#### FORM PEN - 16 [See rule 9.17(1)]

#### Form of Letter to the Accounts Officer forwarding the Pension papers of a Govt. Employee

No		
Government of Punjab		
Department / Office		
Dated the		
To		
The Accountant General(A&E) Punjab.		
Subject: - Pension Papers of Shri / Shrimati/Kumari	•••••	
for authorization of pension.		
Sir,		
I am directed to forward herewith the pension papers of Shri / Shrimati / I		
2. The details of Government dues which will remain outstanding on the dat employee and which need to be recovered out of the amount of death-cumretirement gratuit		
(a) Balance of the house - building or conveyance advance	•	Rs.
(b) Over payment of pay and allowances including leave salary	•	Rs.
(c) Income Tax deductable at source under the ITA, 1961 (43 of 1961)	•	Rs.
(d) Arrears of licence fee for occupation of Govt. accommodation	••	Rs.
(e) The amount of licence fee for occupation of Govt. accommodation	••	Rs.
for the permissible period of 2 months beyond the date of retirement		
(f) Any other assessed dues and the nature thereof	••	Rs.
(g) The amount of gratuity to be withheld for adjustment of	•	Rs.
unassessed dues, if any		
Total .		Rs.

- 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 informed thatnecessary instructions for the disbursement of pension have been issued to disbursing authority concerned.

Yours faithfully,

Head of Office / Pension Sanctioning Authority

#### Enclosures: -

- 1. Form PEN 1 and Form PEN 9\* duly completed.
- 2. Medical certificate of incapacity (if the claim is for invalid pension)
- 3. Statement of the savings effected and the reasons why employment could not be found else where (if claim
- is for compensation pension or gratuity)
- 4. Service book (date of retirement to be indicated in the service book).
- 5. a) Two specimen signatures, duly attested by a gazetted Government employee or in the case of pensioner not literate enough to sign his name, two slips bearing the left hand thumb and finger impressions, duly attested by a gazetted Government employee.
- b) \*\*Three copies of passport size photograph with wife or husband (either jointly or separately) duly attested by the Head of Office.
- c) Two slips showing the particulars of height and identification marks, duly attested by a gazetted Government employee.
- 6. A statement indicating the reasons for delay in case the pension papers are not forwarded before one year of the retirement of Government employee.
- 7. Written statement, if any, of the Government employee as required under rule 9.5 (1) (a).
- 8. Brief statement leading to reinstatement of the Government employee in case the Government employee has been reinstated after having been suspended compulsorily retired, removed or dismissed from service.

 $Note: \hbox{- When initials or name of the Government employee are/is incorrectly given in the various \textit{records}}$ 

consulted, this fact should be mentioned in the letter.
\*If a Government employee is compulsorily retired from service and delay is anticipated in obtaining Form PEN 9

If a Government employee, the Head of Office may forward the pension papers to the Accounts Officer without Form PEN 9. The Form may be sent as soon as it is obtained from the Government employee.

\*\*Only two copies of passport size photograph need to be furnished if the Government employee is governed by Appendix-I (i.e. a Family pension Scheme, 1964) and is unmarried or a widower or a widow.

#### FORM PEN 1

[See rules 9.4, 9.6, 9.7 (1), (3) and 9.11 (1)]

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

#### **PART-I**

1. Name of the Government Employee			
2. Father's Name			
Husband's name (in the case of a female Govt. Employee)			
3. Date of birth (by Chirstain era)			
4. Religion and Nationality			
5. Permanent residential address			
(Showing village, district & state)			
6. Present and last appointment including Name of establishment			
i) Substantive			
ii) Officiating, if any			
7. Date of beginning of service			
8. Date of ending of service			
9. i) Total period of military service for which			
pension or 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 service			
11. Government under which service has been	Year	Months	Days
rendered in order of employment			
12. Class of pension applicable			
13. The date on which action initiated to			
i) obtain the No demand certificate from			
the Accounts officer (Rent)/Rent Assessing			
Authority as provided in rule 9.3			
ii) assess the service and emoluments qualifying			
for pension as provided in rule 9.5, and			
iii)assess the Government dues other than the			
dues relating to the allotment of Govt.			
accommodation as provided in rule 9.19(1)			
14. Details of omissions, imperfections or deficiencies			
in the service book which have been ignored			
under rule 9.5(1)(b)(ii)			
15. Total length of qualifying service (for the			
purpose of adding towards broken periods,			
a month is reckoned as thirty days)			
16. Periods of non-qualifying service		From	То
i) Interruption in service condoned			
under rule 3.17A			
ii) Extraordinary leave not qualifying			
for pension		<del></del>	

iii) Period of suspension	on not treated as			
qualifying for pension				
iv) Any other service is	not treated as			
qualifying for pension				
Total				
17. Emoluments recko	oning for gratuity			
18. Average emolume Emoluments draw	nts on during the last ten	months of service		
Post held From	To	Pay		
Personal pay or specia	ıl pay	_ Average emolu	ments	
i) In case where the las				ing average emoluments an
ii) The calculation of a	average emoluments	should be based or	actual number of days co	ontained in each month.
19. Date on which form	m PEN 9 has been ob	tained from the G	overnment employee (to b	e obtained one year
Before the date of retin	rement of Governmen	nt employee		
20. i) Proposed pensio	on			
ii) Proposed graded re	lief			
21. Proposed death-cu	m-retirement gratuity	<i></i>		
22. Date from which p	pension is to commend	ce		
23. Proposed amount of	of provisional pension	n, if		
departmental or judici	al proceedings are ins	stituted		
against the Governmen	nt employee before re	etirement.		
24. Details of Government	ment dues recoverable	e out of gratuity:-		
i) Licence fee for the a	allotment of Governm	nent accommodation	on	
(See sub-rule(2),(3) ar	nd (4) of rule 9.18)			
ii)Dues referred to in r	rule 9.19			
25. Whether nomination	on made for death-cu	m-retirement		
gratuity.				
26. i) The amount of the takes place after it		coming payable to	the family of the Government	ment employee, if death
a) Before attaining the	age of 65 years		Rs	
b) After attaining the a	age of 65 years		Rs	
ii) Complete and up to	date details of the fa	mily, as given bel	ow:-	
Sr. No.	Name of the member	of the family	Date of birth	Relations with the Government employee
1	2		3	4
27. Height				
28. Identification marl				
29. Place of payment of				
(Treasury, Sub-Treasu	-			
30. Head of Account t				
		-		

#### **FORM PEN 9**

(See rule 9.2)

#### Particulars to be obtained by the Head of Office from the retiring Government employee before one year of the date of retirement

1. Name of the Government employee

1 3	
2. a) Date of Birth	
b) Date of retirement	
1[3. Two specimen signatures duly attested (to	be furnished in a separate sheet)
2[4. Three copies of passport size Joint photographics of passport size Joint photographics are proposed to the passport size and proposed to the passport size are proposed to the passport size	raphs of the Government employee with his/her
wife/husband.	
5. Two slips showing the particulars of height	and personal identification marks duly attested.
6. Present address	
4[7. Address after retirement	
8. Name of the Treasury/Public Sector Bank B	ranch through
which the Government employee wants to draw	w his pension
5[9. Details of the family as defined in Append	lix-I of the
Punjab C.S.R. Vol.II	
	Signature
	Designation
	Department/Office
Dated the	

<sup>1</sup>[Two slips each bearing the left hand thumb and finger impressions duly attested, may be furnished by a person who is not literate enough to sign his/her name. If such a Government employee 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. Where a Government employee has lost both the hands, he may give his toe impressions. Impressions should be duly attested by a Gazetted Government employee.

- <sup>2</sup>[Only two copies of passport size photographs of self need be furnished if the Government employee is governed by Appendix I of Punjab C.S.R. Vol-II and is unmarried or a widower or widow.
- <sup>3</sup>[Where it is not possible for a Government employee to submit a photograph with his wife/her husband he/she may submit separate photographs. The photograph shall be attested by the Head of Office.
- 4[Any subsequent change of address should be notified to the Head of Office/Accounts Office.
- 5[Applicable only where Appendix I of the Punjab CSR Vol.-II is applied to the Govt. employee].

# **History of Service (Showing Interruptions)**

Name ...... Designation .....

Establish ment	Appoin tment as	Substanti ve pay	Officiating Pay	Date of beginning service	Date of ending of service	Period Reckoned as service	Period not reckoned as service	Reason of Non- Qualifying Service	How verifie d	Remarks by the Accounts Officer
					Y-M-D	Y-M-D				
1	2	3	4	5	6	7	8	9	10	11
1	2	3	4	5			8	9	10	

# **Calculation Sheet of Pension**

Name
Father's / Husband's Name
1. Designation of the Post from which retired
2. Office last served
3. Date of Birth
4. Date of entry into Govt. Service
5. Date of Retirement / Superannuation
6. Rules under which pensionary benefits were settled
7. Total period of Service
8. Period not recognised as service
9. Period recognised as service
10. Average emoluments for last ten months
11. Average emoluments on which Pension fixed
12. Total amount of pension
13. Total amount of family pension
14. Death-cum-Retirement Gratuity
15. Percentage / amount of monthly pension commuted
16. Amount of commuted value of pension authorised
17. Remarks
(Signature of Head of office)
Designation
(with Stamp)

# **Chart Indicating the Service Verification**

NTarra	Dania	nation
Name	136810	nanon

S. No.		Period	Page No. of Service Book	No. or part of page of Service Book		
	From	То				

# **Table -I : Details of Qualifying Service**

Shri / Smt. ..... Designation .....

Name of Govt.under which employed (in order of employment)	Name of Establishment	From	То	Total Period	Less non- qualifying service (see table-II)	Qualifying service.
1	2	3	4	5	6	7

# **Table - II: Details of Non-Qualifying Service**

Name ...... Designation .....

Name of Govt. under	Name of Establishment	From	То	Period of interruption not qualifying for pensio				ension	Total non qualifying		
which employed	25,0015,1115,11			Extra-or leave no qualifying pension	ing for	period not p qualifying tr		Any of period treated qualify	not as	period	
1	2	3	4	5		6		7		8	
				From	То	From	То	From	То		

# **Average Emoluments Calculation Sheet**

Average Emoluments in respect of Sh. /	Smt.
Designation	Office
During the last ten months from	to

S. No.	Period		Month	Pay @ Per Month (Rs.)	Total Pay (Rs.)	
	From	То				
	TIOIII	10				

Average emoluments for one month:

## Declaration/undertaking to refund pension/Gratuity DCRG if paid in excess

(ANNEXURE 'A' To Rule 9.1	5 of Punjab Civil Services Rule Volume 1 t	to be signed by the retiring Government servant).
amount of my pension v	w.e.f and /or th	me the sum of Rs per month as the me sum of Rs as the amount of owledge that in accepting the said amount (s)
I fully understand that the same being found to be	he pension, gratuity/death-cum-ret in excess of that to which I am en on. I further promise to refund any	tirement gratuity, is subject to revision and the titled under the rules and I promise to raise now amount paid to me in excess of that to which
		Signature
		Designation
1. Signature of witness		Attested
Occupation		
Address		
		(Head of Office)
Occupation		Designation
Address		(with Stamp)
	be witnessed by two persons, of re	esponsibity in the town, village or
pargana in which the a	oplicant resides.	
I hereby authorise overpayment of pay, all life insurance premium,	owances, leave salary or admitted, outstanding house building advan	to recover any Govt. dues such as and obvious dues such as house rent, postal ace, traveling allowances and other advances om me at any stage from my pension.
Attested		Signature
(Head of Office)		Designation
D	eclaration Regarding Non-	-Receipt of Pension
	or Death-cum-Retiren	ent Gratuity
portion of the service in	acluded in this application and in r nit an application hereafter withou	ved any pension or gratuity in respect of any espect of which pension or gratuity is claimed ut quoting a reference to this application and
Attested		Signature
(Head of Office)		Designation

## **Declaration Regarding Anticipatory Pension**

"Whereas	the	`	state	the	•	_		the	•		
advance)								ix the at my ise no eds he			
Attested									Signature		-
(Head of O	ffice)					Designation					_
			Certifi	cate I	Regar	rding	Milita	ary Se	rvice		
Certified	d that I	have not	rendered	l any n	nilitary	servic	e, nor l	nave rec	eived any p	ension or gratui	ty.
						OR					
Certified the Details as fo		e rendere	ed milita	ry serv	rice, an	ıd have	receive	ed		pension/gratui	ty.
1. Total per	riod of n	nilitary s	ervice								
Date of C	Commer	cement	and end								
of each p	eriod of	military	service.								
2. Amount	and nati	ure of an	y pensio	n/gratu	ıity						
received t	for the 1	military s	service.								
Attested									Signature		-
(Head of O	ffice)								Designati	on	

#### **No Dues Certificate**

Certified that there is no term advances and other advances outstanding/pending against
Name
Designation
Date of Retirement
Date of Birth
(Signature of Head Office)
No Complaint/Enquiry Certificate
Certified that there is no Complaint/Enquiry pending against
Name
Designation
Date of Retirement
Date of Birth
(Signature of Head of Office)
Certificate of Verification of Service for Pension
Certificate that Sh./Smt./Km
Designation

(Signature of Head of Office)

# **Details of Members of Family**

Name.....Designation....

S.No.	Name	Age	Marital Status	Relation	Date of Birth
1	2	3	4	5	6
				1	

# Particulars of Height/Identification Marks

Name	Designation
Particulars of Height	
Personal Marks of Identification	Attested
	(Signature)
	Designation with Stam
	Designation with Stam
Particulars of He	eight/Identification Marks
	Designation
Particulars of Height	
Personal Marks of Identification	
	(Signature)
	Designation with Stam
Address fo	or Correspondence
Present	
Address	
Address after	
•	
••••	
Address fo	or Correspondence
Present	
Address	
Address after	
Retirement	

## Specimen Signatures/left hand thumb and finger impressions

Name		Designation		
Specimen Signatu	ıres			
1		2	·····	
		OR		
Left hand thumb	and finger impressio	<b>ns</b> (In case the pensioner	is illiterate):	
(Little Finger)	(Ring Finger)	(Middle Finger)	(Index Finger)	(Thumb)
		Attested		
		Signature		
		Designation _		
		(with Stamp)		
_		/left hand thumb and	_	
		Designation		
Specimen Signatu				
1		2		
		OR		
Left hand thumb	and finger impressio	<b>ns</b> (In case the pensioner	is illiterate):	
(Little Finger)	(Ring Finger)	(Middle Finger)	(Index Finger)	(Thumb)
		Attested		
		Signature		
		Designation _		
		(with Stamp)		

# **Last Pay Certificate L.P.C**

Office of the	e			
No				
Office case_			<del></del>	(Provincial)
Last Pay Ce	ertificate of			
of the				proceeding on
to				
2. He has be	een paid upto			
at the follow				
	P	ARTICULARS		RATE
				Rs. P.
Substantive	Pay			
Officiating	Pay			
Exchange C	Compensation Allowa	nce		
Deduction	as			
3. He has m	nade over charge of th	e office of		
on the		noon of the		19
4. Recoveri	es are to be made fror	n the pay of the Govern	ment servant as detail	led on the reverse.
		as detailed below. Dedu		
reverse:-				
Е	Period		Rate	Amount
From	to	at	Rs.	a month
From	to	at	Rs.	a month
From	to	at	Rs.	a month
From	to	at	Rs.	a month
6. He is enti	itled to draw the follo	wing scale of pay		
increment a	ccures on			_every year.
		me for		
		ecovered from him upto		ginning of the current
are noted or	n the reverse.			
Dated	19			Head of Office/Deptt

		DETAILS OF RE	COVERIES		
Name of recovery	7				
Amount: Rupees					
To be recovered in	n			installments	
	SALARY I	DEDUCTIONS MAD	E FROM LEAV	E SALARY	
From	to	On accou	ınt of	Rs.	
From	to	On accou	nt of	Rs.	
From	to	On accou	int of	Rs.	
				Head of Office	/Deptt
				Signature with	Stamp
Name of months	Pay	Gratuity Fee	Funds and	Amount of	Remarks
			Other	Income-tax	
			Deductions	recovered	
April 19					
May19					
June 19					
July 19					
August 19					
September 19					
October 19					
November 19					
December 19					
January 19					
February 19					
March 19					
	1	1	•	- 1	•
He took over/assu	imed of the of	fice of			
on the			noon of	•	

(Signature)

(Designation)

# FORM OF APPLICATION FOR COMMUTATION OF PENSION WITHOUT MEDICAL EXAMINATION (UNDER PB. GOVT. FINANCE DEPARTMENT LETTER NO. 4-001-6FS 4092 DATED 9-10-78)

		•
То		The Accountant General, Punjab, Chandigarh.
G 1:		, , , , , , , , , , , , , , , , , , ,
Subj	ect:	Commutation of pension without medical examination.
Sir,		
to co	mmute a p	I furnish below the following particulars and request that I may be permitted part of my pension as indicated below:
1.	Name in	Block Letters
2.	Father's 1	Name
3.	Date of b	irth
4.		uperannuation on attaining the age of 58 years or 60 case of class IV employees.
5.	_	ion of the post held at the time of superannuation and of the Deptt./Office
6.	Fraction	of superannuation or Pension granted if any
7.	Amount final.	of pension sanctioned and whether it is provisional or
8.	Class of Volume	pension as defined in Chapter V of the Pb. SSR II.
9.		Deptt. in which d
10.	value is o	the Treasury/Bank through which the commuted desired to be paid if payment is not desired through ant officer who authorized the pension.
11.	-	ion of the account officer/office of A.G. Punjab. and date of PPO if issued.
12.	Amount to be comm	in whole rupees or percentage of pension proposed to auted.
13.	Particula made pre	rs of any application for commutation of pension eviously.
14.	Whether	he appeared before any medical authority or not.
		Signature and full address
Note		photographs are required to be submitted if the pension is desired other than 19th the Head of Deptt./Office from which the Govt. Servant retired.
	varded to tl muted valu	Part-II he Accountant General Punjab Chandigarh for authorizing the payment of the second sec
		Name and address of the Head Office
Place	e	

Dated.....

# Undertaking under rule 9.15(1) of Pb. CSR Vol.II in terms of Pb. Govt., Finance Department Notification issued vide No. 3/2/6-IFP-III/94/3292 dated 3.5.94

I,
Sh/Smt
hereby undertake that after my retirement, I or in the case of my death,
my heirs will refund the amount of pension, adhoc increase, temporary increase/adhoc
relief or any other kind of increase in pension/or any other benefits if any, paid to me
erroneously or in excess of that due to me.
Signature of Retiring Government Employee
Dated the

Attested

# Form PEN 12-A (See Rules 11.1, 11.11, 11.18, 11.19, 11.20, 11.21) Form of application for COMMUTATION OF A FRACTION OF PENSION With medical examination

(To be submitted in duplicate after retirement but within one year from the date of retirement)

#### **PART-I**

То							
full ac	ldress	Here indicate the designation and of the Head of Office					
Subjec	ct: Commutation of Pension with	n medical examination.					
Sir,							
comm	I furnish below the relevant particula nute a part of my pension as indicated by	rs and request that I may be permitted to below:					
1.	Name in Block Letters						
2.	Father's Name						
	(Husband's Name in case of female employee)	Government					
3.	Designation at the time of retirement						
4.	Name of Office/Deptt. in which Employed						
5.	Date of birth (by Christian era)						
6.	Date of retirement						
7.	Class of pension on which retired						
8.	Amount of pension authorized						
(in ca	se final amount of pension has not been autho	rized indicate the amount of provisional pension)					
9*.	Fraction of pension proposed to be co	ommuted					
10.	Designation of the Accounts Officer	who authorized the					
	pension and No. and date of Pension	Payment Order, if issued					
11.	Disbursing authority for payment of	pension					
** a)	Treasury/Sub treasury						
		,					

	(Name and Complete address		·
	of the treasury/Sub treasury		
	to be indicated)		
**b)i)	Branch of the Nationalised		
	Bank with complete		
	Postal address		
ii)	Bank Account No.		
	to which monthly pension is being credited each month.		
	Pos	stal Address	Signature
disbut to dre disbut * The to the amou	- The payment of commuted valuersing authority from which pension is aw the commuted value of pension is applicant should indicate the fraction maximum of one-third thereof), what in rupees.	s being drawn from disbun s being drawn on of the amo	n. It is not open to an applicant rsing authority other than the n. unt of monthly pension (subject
** Sc	ore out which is not applicable.		
No	PAR	RT III	Dated
Desig	Forwarded to the Accounts nation)		
i)	the particulars furnished by the applic		
	the applicant is eligible to get a fracti medical examination,	ion of his per	nsion commuted without

iii)	the commuted value of pension determined with reference to the Table applicable at present comes to Rs (Rupees)	
iv) the amount of residuary pension after commutation will be Rs		
	(Rupees)	
2.	It is requested that further action to authorize the payment of the amount of commuted value of pension may please be taken in accordance with Rule 11.21 of these rules.	
3.	The receipt of Part-I of the form has been acknowledged in Part-II which has been forwarded separately to the applicant on	
4.	The commuted value of pension is debitable to Head of account namely	
Plac	e Signature	
Date	e Head of Office	
	(Detach from here)	

#### **PART II**

#### Acknowledgement

Received from Shri/Smt		
	(Name & former	
designation) Application in Part I of Form 12-A for the Commutation of a fraction of pension with medical examination.		
Place	Signature	
Date	Head of Office	

Note: - This acknowledgement is to be signed, stamped and dated and is to be detached from the form & handed over to the applicant. If the form has been received by post, it has to be acknowledged on the same day and the acknowledgment sent under registered over.