

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

(See Rule 10.32 of Part I of the Account Manual)

FORM FOR ASSESSING AND AUTHORISING THE PAYMENT OF FAMILY PENSION AND DEATH-CUM-RETIREMENT GRATUITY WHEN A UNIVERSITY

EMPLOYEE DIES WHILE IN SERVICE.

**PART-I
SECTION-I**

1.	Name of the deceased 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.	Date of Death (By Christian era.)	:	
5.	Religion	:	
6.	Office/Department in which last employed.	:	
7.	Appointment held last (i) Substantive (ii) Officiating	:	
8.	Date of beginning of service	:	
9.	Date of ending of service	:	
10.	Length of service qualifying for Death -cum-retirement gratuity/pension	:Years Months Days	
		:	
11.	Period of non-qualifying service:	:	
	(i) Interruption in service condoned	:	--Nil-
	(ii) Extraordinary leave not qualifying for gratuity	:	--Nil—
	(iii) Period of suspension treated as non-qualifying	:	--Nil—
	(iv) Any other service not treated as qualifying service. Total period of non-qualifying service	From ----	To ----
12.	Emoluments reckoning for death-cum- retirement gratuity		
	Amount of death-cum-retirement gratuity		

13.	(i) Proposed Family Pension at:	: ` ---
	Enhanced Rates (if service rendered at the time of death is more than ten years)	From To
	Ordinary Rates.	: `
	(ii) Period of tenability of Family Pension: (a) Enhanced rates (b) Ordinary rates:	--- ---
14.	Person to whom family pension is payable (i) Name:	:
	(ii) Relationship with the deceased university employee. Full postal address:	:
15.	Details of University dues recoverable out of gratuity:-	:
	(i) Licence fee for occupation of university accommodation:	:
	(ii) Amount of death-cum-retirement gratuity to be held over pending receipt of information from the Estate Organization.	:
	(iii) other dues:	:
16.	Date on which claims received from the claimants	
17.	Name of guardian who will receive payment of death-cum-retirement gratuity and family pension in case of minors.	:
18.	Head of account to which death-cum-retirement gratuity and family pension are debitale	: -----

Place
Date

Signature of Head of Office

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

(See Rule 10.32 of Part I of the Account Manual)

FORM OF APPLICATION FOR THE GRANT OF FAMILY PENSION ON THE DEATH OF A UNIVERSITY EMPLOYEE/PENSIONER.

1. Name of the applicant
 (i) Widow/Widower :
 (ii) Guardian if the deceased person is survived by child or children.

2. Name and age of surviving widow/widower and children of the deceased university employee /pensioner.

Sr. No	Name	Relationship with the deceased person	Date of birth by Christian era.
1.			
2.			
3.			
4.	Date of death of the University employee/ pensioner		
5.	Office/Department in which the deceased university employee/pensioner served last		
6.	If the applicant is guardian, his date of birth and relationship with the deceased university employee/pensioner.	----	
7.	If the applicant is a widow/widower the amount of service pension which she/he may be in receipt on the date of death of the husband/wife.	-----	
8.	Full address of the applicant.		
9.	Enclosures		
	(i) Two specimen signatures of the applicant, duly attested (To be furnished in two separate sheets)	Copy attached	
	(ii) Two copies of passport size photo-graph of the applicant duly attested	Copy attached	
	(iii) Two slips each bearing left hand thumb and finger impressions of the applicant, duly attested	Copy attached	
	(iv) Descriptive Roll of the applicant, duly attested, indicating (a) height and (b) personal marks , if any, on the hand, face etc. (specify a few conspicuous marks not less than two, if possible) (To be furnished in duplicate)	Copy attached	

	(v)	Certificate(s) of age (in original with two attested copies) showing the dates of birth of the children. The certificate should be from the Municipal Authorities or from the Local Panchayat or from the head of a recognized school if the child is studying in such school. (This information should be furnished in respect of such child or children the particulars of whose date of birth are not available with the Head of Office)	Copy attached
10	Signature or left hand thumb impression.		
11.	Attested by :		
	Name	Full Address	Signature
	(i)
	(ii)
12.	Witnesses :		
	(i)
	(ii)
<hr/> <p>Note:- Attestation should be done by two 'A' grade University Officer or two or more persons of respectability in the town, village or Pargana in which the applicant resides.</p>			

Countersigned

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**Form KVV-10/10(b)**

**DR. YASHWANT SINGH PARMAR UNIVERSITY OF HORTICULTURE AND  
FORESTRY, NAUNI, SOLAN(HP)-173 230.**

(See Rule 10.32 of Part I of the Account Manual)

**FORM OF APPLICATION FOR THE GRANT OF DEATH-CUM-RETIREMENT  
GRATUITY ON THE DEATH OF A UNIVERSITY EMPLOYEE**

(To be filled in separately by each claimant and in case the claimant is minor, the Form should be filled in by the guardian on his/her behalf. Where there are more than one minor, the guardian should claim gratuity in one Form on their behalf).

|         |                                                                                                                                                              |                                                                                        |                                                |                |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------|----------------|
| 1.      | (i)                                                                                                                                                          | Name of the claimant in case he is not minor                                           |                                                |                |
|         | (ii)                                                                                                                                                         | Date of birth of the claimant                                                          |                                                |                |
| 2.      | (i)                                                                                                                                                          | Name of the guardian in case of the claimants are minors                               |                                                |                |
| 3.      | (i)                                                                                                                                                          | Name of the deceased university employee in respect of whom gratuity is being claimed. |                                                |                |
|         | (ii)                                                                                                                                                         | Date of death of university employee                                                   |                                                |                |
|         | (iii)                                                                                                                                                        | Office/Department in which the deceased employee served last.                          |                                                |                |
| 4.      | Relationship of the claimant/guardian with the deceased university employee                                                                                  |                                                                                        |                                                |                |
| 5.      | Full Postal Address of the claimant/guardian                                                                                                                 |                                                                                        |                                                |                |
| 6.      | (i) Where gratuity is claimed by the guardian on behalf of minors, the names of minors, their ages, relationship with the deceased University employee etc:- |                                                                                        |                                                |                |
| Sr. No. | Name                                                                                                                                                         | Age                                                                                    | Relation with the deceased university employee | Postal Address |
|         | ---                                                                                                                                                          | ---                                                                                    | ---                                            | ---            |
| (ii)    | Relationship of the guardian with minor.                                                                                                                     |                                                                                        |                                                | :              |

Signature/Thumb Impression  
of the claimant/guardian

:2:

|      |                                                                                                                                                                                |                                     |           |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------|
| 7.   | Two specimen signatures or left hand thumb and fingure impressions of the claimant/guardian duly attested.                                                                     | To be furnished in a separate sheet |           |
|      | To be furnished in case the applicant is not literate enough to sign his name.                                                                                                 |                                     |           |
| 8.   | Attested by :                                                                                                                                                                  |                                     |           |
|      | Name                                                                                                                                                                           | Full Address                        | Signature |
| (i)  | .....                                                                                                                                                                          | .....                               | .....     |
| (ii) | .....                                                                                                                                                                          | .....                               | .....     |
|      | Witnesses :                                                                                                                                                                    |                                     |           |
| (i)  | .....                                                                                                                                                                          | .....                               | .....     |
| (ii) | .....                                                                                                                                                                          | .....                               | .....     |
|      | Note:- Attestation should be done by two 'A' grade University Officer or two or more persons of respectability in the town, village or Pargana in which the applicant resides. |                                     |           |

**COPIES OF PASSPORT SIZE PHOTOGRAPH**



1.

2.

3.

**SPECIMEN OF SIGNATURES**



1.

2.

3.

4.

**DESCRIPTIVE ROLL**



1      Height \_\_\_\_\_

2.      Personal marks if any on the \_\_\_\_\_

\_\_\_\_\_

**PERMANENT RESIDENTIAL ADDRESS AND ACCOUNT NO.**

: ~~~~~

|     |                                     |   |  |
|-----|-------------------------------------|---|--|
| 1.  | <b><u>RESIDENTIAL ADDRESS</u></b>   | : |  |
| 2.  | <b><u>PERMANENT ADDRESS</u></b>     | : |  |
| 3.  | <b>Name of the bank</b>             | : |  |
| 4.  | <b>SB Account No.</b>               | : |  |
| 5.  | <b>IFSC Code</b>                    | : |  |
| 6.  | <b>PAN(Photocopy)</b>               | : |  |
| 7.  | <b>Aadhar(Photocopy)</b>            | : |  |
| 8.  | <b>Death Certificate(Photocopy)</b> | : |  |
| 9.  | <b>Phone No.</b>                    | : |  |
| 10. | <b>E Mail Address</b>               | : |  |

## LEFT HAND THUMB AND FINGERS IMPRESSION IN RESPECT

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1 Thumb

2 First Finger

3 Middle Finger

4 Ring Finger

5 Little Finger

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

**FORM OF OPTION FOR MEDICAL FACILITY**

I, \_\_\_\_\_ W/O Late \_\_\_\_\_ expired on \_\_\_\_\_ is hereby  
opt for medical reimbursement charges after the death of my husband on \_\_\_\_\_.

Place:

Dated:

(Signature of claimant)

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

**FORM OF OPTION FOR MEDICAL FACILITY**

I \_\_\_\_\_ W/O Late \_\_\_\_\_ expired on \_\_\_\_\_ is hereby opt  
for fixed medical allowance for ` 400/- (PM) after the death of my husband on  
\_\_\_\_\_.

Place:

Dated:

(Signature of claimant)