

Application Form for payment of Pension & other Retirement Benefits to the Railway employees.

(Note : Application Form to be filled up in all respect by the employee and submitted in triplicate)

Ifurnish below my relevant particulars and request to arrange to pay me DCRG/Gratuity, SRPF, CGEGIS & Pension and may be permitted to commute% (..... percent) of my pension:-

1. Full Name (in Block Letters) :
2. Father's/Husband's Name :
3. Date of Birth : 4. Date of Appointment :
5. Designation : 6. RUID Number :
7. Basic Pay : 8. Pay Level :
9. SRPF No. : 10. PAN No. :
11. Mobile Number : 12. E-mail Id :
13. Aadhaar No. : 14. Mark of Identification :
15. Religion.....
16. Present/Correspondence Address with PIN Code : PIN
17. Permanent Address with PIN Code : PIN
18. Details of Railway/ Directorate of Estate Quarter, if allotted : PIN
19. Date of Retirement : 20. Date of start of Pension :
21. Class of Pension : Superannuation/Voluntary etc.
22. Details of Public Sector Bank from where pension will be drawn :
 - (a) Savings Bank Account No. : (b) Name of Bank :
 - (c) Branch : (d) City :
 - (e) District : (f) IFSC :
23. Medical facility being availed at present (CGHS/RMA) : 24. Medical Card(s) No. :
25. Details of Military / Other Service, if any
 - (a) Total Period of Military Service : From to
 - (b) Amount of gratuity received for the Military Service :
 - (c) PPO No & Date of Issue (attach a self attested photocopy of the PPO) :

**Note : Please attach : (i) a cancelled cheque, issued for Bank Account mentioned above at S.No.22,
(ii) self attested photocopies of PAN, Aadhaar and Medical Cards**

Place : Date:

Employee's Signature

DECLARATION FOR NON ACCEPTING COMMERCIAL EMPLOYMENT

I note that I cannot accept any commercial employment before the expiry of one year from the date of retirement, or any employment under a government outside India at any time without prior sanction of the President of India. I cannot seek employment as contractor for or in connection with the execution of public works (Whether on the Railways, or under P.W.D. or Defence Forces) or employment of such contractors, within one year of my retirement, without the prior permission of the President of India.

DECLARATION FOR NON RECEIPT OF PENSIONARY BENEFITS

I hereby declare that I have neither applied for nor received any ordinary Gratuity/Pension/Death-cum-retirement Gratuity in respect of any portion of the service included in this application and in respect of which ordinary Gratuity/Pension/Death-cum-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 thereon.

I am in occupation of Railway / Directorate of Estates' (DOE) House No..... on my retirement from Railway Service, I agree to withhold Death-cum-Retirement gratuity as per extant orders till such time, I vacate the Railway Quarter/DOE accommodation.

Employee's Signature

1st Witness Signature :

Name :

Designation :

RUID No. :

2nd Witness Signature :

Name :

Designation :

RUID No. :

Note : After vacating the government accommodation, employee may apply for refund of withheld gratuity in prescribed proforma, along with all required documents. In case of Directorate of Estates' accommodation, the retiring employee has to apply online for obtaining the "No Demand Certificate".

DETAILS OF FAMILY MEMBERS

Annexure III

1. **Name and Designation of the employee**

2. **Father's/Husband's Name**

Affix Joint Photo (to be duly signed across by self and spouse)	Affix Employee's Photo
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3. **Details of all family members :-**

S. No.	Name (in Block Letters)	Relationship with Railway Servant	Date of Birth (attach a photocopy of valid document as proof)	Aadhaar No. (attach a photocopy of Aadhaar Card)
1	2	3	4	5
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				

S. No.	Date of marriage in case of married children	Name of spouse of married child	Indicate the nature of handicap (mental/physical) , if any, of the child and whether it is permanent or temporary	Remarks/Any other information
	6	7	8	9
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				

Employee's Signature

4. For taking option under CTSE:-

RELHS	CTSE (Only if option for RELHS is given)	Amount to be deducted from pay
*Yes/No	Yes/No	Rs..... (As per grade pay and entitlement for RELHS including cost of cards)

* in case option for CTSE is 'Yes', Annexure –IV (page 5 of 8) should also be filled.

5. Three specimen signature, Identification Mark(s) and Fingers' Impression of left hand of the Railway Employee :

(a) Specimen Signature

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(b) Identification Marks (i)

(ii)

(c) Fingers' Impression of Left Hand :-

Thumb	Index Finger	Middle Finger	Ring Finger	Little Finger

6. Three specimen signature, Identification Mark(s) and Fingers' Impression of left hand of Spouse:

(a) Specimen Signature

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(b) Identification Marks (i)

(ii)

(c) Fingers' Impression of Left Hand :-

Thumb	Index Finger	Middle Finger	Ring Finger	Little Finger

Place:-..... Date:-.....Employee's Signature

Certified that the joint photograph pasted at pre-page (Column 2) is of Smt. & Shri.....

..... and the information

declared from Column No. 1 to 5 by the Railway employee are believed to be true and both persons signed and put fingers' impressions before me.

Signature of the Gazetted Officer

Name :

Designation :

Rubber stamp with name
of certifying authority

7. Declaration to be taken from RELHS members on becoming a member of CTSE.

1. I hereby apply to become a member of the Cashless Treatment Scheme in Emergency by Railway. I request Indian Railway to issue individual CTSE photo identify card(s) for following members, whose name(s) feature in RELHS card, of my family.

S.No.	Name	Relation	DoB Dd/mm/yyyy	Aadhar Number	Special feature of dependent
		Self			
I.					
II.					
III.					
IV.					
V.					

I hereby undertake to inform the Sr. DPO/Dy.CPO concerned either through the designated website or in writing. Whenever any of my above mentioned family members become ineligible under RELHS and surrender his/her card.

2. I have been made aware that this CTSE card entitles me for treatment in private hospitals ONLY AT THE TIME OF EMERGENCY. In routine illness or any illness which does not require immediate intervention/investigation, I shall continue to report to my authorised medical officer in Railway.
3. I have been explained that under CTSE scheme that if the disease/condition turns out to be non-emergency, then I will be referred to Railway hospital and if I wish to continue then I will bear the cost of treatment and will not claim reimbursement for same. If same is declared as emergency by concerned Railway medical officer, then the whole bill amount shall be paid by the railway.
4. I hereby declare that I shall abide by the rules of the CTSE scheme in letter and spirit.
5. I undertake that I shall not allow others to misuse the CTSE cards issued to me and my family members by way of if for obtaining treatment for a non-bonafide person. I further undertake that I shall not allow other family members to misuse the cards by way of utilising it for non-emergency disease treatment at Private empanelled hospital. Any misuse is liable to disqualify the card holder from membership of the CTSE scheme, with forfeiture of the initially deposited amount.
6. In case of loss of CTSE cards, I shall lodge a complaint with police and inform the Sr. DPO/Dy.CPO of concerned either through this website or in writing for issue of new card to me on deposition of 'CTSE card Making Charges' prevalent at that time.
7. I hereby declare that I have been explained and I understand that Cashless treatment under CTSE Scheme shall be available only in Railway empanelled hospitals, I shall have to pay the entire bill myself and shall claim reimbursement later on as per extant rules.

(Signature of the Employee)

Name:
Contact No
E-mail:-

(Part to be sent to M/s UTITSL for marks CTSE card)

1. Name of Employee
2. Date of Birth
3. Last Pay Drawn
4. Date of Retirement
5. PPO no.
6. Entitlement of Card (General/Semi-Private/Private)
7. Beneficiary details including self:-

Sl No	Name	Date of birth DD/MM/YYYY	Relationship with beneficiary	Photo
1.				
2.				
3.				
4.				

(To add or reduce above rows as required)

The required amount including the cost of card has been received by Railways. M/s UTITSL to make the CTSE card for the applicant

Authorised
Personnel Officer
Date
Office

(Details of the above information to be filled online in the website-<https://www.railemedical.utiitsl.com>).

PAYEE'S LETTER OF AUTHORITY

I request that my Provident Fund and Death-cum-Retirement Gratuity/Compassionate gratuity/Leave Encashment/SRPF/CGEGIS/Pension Commutation amount may be remitted to me through ECS/RTGS/NEFT.

I agree that the remittance made in the aforesaid manner shall be at my sole risk and shall be a complete discharge of Government from all liability on the amount being remitted by ECS/NEFT/RTGS/Money order/Cheque/Bank Draft forwarded by registered post, as the case may be.

PRE-RECEIPT

Received from Pay & Accounts Officer,a sum of Rs..... as full and final settlement of my claim to Provident Fund Amounts/Gratuity/Compassionate gratuity/Leave Encashment/GIS/Pension on Commutation Value :

Revenue Stamp (to be duly signed across by the employee)	Signature of Employee
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Signed before me.

Signature of Witness :

Name :

Designation :

RUID No. :

Date :

Signature of Head of office*

.....

(Stamp).....

* Head of Office, means a gazetted officer whom the appointing authority may, by order declare as Head of office and includes such other authority or person whom the appointing authority may specify in the like manner.

**LETTER OF AUTHORITY UNDERTAKING FOR DRAWAL OF PENSION THROUGH
PUBLIC SECTOR BANK WITH PERMANENT ADDRESS & MODE OF PAYMENT**

1. I hereby authorize Manager, Bank to receive my monthly pension and credit the same to my saving bank account (pension) on the first working day of every month as per particulars given:-

Amount of pension per month at the time of retirement :

Rs. (Rupees)

2. I agree to undertake that any amount excess/wrong payment of pension if credited to my above savings bank account may be recovered or withdrawn from the said savings bank account by the public sector bank.
3. The authority shall remain in force until due notice in writing is given by me.

1st Witness Signature :

Name :

Designation :

RUID No. :

Employee's Signature :

Name :

Designation :

RUID No. :

Mobile No :

E-mail id :

2nd Witness Signature :

Name :

Designation :

RUID No. :

Permanent Address after Retirement:

.....
.....
.....
.....

PIN Code :

Date :

Place :