

FORM NO 6

STATEMENT SHOWING THE DETAILS OF THE MEMBERS OF THE FAMILY FOR PURPOSE OF FAMILY PENSION SCHEME 1961

1. NAME (BLOCK LETTERS) : _____
2. DESIGNATION : _____ BRANCH : _____
3. OFFICE : _____ 4. DATE OF BIRTH _____
5. DATE OF APPOINTMENT : _____
6. DETAILS OF FAMILY :

Sl. No.	Name	Relationship with Rly Servant	Date of birth(By Christian era)	Remarks

I declare that the information given above is correct.

Station : _____

Dated : _____

Signature : _____

WITNESS

COUNTERSIGNED

SIGNATURE _____

DATED _____

NAME _____

DESIGNATION _____

Station : _____

Dated : _____

Head of the office/Accounts Officer

फार्म संख्या 7(पेंशन)
FORM NO 7 (Pension)

पेंशन संबंधी लाभ की अप्राप्ति की घोषणा
Declaration of Non- receipt of pensionary benefits

में यह घोषित करता/करती हूँ कि इस आवेदन में सम्मिलित किसी भी सेवा के संबंध में, किसी सामान्य उपदान /पेंशन और/या मृत्यु सह सेवा निवृत्ति उपदान के लिए तथा जिसके संबंध में यहाँ दावा किया गया है उस सामान्य उपदान/पेंशन तथा/या मृत्यु सह सेवा निवृत्ति उपदान के लिए न तो आवेदन किया है और इसके बाद इस आवेदन के संदर्भ एवं आदेश जिसे पारित किया जायेगा का उल्लेख किये बिना आवेदन प्रस्तुत नहीं करूँगा/करूँगी।

I hereby declare that I have neither applies for non-received any ordinary gratuity/pension and /or death-cum-retirement gratuity in respect of any portion of the service included in this application and in respect of which ordinary gratuity/pension and /or death-cum-retirement gratuity is claimed herein nor shall I submit an application hereafter without quoting a reference to this application and to the orders which may be passed thereof.

हस्ताक्षर का साक्ष्य
Witness to signature

हस्ताक्षर/Signature _____
पदनाम, यदि रेल कर्मचारी हों
Designation if, Railway servant _____

1. _____

स्टेशन/Station _____

2. _____

दिनांक/Date _____

टिप्पणी/Note :- यदि आवेदक उपदान / मृत्यु सह सेवा निवृत्ति पहले ही प्राप्त कर चुका हो, या सामान्य पेंशन प्राप्त करता हो तो निम्नलिखित को सम्मिलित करते हुए प्रमाण पत्र समुचित रूप से आशोधित किया जाना चाहिए।
If the applicant has already received a gratuity / death-cum-retirement gratuity, or is in receipt of an ordinary pension, the certificate should be suitably modified so as to include the following particulars.

- सामान्य उपदान / पेंशन/ मृत्यु सह सेवा निवृत्ति उपदान।
Nature of amount of ordinary gratuity/pension and /or death-cum-retirement gratuity.
- सेवा के अवधि जिसके लिए यह भुगतान किया जाता है तथा
The period of service in respect of which it is paid, and
- किसके द्वारा भुगतान किया जाता है।
By whom it is paid.

दक्षिण पूर्व रेलवे/SOUTH EASTERN RAILWAY

फ़ार्म सं.-10/FORM NO. 10

(पैरा 1009 देखें/see para 1009)

आवेदक के नमूने का हस्ताक्षर

SPECIMEN LTI/SIGNATUER OF APPLICANT

श्री /श्रीमति के _____ नमूने का हस्ताक्षर

Specimen LTI/Signature of Sri/Smt _____

(1) _____

(2) _____

(3) _____

मेरे सामने हस्ताक्षर किए / Signed before me

कार्यालय/ Office _____

स्टेशन/Station _____

दिनांक/Date _____

रवर की मोहर सहित राजपत्रित अधिकारी का
हस्ताक्षर एवं पदनाम
Signature and designation of gazette
officer with rubber seal

दक्षिण पूर्व रेलवे/SOUTH EASTERN RAILWAY

फ़ॉर्म सं.- 11/FORM NO. 11
(पैरा 1009 देखें/see para 1009)

आवेदक के अंगूठे एवं अंगूलियों के निशान
THUMB AND FINGER IMPRESSIONS OF THE APPLICANT

नाम _____ के अंगूठे एवं अंगूलियों के निशान

Thumb and finger Impressions of (Name) _____

(अंतिम पदनाम / last designation) _____ (स्टेशन/ Station) _____

बाँया अंगूठा Left Thumb	तर्जनी अंगुली Fore finger	मध्यमा अंगुली Middle finger	अनामिका अंगुली Ring finger	कनिष्ठा अंगुली Little finger
पहचान के व्यक्तिगत चिन्ह / Personal marks of identification (चार से कम नहीं / not less than four)				
1. _____				
2. _____				
3. _____				
4. _____				

उँचाई / Height _____

सत्यापित /Attested

स्टेशन / Station _____

हस्ताक्षर / Signature _____

राजपत्रित अधिकारी के नाम व पदनाम / Name and
designation of Gazetted officer _____

दिनांक / Date _____

दक्षिण पूर्व रेलवे/SOUTH EASTERN RAILWAY

फ़ॉर्म सं.-12/FORM NO. 12

(पैरा 1809 देखें/see para 1809)

स्थायी पता व भुगतान की किस्म

PERMANENT ADDRESS AND MODE OF PAYMENT

सेवा से हटाये जाने के बाद रेलवे कर्मचारी का स्थायी पता और उपदान / मृत्यु सह सेवा निवृत्ति उपदान और पेंशन के भुगतान के किस्म।

Permanent address of the Railway Servant after termination of Service and mode of payment of gratuity/Death-cum-retirement gratuity and Pension.

(I) पता / Address _____

भुगतान की किस्म / Mode of Payment :-

(a) (i) उपदान/Gratuity_____

(ii) मृत्यु सह सेवा निवृत्ति उपदान /Death-cum-retirement gratuity_____

(b) ट्रेजरी के नाम जहाँ से पेंशन प्राप्त की जायेगी / Name of Treasury at which Pension will be drawn _____

कर्मचारी का हस्ताक्षर और पदनाम (पूरा नाम)/Signature and designation of the employee(in full)_____

FORM NO 15

(See Para 1036)

Application for family pension for the family of Shri/Smt _____

Late on _____ in the office/department/Ministry of _____

1.	Name of the applicant	:		
2.	Relationship to the deceased Railway Servant/Pensioner	:		
3.	Date of retirement if the deceased was a pensioner	:		
4.	Date of death of Railway Servant/pensioner	:		
5.	The order in which the applicant's name appears in the nomination form No.5	:		
6.	Names and ages of the surviving kindred of the deceased :			
Sl		Name	Date of birth by Christian era	
a)	Widow/Husband			
b)	Sons			
c)	U/M Daughters			
d)	W/Daughters			
e)	Father			
f)	Mother			
g)	Brothers			
h)	U/M sisters			
7.	Name of treasury/Sub treasury at which payment is desired	:		
8.	Descriptive roll of daughters etc of Late	:		
9				
i)	Date of birth by Christian Era			
ii)	Weight			
iii)	Personal marks if any on hand, face etc			
iv)	Signature or Left hand thumb, fingers impressions			
	Small finger	Ring finger	Middle finger	Index finger
				Thumb
10.	Full address of the applicant	:		
Attested By		Witnessed		
1		1		
2		2		

SOUTH EASTERN RAILWAY

FORM NO 15 (A)

(See Para 1036)

Application for grant of death-cum-retirement gratuity / residuary gratuity to the nominee / family of
 Shri/Smt _____ Late on _____
 in the office/department/Ministry of _____

1.	Name of the applicant	:	
2.	Relationship to the deceased Railway Servant/Pensioner	:	
3.	Date of Birth	:	
4.	Date of retirement if the deceased was a pensioner	:	
5.	Date of death of Railway Servant/pensioner	:	
6.	a) Name of station at which an official, in whose presence, the payment of death-cum-retirement gratuity is desired.	:	
	b) Name of the Treasury/Sub-Treasury at which payment of residuary gratuity is desired.	:	
7.	Full address of the applicant	:	
8.	*Signature or thumb impression of the applicant	:	
9.	*Attested by :		
	Name	Full Address	Signature
(i)			
(ii)			
10.	Witness :		
	Name	Full Address	Signature
(i)			
(ii)			

* Signature in the case of literate persons / thumb impression in the case of illiterate persons who cannot sign their name.

* Attestation should be done by two or more persons or respectability in the town/ village/ parganas at which the applicant resides

दक्षिण पूर्व रेलवे
SOUTH EASTERN RAILWAY
वैध उत्तराधिकारी प्रमाण पत्र
LEGAL HEIR CERTIFICATE

विभाग / Department : Mechanical

कार्यालय / Office : PCME's

के लिए वैध उत्तराधिकारी प्रमाण पत्र
Legal Heir Certificate for _____ due

हम अपनी जानकारी और विश्वास के साथ प्रमाणित करते हैं(नाम) _____
पदनाम _____ टिकट संख्या _____ कार्यालय _____ की सम्पूर्ण संपत्ति
का मुल्य _____ रूपये के भीतर है और श्री/श्रीमति _____ उपरिलिखित
के नाम पर _____ तारीख को उपलब्ध _____ रूपये की रकम करने के लिए
वैध उत्तराधिकारी है।

We hereby certify to the best of our knowledge and belief that the total value of the Estate of

_____ Designation _____ Ticket No. _____

of _____ is under Rs. _____

and that _____ (Name) _____

is the legal recipient, whose designation is given below, of the sum of Rs. _____

representing the standing of credit of the Estate in respect of _____

दिनांक/Dated _____

वैध उत्तराधिकारी के हस्ताक्षर
Signature of legal recipient

साक्षी का हस्ताक्षर (फोरमैन या अन्य अधिकारी) प्रमाणीकरण करने वाले का हस्ताक्षर या अंगुठा निशान
Signature of Witness(Foreman/other officer) (*Signature or marks of the Certifying Parties*)

1. _____

नाम/Name _____

नाम/Name _____

पदनाम/Designation _____

पदनाम/Designation _____

स्टेशन/Station _____

कार्यालय/Office _____

2. _____

नाम/Name _____

पदनाम/Designation _____

कार्यालय/Office _____

दिनांक/Date _____

प्रतिहस्ताक्षरित/Countersigned _____

सास्थ विभाग/Health Department _____

दक्षिण पूर्व रेलवे
SOUTH EASTERN RAILWAY
मृत कर्मचारियों की निर्वाह निधि से रूपया का भुगतान
PAYMENT OF PROVIDENT FUND MONEY OF A DECEASED EMPLOYEE

जी.पी. 47
G.P.47

सेवा में/To. _____

निर्वाह निधि के पावना के संबंध में :
Regarding the Provident fund dues of :

नाम / Name _____

पदनाम / Designation _____ विभाग / Department : Mechanical

मंडल / Division : HQ. स्टेशन / Station : Garden Reach

निर्वाह निधि लेखा सं/ मृत्यु का तारिख

P.F. A/c. No _____ Date of death _____

(आवेदक के पास प्रेषण के पूर्व रेलवे कार्यालय द्वारा उपरोक्त अंश को पूर्ण कर दिया जाना चाहिए।)

(The above portion is to be filled in by the Railway office before dispatch to applicants)

1. मैं _____ संलग्न दस्तावेजों के अनुसार अपनी तरफ से पृष्ठ पर दर्शाए गए नाबालिगों की तरफ से, जिनका मैं अभिभावक/अभिभाविका नियुक्त किया गया/की गयी हूँ, आपके रेलवे के मृतक कर्मचारी के निर्वाह-निधि के नियमों के अन्तर्गत जितने रूपयों के प्राप्त करने का /की पात्र हूँ, उतने रूपयों का भुगतान के लिए निवेदन करता/करती हूँ।

I _____ beg to apply for the payment of the provident fund money of the above named deceased employee of your Railway to the extent of which I am eligible under the rules of provident fund on my own behalf/on behalf of the minors shown overleaf, for whom I have been appointed guardian, vide documents enclosed.

2. मैं सत्यनिष्ठा पूर्वक घोषणा करता/करती हूँ की मेरे पुर्ण जानकारी एवं विश्वास के अनुसार पृष्ठभाग पर दिए गये ब्यौरे पूर्णरूपेण सत्य है तथा मेरे दावे को प्रभावित करने वाले आवश्यक तथ्य रेलवे प्रशासन के द्वारा बन्द नहीं किये गया है।

I solemnly declare that to the best of my knowledge and belief the particulars furnished on the reverse are true in every respect, and no material facts affecting my claims have been withheld from the Railway administration.

3. पृष्ठभाग पर दर्शाए गये अपने नाबालिग बच्चे(बच्चों) की तरफ से उसके/उनके वास्तविक अभिभावक/अभिभाविका के रूप में निवेदन करता/करती हूँ। हम लोग सभी हिन्दु हैं, और नाबालिग(नाबालिगों) बच्चा(बच्चें) मेरा अपना/मेरे अपने हैं और मेरे संरक्षण में हैं।

I apply on behalf of my minor child(ren) shown overleaf as his / their natural guardian. We are all Hindus and the minor(s) is/are my own child(ren) in my custody.

आवेदक का हस्ताक्षर अथवा बाएँ अंगूठा का निशान
Signature or left thumb impression of the Applicant
पता / Address _____

दिनांक/Dated _____

गवाह/Witness

1.

हस्ताक्षर/Signature :

नाम/Name :

पदनाम/Designation :

पता/Address :

दिनांक/Date :

2.

हस्ताक्षर/Signature :

नाम/Name :

पदनाम/Designation :

पता/Address :

दिनांक/Date :

क्रम सं Sl.	पूरा नाम Full Name	पूरा पता Full Address	मृत कर्मचारी से वास्तविक संबंध (पद टिप्पणी देखें) Exact relationship with the deceased employee (consult foot note)	स्तम्भ 2 में दर्शाएँ गये ब्यक्ति का उम्र Age of the person shown in col-2				महिलाओं के मामले में बताइयें की मृत्यु के समय वह विवाहिता/विधवा/अविवाहिता थी In the case of females, state whether married/widowed/unmar- ried at the time of death.
				कर्मचारी के मृत्यु के समय On the date of employee's death		आवेदन करने के समय On the date of application		
				वर्ष/ Years	मास/ Month	वर्ष/ Years	मास/ Month	
			मृतक के परिवार के सभी सदस्यों के ब्यौरे। Particulars of all the members of the deceased's family.					

* वास्तविक संबंध दर्शाएँ - स्त्री, पति, पिता, माता, पुत्र, पुत्री, बहन, भाई, मृतक के पुत्र के विधवा या बच्चा, दादा-दादी।

* Fill in exact relationship – wife, husband, father, mother, son, daughter, sister, brother, deceased son's widow or child, paternal grandparent.

मैं एतद द्वारा आवेदकों की पहचान देता हूँ तथा मैं प्रमाणित करता हूँ कि उपर दर्शाये गये ब्यौरे सत्य है।
I hereby identify the applicants and I certify to the correctness of the particulars furnished above.

सरकारी राजपत्रित अधिकारी का हस्ताक्षर अथवा संघीय भारत का मजिस्ट्रेट तथा पदनाम
Signature of the Government Gazetted Officer or a Magistrate in UIO & Designation

आवेदक के हस्ताक्षर/Signature of Applicant

दिनांक/Date _____

स्टेशन/Station _____

SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

TO

Datd : _____

THE BRANCH MANAGER

_____ **(BRANCH & ADDRESS)**

Dear Sir,

Payment of Pension under A/C No. _____

In consideration of your having, at my request, agreed to make payment of pension due to me every month by credit to my account with you. I the undersigned agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorize the bank to recover the amount due by debit to my said account or any other account / deposits belonging to me in the possession of the bank.

Yours faithfully,

Signature : _____

Name : _____

Address : _____

Witnesses:

(1) Signature : _____

Name : _____

Address : _____

(2) Signature : _____

Name : _____

Address : _____

NAME	:	
DESIGNATION	:	
DEPARTMENT	:	
P.F.NO.	:	
DATE OF BIRTH	:	
DATE OF RETIREMENT	:	

SPECIMEN SIGNATURE	1.	
	2.	
	3.	

	THUMB FINGER	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER
LEFT HAND FINGER IMPRESSION					

JOINT PHOTO

DATA SHEET (IN BLOCK LETTERS)

1.	NAME		
2.	FATHER'S NAME/ HUSBAND'S NAME		
3.	DESIGNATION		
4.	DEPARTMENT		
5.	CONTROLLING UNIT		
6.	P.F.NO./BILL UNIT NO.		
7.	DATE OF BIRTH		
8.	DATE OF APPOINTMENT		
9.	DATE OF RETIREMENT		
10.	LAST BASIC PAY & PREVIOUS PAY		
11.	PAY BAND & GRADE PAY		
12.	PAN NO.		
13.	UNIQUE I.D.NO.		
14.	AADHAAR NO.		
15.	EMAIL ID		
16.	ADDRESS WITH PIN CODE		
17.	MOBILE NO.		
18.	IDENTIFICATION MARK		
19.	RLY ACCOMMODATION DETAILS		
20.	NAME OF THE SPOUSE WITH D.O.B.	NAME	DT. OF BIRTH
21.	OPTED FOR FIXED MEDICAL ALLOWANCE		
22.	PENSION ACCOUNT NO. WITH IFS CODE	A/C. NO.	IFS CODE
	BANK'S NAME & ADDRESS		
23.	SAVINGS ACCOUNT NO. WITH IFS CODE	A/C. NO.	IFS CODE
	BANK'S NAME & ADDRESS		

PPO NO. _____

PENSION TYPE : _____

1.	P.F.NO.			
2.	NAME			
3.	FATHER'S NAME			
4.	DESIGNATION:		DEPARTMENT:	
5.	BILL UNIT NO.			
6.	PAY BAND:			
7.	LAST PAY :		PREVIOUS PAY:	
8.	DATE OF BIRTH			
9.	DATE OF APPOINTMENT			
10.	GENDER:		MARITAL STATUS:	
11.	DATE OF RETIREMENT / DEATH			
12.	AADHAAR NO.			
13.	PAN NO.			
14.	MOBILE NO.			
15.	EMAIL ID			
16.	PENSION PAYING BRANCH WITH IFS CODE			
17.	PENSION ACCOUNT NO.			
18.	MANDATE BANK NAME WITH IFS CODE			
19.	MANDATE ACCOUNT NO.			
20.	NQS:	DED. SUB/CPC		
21.	FMA			
22.	IDENTIFICATION MARKS			
23.	PRESENT ADD. #RLY ACCOM.	PERMANENT ADDRESS :		
24.	BENEFICIARY NAME	REL	D.O.B.	AADHAAR NO.

SIGNATURE OF EMPLOYEESIGNATURE OF EXECUTIVE OFFICER

FOR ACCOUNTS OFFICE USE

1.	SERVICE : CASUAL / SUBSTITUTE WITH PERIOD	
	NON QUALIFYING SERVICE	
2.	NET QUALIFYING SERVICE	Y M D
3.	PENSION	Rs.
4.	ENHANCED PENSION UPTO :	Rs.
5.	ORDINARY PENSION W.E.F. :	Rs.
6.	DCRG	Rs.
7.	COMMUTATION	Rs.
8.	LEAVE SALARY (LAP / LHAP)	Rs.
9.	CGEIS / REIS	Rs.

SETTLEMENT DUES

CO6 NO. _____ DATE _____		
CO7 NO. _____ DATE _____		
DCRG	Rs.	<u>RECOVERY DETAILS</u>
COMMUTATION	Rs.	1.
LEAVE ENCASHMENT	Rs.	2.
CGEIS / REIS	Rs.	3.
GROSS AMOUNT	Rs.	4.
TOTAL RECOVERY	Rs.	5.
NET AMOUNT	Rs.	6.

D.A.

S.S.O.

SR. AFA/SETT

CO6 NO. _____ DATE _____		
CO7 NO. _____ DATE _____		
PAYMENT FOR	Rs.	
GROSS AMOUNT	Rs.	
DEDUCTION	Rs.	
NET AMOUNT	Rs.	

D.A.

S.S.O.

SR. AFA/SETT

NO. : PC-V-167
PC-VI/98/1/7/1

RBE NO. 65/99
DATED :

**UNDERTAKING AND OPTION FORM
(TO BE SUBMITTED BY PENSIONERS TO HIS / HER PENSION DISBURSING AUTHORITY)**

I _____ Son / Daughter of _____, Resident of

_____ (Existing address) hereby declare that :

My place of residence lies within the City / Town / Municipality limits of the places where Railway Hospitals / Health Units / Lock up Dispensaries exist. Hence I am not entitled for grant of Medical Allowance and I will be availing the existing OPD Medical facilities. Necessary endorsement may please be made to my P.P.O. in this regard.

Or

I am residing in a place which lies outside the jurisdiction of City / Town / Municipality limits of the place where Railway Hospitals / Health Units / Lock up Dispensaries are available as mentioned in Annexure – III of Railway Board's letter No. PC-VI/98/171/1 Dated ____ (Sl. No PCV/167, RBE No. -65/99). Accordingly I hereby opt :

1. For the OPD Medical Facility from Railway Hospitals / Health Units / Lock up Dispensaries.

Or

2. To Claim Fixed Medical Allowance of Rs. 1000/- per month.

Necessary endorsement may please be made to my P.P.O. in this regard.

SIGNATURE : _____

NAME : _____

P.P.O. NO. : _____

PLACE : _____

DATE : _____

**COUNTERSIGNED
HEAD OF OFFICE/DDL**

MANDATE FORM

BY RETIRED EMPLOYEE / DEPENDANT OF DECEASED EMPLOYEE FOR EFT / ECS / RTGS / NEFT

1.	Name of the Employee	:	
2.	Address	:	
	Telephone / Mobile No.	:	
3.	PAN No	:	
4.	Particulars of Bank A/C	:	
(i)	Bank Name	:	
(ii)	Branch Name & Address	:	
(iii)	Bank Branch Telephone No	:	
(iv)	Account Type (Savings/Current)	:	
(v)	Account No.	:	
(vi)	Bank's MICR Code	:	
(vii)	Bank's IFS Code	:	
5.	DECLARATION OF THE PARTY	:	
	I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, the User institution i.e. S. E. Railway will not be held responsible. I have understood the scheme and agree to discharge the responsibility for which I am liable as a participant under the scheme.		

Date :

Signature of Employee / Dependant of Deceased Employee

NB : One cancelled cheque / photocopy of the cheque is to be enclosed [where the cheque does not carry IFS code, an attestation from Bank attesting the IFS Code should be given.]

SIGNATURE OF BANK OFFICIAL
(Where required)