**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. |

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

**DR Y. S. PARMAR UNIVERSITY OF HORTICULTURE AND FORESTRY, NAUNI, SOLAN-173230**

(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. |  |  |  |

|  |  |  |
| --- | --- | --- |
| 3. | Date of death of the University employee/pensioner |  |
| 4. | Office/Department in which the deceased university employee/pensioner served last |   |
| 5. | If the applicant is guardian, his date ofbirth and relationship with the deceased university employee/pensioner. |  ---- |
| 5A | 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. |  ----- |
| 6. | Full address of the applicant. |  |

|  |  |  |
| --- | --- | --- |
| 7 | 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 |
| 8 | Signature or left hand thumb impression. |  |
| 9. | Attested by : Name Full Address Signature(i) ……………. ………………. …....……(ii) ……………. ………………. ….....…… |
| 10. | 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. |

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

**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 forDeath –cum-retirement gratuity/pension |  |
| 11. | Period of non-qualifying service: |  |
|  | (i) Interruption in service condoned |  |
|  | (ii) Extraordinary leave not qualifying for gratuity |  |
|  | (iii) Period of suspension treated as non-qualifying  |  |
|  | (iv) Any other service not treated as qualifying service.  Total period of non-qualifying service |  |
| 12. | (a) Emoluments reckoning for death-cum- retirement  gratuity |  |
|  | (b) 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)  |  |
|  | Ordinary Rates. |  |
|  | (ii) Period of tenability of Family Pension:1. 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 debitable |  |

Place Signature of Head of Office

Date

**Section-II**

|  |  |  |
| --- | --- | --- |
|  | Details of Provisional family pension and gratuity to be drawn and disbursed by the Head of OfficeProvisional family pension  |  |
|  | Gratuity(the amount mentioned in item12(b) Less |  |
|  | (a) Licence fee recoverable from gratuityfor occupation of university accommodation(as in item 15(i) of part I).   |  |
|  | (b) Amount of gratuity to be held over pending receipt of information from Estate Organization (as in item 15 (ii) of Part I)  |  |
|  |  ( c) other University dues as mentioned (in item 15(iii) of Part I).  |  |
|  | Total of (a), (b) and (c)  |  |

Place Signature of Head Office

Dated, the

**COPIES OF PASSPORT SIZE PHOTOGRAPH OF**

**~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

**SPECIMEN SIGNATURES OF MS**

**~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

1.

2.

3.

4.

**LEFT HAND THUMB AND FINGERS IMPRESSION IN RESPECT**

 **~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

1 Thumb

2 First Finger

3 Middle Finger

4 Ring Finger

5 Little Finger

**DESCRIPTIVE ROLL OF MS**

**~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMANENT RESIDENTIAL ADDRESS AND ACCOUNT NO. IN RESPECT OF**

**~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

|  |  |  |
| --- | --- | --- |
| 1. | **RESIDENTIAL ADDRESS** | :  |
| 2. | **PERMANENT ADDRESS** | : |
| 3. | **Name of the bank** |  |
|  | SB Account No |  |
|  | IFSC Code |  |
| 4. | PAN(Photocopy) | :  |
| 5. | Mobile No./ Watsapp No. | : |
| 6. | Aadhar Card | : |
| 7. | E-mail ID:- | : |

**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)