/gratuity :
9. Class of pension or gratuity applied for the case of application
- (a) Pension rules opted/eligible --
10. Whether nomination made for
- (i) Death-cum-retirement gratuity --
- (ii) Family pension under liberalized pension rules --
11. Average emoluments for the last three years (*) --
- (a) Rate of emoluments last drawn for the last ten months --
12. Proposed pension
- (a) Proposed gratuity --
- (b) Proposed death-cum-retirement gratuity --
13. Date from which pension to commence --
14. Place of payment (in block capitals) --
Name of Treasury & Bankers with A/c No. with full address
15. Date of applicant's birth by Christian era (**)--
16. Height (+) --
17. Identification marks --
18. Date of first application for pension --
19. Impression of balls and thumb and all the fingers of the left hand (Right hand in the case of female Govt. servant) --

20. Govt. under which service has been rendered in order of employment (The details may where necessary be recorded on separate sheet to be pasted on this page) :
21. Name of wife :
22. Descriptive Roll :-
- (i) Date of birth by Christian Era :
 - (ii) Height :
 - (iii) Marks of Identification :
 - (iv) Signature on a separate sheet of paper duly attested :
 - (v) Right hand thumb and finger impression (in case of illieration) on a separate sheet of paper, duly attested :

Signature of the Head of Office/Department

(*) If the application is for a compensation pension or gratuity the nature of the Cheque of Establishment which has given rise to the claim should be fully stated.

(**) The term "Emoluments" should be taken as defined in Art 486/486-A/486-B, C.S.R.

(+) If not known exactly, must be seated on the best information or estimate.

Form - 2

HISTORY OF SERVICE (SHOWING INTERRUPTIONS) OF

Sl. No.	Establishment	Appointment	Pay	Acting Alice	Date of beginning	Date of Ending	Period reckoned as service	Period not reckoned as service	Leave without pay and Alice	How verified	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)

REMARKS BY THE HEAD OF OFFICE

1. As to character and past conduct of applicant
 - (a) Whether the officer is involved :
in a disciplinary case/Court of Inquiry
or not?
2. Explanation of any suspension or degradation:
3. Regarding any gratuity or pension :
already received by the applicant
(See chapter XXI,CS Regulations)
4. Any other remarks :
5. Specific opinion by the Head of Office :
Whether the service claimed is established
and should be admitted or not (See article
912 (ii) and 917 (ii) CS Regs)

Station: _____

Signature

Date: _____

Designation

After review of the applicant's record of service, I am of opinion that the pension/gratuity as admissible under the rules should be admitted in full/to the following extent only.

Signed by or for the Authority
competent to fill the vacancy

Signature

ENDORSEMENT BY THE SANCTIONING AUTHORITY

1. Amount of anticipatory pension sanction on _____ Rs.

_____ and ad-hoc increase + Rs. _____.

2. Date from which anticipatory pension sanctioned _____.

3. Amount of anticipatory gratuity sanctioned on _____

Rs. _____.

4. Amount of Death-cum-Retirement Gratuity sanctioned on _____

Rs. _____.

5. Commuted for cash payment of Rs. _____ payable

_____ from _____.

6. Residual anticipatory/Final pension Rs. _____ payable

_____ from _____.

A _____ (***) Pension/gratuity of Rs. _____ ad-hoc increase +

Rs. _____ P.M and retirement of Rs. _____ (in words) is

hereby sanctioned to Smt _____

with effect from _____ in respect of qualifying service of

_____ years _____ months _____ days _____ under Article

_____ CSR read with liberalized pension rules in lieu of anticipatory pension of

Rs. _____ P.M. ad-hoc increase + Rs. _____ PM anticipatory

retirement gratuity of Rs. _____. The whole of / A sum of Rs. _____

this pension/gratuity is chargeable to 60-A, Defence Army/Navy/ Air Force Estimates

and the rest to _____.

The grant of the aforementioned awards is notified in the office pension payment order

no. : C/ _____ /20

Station :

Asst. Accounts Officer (Pension)

Date :

(ENCL TO ENDORSEMENT BY THE SANCTIONING AUTHORITY) : (CONTD)

(+) To be completed in a case where powers under Art 470 CSR are exercised.

(**) Here enter " Compensations, Invalid, Superannuation or Retiring"

(4) Score out if not necessary.

THUMB AND FINGER IMPRESSIONS :

The impressions on page 1 is required for payment record in the Audit office.

A small quantity of printer's ink should be well rubbed on thin slab until a very thin even layer is formed. The balls of the thumb and or all the finger of the left/right hand of the individual after being wiped, should be laid on the inked slab and rolled from side to side (not rubbed) until sufficiently inked (this can be learnt from experience) and then lightly and carefully rolled on the paper on which the print is to be taken in such a way that the pattern of the whole of the ball of the thumb and fingers from side to side is clearly impressed on it. It must be specially borne in mind that side movement either at the time of applying or removing the thumb, will cause a smudge and spoil the impression.

(See Rule 53 (1))

NOMINATION FOR DEATH-CUM-RETIREMENT 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 members 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 authorized 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 :-

Original Nominee (s)				Alternate Nominee
Names and Address of Nominee /Nominees	Relationship with Govt. servant	Age	Amount of share of gratuity payable * to each	Name,address,relationship and age of the person or persons, if any, to whom the nominee shall pass in the event of the nominee pre-deceasing the Govt servant of the nominee dying after the death of Govt. servant but before receiving the payment of gratuity **
(1)	(2)	(3)	(4)	(5)

* This column should be filled in so as to cover the whole amount of the gratuity.

** The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s).

This nomination supersedes the nomination made by me earlier _____ which stands cancelled.

Note :- (i) The Govt. servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after the he has signed.

(ii) Strike out which is not applicable.

Dated this _____ day of _____ 20 at _____.

Witnesses to signatures :--

1. _____

2. _____

(To be filled in by the Head of Office)

Nomination by _____ Signature of the Head of Office

Designation _____ Date _____

Office _____ Designation _____

(Section Rule 55(7))

NOMINATION FOR FAMILY PENSION - 1950

I _____ hereby nominate the persons mentioned below, who are members of my family to receive in the orders shown below the family pension 1950 which may be granted by the Central Govt in the event of my death after completion of ten years qualifying service.

Name and address of nominee	Relationship with Govt servant	Age	Whether married or unmarried

This nomination supersedes the nomination made by me earlier in _____ which stands cancelled.

Note :- The Govt servant should draw lines across blank space below the last entry to prevent the insertion of any after he has signed.

Dated this _____ day of _____ at _____

Witnesses to signature

1. _____ Signature of Govt servant
2. _____ Designation

(To be filled by the Head of Office)

Nomination by _____

Designation _____

Office _____ Signature of Head of Office

Date _____
Designation _____

Particulars to be obtained by the Head of Office from the retiring Govt servant before eight months of the date of her retirement.

1. Name of the Govt servant :
2. Date of birth/Retirement :
3. Two specimen signatures duly attested (to be furnished in a separate sheet) duly attested by Gazetted Govt servant :
4. Three copies of passport size joint photographs of the Govt servant with his/her wife/husband (to be attested) by the Head Office :
5. Two slips showing the particulars of height and personal identification marks duly attested by a Gazetted Govt servant :
6. Present address :
7. Address after retirement :
8. Name of the Treasury or the Branch of Public Sector Bank or the Pay & Accounts Office through which the Govt Servant wants to draw his pension :
9. Details of the family in form -3 :

COUNTER SIGNED

Place :

Date :

Signature
Designation
Ministry/Deptt Office

1. Two slips each bearing the left hand thumb and finger impressions duly attested, may be furnished by person who is not literate enough to sign his name.

2. If such a Govt servant on account of physical disability is unable to give left hand thumb and finger impressions he may give the thumb and finger impressions of the right hand. Whereas Govt servant has lost both the hands, he may give his toe impressions. Impressions should be duly attested.

3. Only two copies of passport size photographs of self need to be furnished.

4. Where it is not possible for a Govt servant to submit a photograph with his wife/her husband, he/she may submit separate photograph. The photograph shall be attested by the Head of Office.

5. Any subsequent change of address should be notified to the Head of Office/Audit Officer.

6. Applicable only where Rule 54 of the CCS (Pension) Rules applies to the Govt servant.

FORM -3
(Section Rule 54 (12))

DETAILS OF FAMILY

Name of the Govt Servant :
Designation :
Date of birth :
Date of Appointment :

Details of the members of the Family as on _____

S. No.	Name of the member(s) of family	Date of Birth	Relationship with the officer	Initials of the Head of Office	Remarks
--------	---------------------------------	---------------	-------------------------------	--------------------------------	---------

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

Place :

Date : _____
(Signature of Govt. Servant)

COUNTERSIGNED

Place :

Date : _____
(Signature of the Head of Office)

APPX`A'

(Refer to item 3 of form 5)

ATTESTED SPECIMEN SIGNATURES OF THE GOVT SERVANT

1. _____

2. _____

RIGHT HAND THUMB AND FINGER IMPRESSIONS OF OFFICER

Thumb

Fore Finger

Middle Finger

Ring Finger

Little Finger

SIGNATURE ATTESTED

Place :

Date :

(Signature of Head of Office)

APPX `C'

(Refer to item 5 of form 5)

TWO SLIPS SHOWING THE PARTICULARS OF HEIGHT &
PERSONAL IDENTIFICATION MARKS DULY ATTESTED

1. No. :
2. Rank :
3. Name :
4. Particulars of :
 - (i) Height --
 - (ii) Identification --

Place :

Date :

(Signature of Govt. Servant)

ATTESTED

Place :

Date :

(Signature of Head of Office)

DETAILS OF SALARY DRAWN BY NCC-GD-PC/ NCC-PC

FOR THE LAST 10 MONTHS

Sl. No.	Months	Basic Pay	Rank Pay	DA drawn	CCA/HRA	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Total 10 months

" The above is certified as correct, as taken from my pay slips."

Place :

Date :

PART - II

Certified that the particulars given by the retiring officer NCC/PC/GD

Place :

Date : _____

PART - III

"Certified as correct ".

Place :

Date : _____

As APPX 'A'

CERTIFICATE (SPECIMEN)
(To be rendered by the CO unit)

Certified that the pension papers/documents in respect of NCC Dte
and submitted vide this office letter No.
dated
(duly completed in all respects) and particulars given by the retiring officer NCC/PC/
are correct.

Place :

Date :

COUNTER SIGNED

C E R T I F I C A T E

Certified that the particulars stated by the retiring officer viz NCC-PC-
of NCC Dte are correct.

Place :

Date :

Form -8

**NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT
EMPLOYEES GROUP INSURANCE SCHEME 1980**

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

I, _____, hereby nominate the member(s) mentioned below, who is/are member(s) or my family and confer on him/them the right to receive to the extent specified below amount that may be sanctioned by the Central Government under the Central Govt Employees Group Insurance Scheme, 1980 in the event of my death while in service or which having become payable on my attaining the age superannuation my remain unpaid at my credit.

Name and Address of Nominee(s)	Relationship with Govt Servant	Age	Share to be paid to each	Contingency 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 predeceasing the Govt servant

N.B. :- The Govt servant should draw line across the blank space below his last entry to prevent insertion of any names after he/she signed.

(Signature of the Govt servant)

Station :

Dated :

Signature of two witnesses

1. _____

2. _____

TO BE FILLED BY THE HEAD OF OFFICE

Nomination made by :

Designation :

Office :

FORM 1-A

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

**FORM OF APPLICATION FOR COMMUTAION OF A FRACTION OF
SUPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION WHEN
APPLICANT DESIRES THAT THE PAYMENT OF THE COMMUTED VALUE
OF PENSION SHOULD BE AUTHORISED THROUGH THE PENSION
PAYMENT ORDER**

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

PART - I

The Director General NCC
Ministry of Defence
WB-IV, RK Puram, New Delhi - 110066

Sub :- COMMUTATION OF PENSION WITHOUT MEDICAL EXAMINATION

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of the Central Civil Service (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 female Govt servant) :
3. Designation :
4. Name of Office/Deptt/Min. in which employed :
5. Date of birth (by Christian Era) :
6. Date of Retirement on superannuation or on the expiry of extension in service granted under FR 56(d) :
7. Fraction of superannuation pension proposed to be commuted :
8. Disbursing authority by from which

- pension is to be drawn after retirement
- (a) Treasury/Sub-Treasury :
(Name & complete address of the treasury/sub treasury to be 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
- (c) Account office of the Min/Deptt :
office

Signature
Present postal Address

Postal address after
retirement

Place :

Dated :

The payment of commuted value of pension shall be made through disbursing authority from which pension is to be withdrawn after retirement. It is not open to an applicant to draw the commuted value of pension from a disbursing authority office than the disbursing authority from which pension is to be drawn. The applicant should indicate the fraction of the amount of monthly pension (subject to a maximum of one third thereof) Which he/she desires to be commuted and not the amount in rupees.

Score out which is not applicable.

PART II

(ACKNOWLEDGEMENT)

Received from _____
Application in Part I of Form 1-A for commutation of fraction of pension without medical examination.

Place _____

Signature

Dated _____

If the application has been received by the Head of Office before the expiry of three months before the

Forwarded to the account officer

(Here indicate the address and designation _____ with the remarks that :

i) The particulars furnished by the applicant in part II have been verified and are correct.

ii) The applicant is eligible to get a fraction of his pension commuted without medical examination and

iii) The commuted value of pension determined with reference to the applicable at present comes to Rs. _____ and CCS (P) Rules

iv) The amount of residuary pension after commutation will be Rs. _____

2. The pension papers of the applicant completed in all respect were forwarded under this Min/Deptt/Office letter no. _____ dated _____. It is requested that payment of commuted value of pension may be authorized through the pension payment order which may be issued one month before the retirement of the applicant.

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

4. The commuted value of pension is debitible to Head of Account _____.

Place _____

Date _____

Note :-- The Principal Rules are introduced by the Ministry of Home Affairs, Deptt of Personnel and Administrative forms notification no. _____ dated _____ and published as so 1134 in Part II sec - 3, sub section (ii) of the Gazette of India dated 11 Apr 81.

OFFICE OF THE NCC DTE
WORKING SHEET OF PENSION/GRATUITY

1. Name, Grade and Account No. :

2. Date of Birth :

3. Date of appointment :

4. Appointment held at the time of retirement/superannuation :

5. Date of superannuation :

6. Office where serving at the time of retirement :

7. No. and date of Part II order :

8. Rate of pay last drawn at the time of retirement :

9. Qualifying service for the period :

10. Less period non-qualifying :

11. Average emoluments drawn for the last 10 months of service : -----

LAST 10 MONTHS SERVICE

Pension

1. From _____ to _____.
2. From _____ to _____.

Death-cum-retirement Gratuity _____.

Auditor _____

Section Officer

Accounts Officer

Appendix `A' to Government of India, Ministry of Defence letter No. 52324/Gen/Org-3
(Records) (d)/411-D (Pensioners Services) dated 19 Jan 1963

CDA(O) Account No. _____.
in respect of NCC/PC/GD/12502P Rank _____
Name _____.

Corps/Regt _____.

1. Date of birth or nearest age of enrollment :
/age on enrollment in the Army,
if the former is not known
2. Date of enrolment :
3. Date of discharge :
4. Period of reverse service, if any :
5. Whether the military service was pensionable:
under the military rules but terminated on
or before the pension was earned
in respect of the above named Ex-serviceman
6. Whether he was entitled to a service :
gratuity, if so how much
7. Whether the gratuity was drawn and is :
refundable to the Defence Service Estimates,
if the service is allowed to be counted for
civil pension
8. If the individual is in receipt of disability :
pension
 - (a) Had he earned a n ordinary service :
pension from his qualifying service
 - (b) Had he only earned a service :
gratuity in lieu of which a service
element disability pension has been
granted to him, if so what was the
amount of service gratuity

9. Whether he was paid from the funds :
revenue throughout
10. Whether the pensionary contribution has :
been recovered and credited to the Indian
Revenue for the period of his service
outside India
11. Whether the whole period of military :
service covered by any one of the clauses
mentioned in note 2 of the article 356 (a)/357
of the CSR
12. Non-qualifying service, if any :
13. Period of satisfactory paid military service :
14. Whether the military service was superior :
or inferior
15. War service :
16. Amount of service gratuity paid for the :
period of war service indicated in the
preceding item
17. Amount of war gratuity paid for the :
war service
18. Period of nature of leave other than :
casual leave

Date :

Place :

COUNTERSIGNED BY

Date :

Place :

Pay Accounts Officer

FIRST SCHEDULE

(Rule 9 (i) (b)

Form of Nomination when subscriber has a family, NCC-PC-GD/ NCC-PC hereby direct that the amount at my credit in the Defence Service Officer's Provident Fund at the time of my death shall be distributed among the members of my family mentioned below in the manner shown against their names :-

Name and address of the nominee(s)	Relationship with the subscriber	Age of the nominee	Amount of share of accumulation

Station :

Dated :

(Signature of subscriber)

Signature of two witnesses :-

1. _____.
(No., Rank and Name)

2. _____.
(No., Rank and Name)

(OC Unit)

SINGLE/JOINT PHOTOGRAPH OF OFFICER
DULY ATTESTED