

DR. Y S PARMAR UNIVERSITY OF HORTICULTURE AND FORESTRY, NAUNI,**SOLAN-173 230**

(See Rule 10.23 of Part I of the Account Manual)

FORM FOR ASSESSING PENSION AND GRATUITY**PART-I**

1.	Name of the University employee.	
2.	Father's Name (and also husband's name in the case of female University employee).	
3.	Date of Birth (By Christian era.)	
4.	Religion	
5.	Permanent residential address showing Village, town, district and 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 rendered in order of employment.	: Years Months Days
12.	Class of pension applicable	:
13.	The date on which action initiated to..... (i) obtain the "No demand certificate" from the Estate Organization. (ii) assess the service and emoluments qualifying for pension. (iii) assess the university dues other than the dues relating to the allotment of University accommodation.	: : :
14.	Detail of omissions, imperfections or deficiencies in the service book which have been ignored.	:

15.	Total length of qualifying service(for the purpose of adding towards broken periods, a month is reckoned as thirty days).				:	
16.	Period of non-qualifying service.... (i) Interruption in services condoned (ii) Extraordinary leave not qualifying for pension. (iii) Period of suspension not treated as qualifying. (iv) Any other service not treated as qualifying. Total.....				From	To
					--	
17.	Emoluments reckoning for gratuity				:	
18.	Average emoluments. *Emoluments drawn during the last ten months of service					
	Post held	From	To	Pay	Personal pay or Special pay	Average Emoluments
	Professor	--	--	--	--	--
19.	Date on which particulars have been obtained From the university employee (To be obtained eight months before the date of retirement of the university employee in form KVV10/8).				-	
20.	(i) Proposed pension.					
	(ii) Proposed graded relief @					
21.	Proposed death-cum-retirement gratuity					
22.	Date from which pension is to commence					
23.	Proposed amount of provisional pension. If departmental or Judicial proceedings are Instituted against the university employee before retirement.					
	*(i) In case where the last ten months include some period not to be reckoned for calculating average emoluments an equal period backward has to be taken for calculating average emoluments.					
	(ii) The calculation of average emoluments should be based on actual number of days contained in each month.					

24.	Details of Government dues recoverable out of gratuity. (i) Licence fee for the allotment of university accommodation. (ii) other dues.			
25.	Whether nomination made for..... (i) Death-cum-retirement gratuity. (ii) Family Pension 1950, if applicable.			
26.	Whether Family Pension 1964 applies to the university employee, if so.			
	(i) emoluments reckoning for the family pension. (ii) the amount of the family pension becoming payable to the family of the Government servant, if death takes place after retirement:-			
	(a) before attaining the age 65 years, or			
	(b) after attaining the age of 65 years			
	(iii) Complete and up-to-date details of the family as given as under:-			
Sr. No.	Name of the member of the family	Date of birth	Relationship with the University employee	
1.	2.	3.	4.	

27. Height. :

28 Identification marks :

Signature of the
Head of Office

Form KVV-10/8

DR. Y S PARMAR UNIVERSITY OF HORTICULTURE AND FORESTRY, NAUNI,

SOLAN-173 230

(See Rule 10.23 of Part I of the Account Manual)

Particulars to be obtained by the Head of Office/Unit from the retiring university employee eight months before the date of his/her retirement.

1.	Name	:			
2.	a) Date of birth	:			
	b) Date of retirement.	:			
3.	Two specimen signatures duly attested(to be furnished in separate sheet) by a 'Head of Office/Department'.	:			
4.	Three copies of passport size joint photograph with wife or husband (to be attested by the Head of Office/Unit).	:			
5.	Two copies showing the particulars of height & personal identification marks duly attested by a 'A' Grade University employee	:			
6.	Present address.	:			
7.	Address after retirement	:			
8.	Detail of family in Form as under				
Sr. No. 1.	Name of the members of the family 2.	Date of birth 3.	Relationship With the employee 4.	Initials of the Head of Office 5.	Remarks 6.

Place
Dated the:

Signature
Designation
Deptt/Office

DR. Y S PARMAR UNIVERSITY OF HORTICULTURE AND FORESTRY, NAUNI,
SOLAN-173 230

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION WITHOUT
MEDICAL EXAMINATION

{(See Rules, 5(2), 6(1), 12, 13(1) and (2), 14(1) and (2), 15(1) and (2) and 16(1) and (2)}
(To be submitted in duplicate after retirement but within one year of the date of retirement)

PART-I

To

The Comptroller,
Dr. Y S Parmar University of
Horticulture and Forestry, Nauni-Solan

Subject: Commutation of pension without medical examination.

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provision of the Central Civil Services(Commutation of Pension) Rules, 1981. The necessary particulars are furnished below:-

1.	Name (in Block Letters)	:
2.	Father's name (also husband's name in the case of a female Government Servant)	:
3.	Designation at the time of retirement	:
4.	Name of Office/Department/Ministry 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 case final amount of pension has not been authorized, indicate the amount of provisional pension sanctioned under Rule, 64 of the Central Civil Services(Pension) Rules, 1972].	--
9.	Fraction of pension proposed to be commuted	
10.	Designation of Account Officer who authorized the pension and the No. and date of the Pension Payment Order, if issued.	--
11.	Disbursing authority for payment of pension:-	:Comptroller, UH&F, Nauni
	a) Treasury/Sub-Treasury (Name and complete address of the Treasury/ Sub -Treasury to be indicated).	:Comptroller, UH&F, Nauni
	b) (i) Branch of the Nationalized Bank with complete postal address.	
	(ii) Bank Account No. to which monthly pension is being credited each month.	
	(c) Accounts Office of the Ministry/ Department/ Office	Comptroller, UH&F, Nauni

Place:
Date:

Signature

PART-II

ACKNOWLEDGEMENT

Received from _____ (Name) _____ (former designation)
application in Part-I of Form I for the commutation of a fraction of pension without medical examination.

Place:
Date:

Signature
Head of Office

PART-III

Forwarded to the Accounts Officer/Comptroller(here indicate the address and designation) with the remarks that-

1. (i) the particulars furnished by the applicant in Part-I have been verified and are correct:
(ii) the applicant is eligible to get a fraction of his pension commuted without medical examination:
(iii) the commuted value of pension determined with reference to the Table applicable at present comes to Rs.....
(iv) the amount of residuary pension after commutation will be Rs.....
2. It is requested that further action to authorize the payment of the amount of commuted value of pension may be taken as in Rule 15 of the Central Civil Services (Commutation of Pension) Rules, 1981.
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_____.

Place:
Date:

Signature
Head of Office

JOINT PHOTOGRAPHS (WITH WIFE/HUSBAND) OF:



1.

2.

3.

SPECIMEN SIGNATURES OF



1. : _____

2. : _____

3. : _____

Attested

SHOWING PARTICULARS OF HEIGHT AND PERSONAL MARK FOR IDENTIFICATION IN RESPECT OF



Personal Mark for identification : _____

Height : _____

Signature of attesting
authority

STATEMENT SHOWING THE ADDRESS AFTER RETIREMENT AND NAME OF THE BANK ALONGWITH ACCOUNT No. AND PAN OF INCOME TAX IN RESPECT OF

~~~~~

|    |                          |   |  |
|----|--------------------------|---|--|
| 1. | Name                     | : |  |
| 2. | Father's Name            | : |  |
| 3. | Designation              | : |  |
| 4. | Address after retirement | : |  |
| 5. | Name of the bank         | : |  |
|    | SB Account No            | : |  |
|    | IFSC Code                | : |  |
| 6. | PAN(Photocopy)           | : |  |
| 7. | Phone No.                | : |  |

Signature of  
retiring employee

**DR. Y S PARMAR UNIVERSITY OF HORTICULTURE AND FORESTRY, NAUNI,**

FORM OF OPTION FOR MEDICAL FACILITY TO BE AVAILED AFTER RETIREMENT

I, \_\_\_\_\_ retired/retiring as  
\_\_\_\_\_ is hereby opt for medical reimbursement charges  
after my retirement on attaining the age of superannuation on \_\_\_\_\_(AN).

Place:

Dated:

(Signature of claimant)

Dr./Mr/Ms. \_\_\_\_\_

Address \_\_\_\_\_

**DR. Y S PARMAR UNIVERSITY OF HORTICULTURE AND FORESTRY, NAUNI,**

FORM OF OPTION FOR MEDICAL FACILITY TO BE AVAILED AFTER RETIREMENT

I, \_\_\_\_\_ retired/retiring as  
\_\_\_\_\_ is hereby opt for fixed medical allowance for  
` 400/- (PM) after my retirement on attaining the age of superannuation on  
\_\_\_\_\_ (AN).

Place:

Dated:

(Signature of claimant)

Dr./Mr/Ms. \_\_\_\_\_

Address \_\_\_\_\_

