

Family Pension Case File

Office of the Pr. Accountant General (A&E) Punjab & UT, Chandigarh

Name of the Deceased Govt. Employee :

Designation :

Date of Death :

Address :

.....

Mobile No. :

Checklist for Family Pension Cases

(A) Documents to be provided by the Family Pensioners for processing Family Pension Case

Form/Document			Reasons, if no
1. Form Pen -16 (a) –Application for family pension (Rule 6.18 A)	Yes	No	
2. Form Pen -16 (b)-Application for DCRG (Rule 6.18 A)	Yes	No	
3. Death Certificate of deceased Government Employee	Yes	No	
4. Undertaking under rule 9.15(i)	Yes	No	
5. 3 Photographs (Form 15)	Yes	No	
6. Descriptive Roll	Yes	No	
7. Specimen Signatures (Form 15)	Yes	No	
8. List of Family Members with DOB/Age, Relation & Marital Status (Form 15)	Yes	No	
9. Income Certificate (in case of Family Pension to be authorized other than spouse) (Rule 6.17 (v) Explanation (2))	Yes	No	
10. Dependent certificate (in case of Family Pension to be authorized to parents) (Rule 8.38 (6))	Yes	No	
11. Non traceable certificate from the Police (in case Missing government employee) alongwith Indemnity Bond (Rule 6.17 (4) Note 4 below (v))	Yes	No	
12. Legal Guardianship Certificate (if no Natural/Defecto guardian available) (Rule 6.17 (4) Note 4 below (v))	Yes	No	

13. Permanent Account Number for Income Tax (PAN), Aadhaar Number, Mobile Number and E-mail ID (Punjab Government Finance Department Letter No. 5/49/13-3FPPC/785906/1 dated 29-06-16)

Yes	No
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(B) Documents to be provided by the Pension Sanctioning Authority for processing Family Pension Case

Form/Document	Yes	No	Reasons, if no
1. Form Pen 17 Sanction of Family Pension (Rule 6.27)	Yes	No	
2. Annexure –I (Form 16-B) Sanction of DCRG (Rule 6.18 A)	Yes	No	
3. History sheet with Qualifying Service, Non Qualifying Service & weightage, if any	Yes	No	
4. Three passport size photographs of the applicant duly attested by PSA	Yes	No	
5. Calculation Sheet (Rule 9.4 (b) iii)	Yes	No	
6. No Dues Certificate (Rule 9.8)	Yes	No	
7. No Inquiry Certificate (Rule 9.14)	Yes	No	
8. No Judicial Proceeding Pending Certificate (Rule 9.14)	Yes	No	
9. Last Pay Certificate (Rule 2.2.(2))	Yes	No	
10. Vigilance Certificate in case of Group A&B (letter no. 19/01/2002-4/च(I)11424 dated 07/06/2002)	Yes	No	

- | | | | | |
|---|--|-----|----|---|
| 11. Regularization of Work Charged/Adhoc Period as part of Qualifying Service Rule (9.4 (a)) | <table border="1"><tr><td data-bbox="768 259 867 378">Yes</td><td data-bbox="867 259 966 378">No</td></tr></table> | Yes | No | <div style="border: 1px solid black; height: 50px;"></div> |
| Yes | No | | | |
| 12. Office order for removing anomaly with Junior along with comparative statement | <table border="1"><tr><td data-bbox="768 413 867 528">Yes</td><td data-bbox="867 413 966 528">No</td></tr></table> | Yes | No | <div style="border: 1px solid black; height: 50px;"></div> |
| Yes | No | | | |
| 13. Copy of Judgment, if any along with speaking order | <table border="1"><tr><td data-bbox="768 562 867 677">Yes</td><td data-bbox="867 562 966 677">No</td></tr></table> | Yes | No | <div style="border: 1px solid black; height: 50px;"></div> |
| Yes | No | | | |
| 14. Copy of challan of form vide which Govt. Share of CPF & Interest deposited in Govt. Accounts and Copy of speaking order issued by competent Authority for counting Govt. Added service towered the Pensioner benefits | <table border="1"><tr><td data-bbox="768 700 867 952">Yes</td><td data-bbox="867 700 966 952">No</td></tr></table> | Yes | No | <div style="border: 1px solid black; height: 100px;"></div> |
| Yes | No | | | |
| 15. Copy of challan of deposit of EPF share if applicable | <table border="1"><tr><td data-bbox="768 952 867 1067">Yes</td><td data-bbox="867 952 966 1067">No</td></tr></table> | Yes | No | <div style="border: 1px solid black; height: 50px;"></div> |
| Yes | No | | | |

FORM PEN. 16
[Referred to in Rule 6.18-A(ii)]

Form of Family Pension

No.

Punjab Government
Department of _____
Dated the _____

Subject: Payment of family pension in respect of the late Shri/Smt. _____

The undersigned has learnt with regret the death of Shri/Smt. _____ in his Office/Department and is directed to inform you that under provisions of Family Pension Scheme, you are entitled to Family Pension for life/till attaining the date of majority.

I am accordingly to suggest that formal claim of the grant of family pension may be submitted by you in the enclosed Form along with the following documents:—

- (1) Death Certificate.
- (2) Two copies of a passport size photograph duly attested by a Group 'A' or Group 'B' Officer.
- * (3) Guardianship certificate where pension is admissible to the minor children.
- (4) Two copies of details of family members.
- (5) Application for D. C. R G in Form Pen. 16(b)

(Designation)

To

Where Family Pension is admissible to minor child/children.

FORM PEN. 16(a)
[Referred to in Rule 6.18-A(iv)]

FORM OF APPLICATION (FAMILY PENSION SCHEME, 1964)

Application for a family pension for the family of late Shri/Smt. _____ in the
Office/Department of _____ (Designation)

1. Name of the applicant _____
2. Relationship to the deceased Government employee/pensioner _____
3. Date of retirement, if the deceased was a pensioner _____
4. Date of death of the Government employee/pensioner _____
5. Names and ages of surviving kindred of the deceased _____

(Date of birth by Christian era)

Name

Widow/Widower

Sons

Unmarried daughters

5-A. If the applicant is widow or widower, the amount of service pension, which she or he may be in receipt on the date of death of the husband or wife.

6. Name of Treasury Sub-Treasury at which payment is desired. _____

7. Signature or/left-hand thumb impression (in the case of those who are not literate enough to sign their names) _____

8. Descriptive roll of _____ widow/widower/guardian of the minor children of late _____

(i) Date of birth (by Christian era)

(ii) Height

(iii) Personal marks, if any, on hand or face

(iv) Left-hand thumb and finger impression

Small finger Ring finger Middle Finger Index finger Thumb

9. Full address of the applicant.

Attested by

Witness

(2)_____

(2)_____

Note.—The descriptive roll (column 8) and signature or left-hand thumb and finger-impression accompanying application for family pension should be in duplicate (in two separate sheets), and attested by two Group 'A' or Group 'B' Officers or persons of responsibility in the town, village or district in which the applicant resides.

FORM PEN. 16(b)

Application for the grant of death-cum-retirement gratuity/residuary gratuity to the family of Shri/Shrimati _____ in the Office/Department of _____

1. Name of applicant.
2. Relationship to deceased Government employee/pensioner.
3. Date of birth.
4. Date of retirement if the deceased was a pensioner.
5. Date of death of the Government employee/pensioner.
6. Name of the Treasury/Sub-Treasury at which payment is desired.
7. Full address of the applicant.
8. Signature or thumb-impression of the applicant.
- *9. Attested by:—
 - (i)
 - (ii)
10. Witness

Name	Full address	Signature
(ii)		
(i)		
(ii)		

* Attestation should be done by two or more persons of responsibility in the town, village or district in which the applicant resides.

FORM 16-B
ANNEXURE-I

Form for Sanction of Gratuity in case of Death

A Remarks by the receiving authority

1. As to character and past conduct of applicant.....
2. Explanation of any suspension or Degradation.....
3. Regarding any gratuity or pension already received by the applicant (See Chapter VII).....
4. Any other remarks.....
5. Opinion of receiving authority whether the service claimed is established and should be admitted or not (See rule 9.7 and 9.12 (a) (ii)).....

Signature.....
Authority.....

B Order of the sanctioning authority

(a) The undersigned having satisfied himself that the service of Late Shri/Smt./Kumari..... is thoroughly satisfactory hereby orders the grant of DCRG/residual gratuity which may be accepted by the Accountant General as admissible under the rules to the persons mentioned in clause (c) below.

OR

(b) The undersigned having satisfied himself that the service of late Shri/Smt./Kumari..... has not been thoroughly satisfactory hereby orders that the DCRG which may be accepted by the Accountant Gen. admissible under the rules to the persons mentioned in clauses (c) below, shall be reduced by the specified amount of percentage indicated below. A sum of Rs..... on account..... is to be held over from the DCRG till the outstanding dues are assessed and adjusted.

(c)

Name of person	Address	Relationship with the deceased officer	Amount of share of DCRG
1	2	3	4

This order is subject to the condition that should the amount of gratuity as authorized by the Accountant General if afterwards found to be in excess of amount to which the person

concerned is entitled under the rules he/she will be called upon to refund such excess. A declaration from the person accepting this condition has been obtained and enclosed/declaration from the person accepting to condition will be obtained and submitted separately.

2. The DCRG/residual gratuity payable at.....treasury and is chargeable.

Dated

Signature & Designation of
Sanctioning Authority

FORM PEN. 17
[Referred to in rule 6.18-A (iii)]

Form of sanctioning Family Pension

1. Name of the Government Employee.
2. Father's Name (and also husband's name in the case of a woman Government employee).
3. Religion and Nationality.
4. Last appointment held including name of establishment.
5. Date of beginning of service.
6. Date of ending of service.
7. Substantive appointment held.
8. Pension Rules opted/eligible.
9. Length of continuous qualifying service prior to death.
10. Pay.
11. Amount of family pension admissible.
12. Date from which pension is to commence.
13. Place of payment (Government Treasury or Sub-Treasury).

The undersigned having satisfied himself of the above particulars of late Shri/Smt. _____, hereby orders the grant of a family pension of Rs. _____ per mensem to Shri/Smt. _____ which may be accepted by the Accountant-General, Punjab as admissible under the rules.

Signature and Designation of the
Sanctioning Authority.

Report regarding verification of Qualifying Service

Certified that Sh./Smt./Kum.....
Designation..... has completed a qualifying service
of.....years.....months.....days as
on.....(date). The service has been verified on the basis of his service
documents and in accordance with the rules regarding qualifying service in force at
present. The verification of service shall be treated as final and shall not be reopened
except when necessitated by a subsequent change in the rules and order governing the
conditions under which the service qualifies for pension.

DETAILS OF QUALIFYING SERVICE

S.No.	Period		Page No. of Service Book	No. or part of page of Service Book
	From	To		

(Signature of Head of Office)

Table: Details of Qualifying Service

Name.....Designation.....

Name of Govt. under with employed (in order of employment)	Name of Establishment	From	To	Total Period	Less Non-Qualifying Service (see table-II)	Qualifying service
1	2	3	4	5	6	7

Calculation Sheet for Family Pension/Death-Cum-Retirement Gratuity & History Sheet of Service

1. Name :
2. Post held at the time of death :
3. Date of Birth :
4. Date of Death :
5. Date of joining Govt. Service :
6. Total Period of Service Years Months Days
7. Less period of E.O.L. etc. not Years Months Days
qualifying service
8. Net qualifying service..... Years Months Days
9. Pay drawn at the time of death Rs.
10. Amount of Family pension Rs.....
(30% of pay last drawn)
subject to minimum of Rs. 1275/-
11. Amount of pension to be drawn for first seven Rs.....
years or till the deceased would have
completed 65 years of age (which ever is earlier)
12. Calculation of gratuity (D.C.R.G) at the following rates :-
 - (i) For less than one year service : 2 months emoluments
 - (ii) One year service but less then Five years service : 6 months emoluments
 - (iii) With Five years or more service : ¼ of the emoluments for
each half year subject to minimum of twelve years emoluments and maximum of 16½
times in case of Class I, II and III employees and 17½ times in case of class IV employee.

Emoluments means Pay as defined in rule 2.44(a)(1) of C.S.R. Vol. I Part I. Plus Dearness allowance admissible on such pay on the date of death.

Pay Rs. _____

D.A. Rs. _____

Total Rs. _____ X _____ = Rs. _____

Head of Office

Descriptive Roll/Signature or Left hand thumb impression

Claimant

Name of deceased

Relationship with deceased

{widow/widower/ guardian of minor child (ren)}

- (i) Date of Birth
- (ii) Height
- (iii) Personal marks of identification
(on hand or face)
- (iv) Specimen Signature /Left-hand thumb impression :
 - 1.
 - 2.

Attested by :

Name	Full Address	Signature
(i).....
(ii).....

Note :- The descriptive roll and signature of left hand thumb impression accompanying the application for family pension should be in duplicate in two separate sheets and attested by two gazetted officers or persons of respectability in town, village or pargana in which the applicant resides.

Descriptive Roll/ Signature or Left hand thumb impression

Claimant

Name of deceased

Relationship with deceased

{widow/widower/ guardian of minor child (ren)}

- (i) Date of Birth
- (ii) Height
- (iii) Personal marks of identification
(on hand or face)
- (iv) Specimen Signature /Left-hand thumb impression:
 - 1.
 - 2.

Attested by :

Name	Full Address	Signature
(i).....
(ii).....

Note: - The descriptive roll and signature of left hand thumb impression accompanying the application for family pension should be in duplicate in two separate sheets and attested by two gazetted officers or persons of respectability in town, village or pargana in which the applicant resides.

PRESENT POSTAL ADDRESS OF THE CLAIMANT

Name of the Deceased Designation
.....

Claimant

Relationship with the Deceased.

[Widow/widower/ guardian of the minor child (ren)]

Address.....

.....

..... Pin.....

DETAILS OF MEMBERS OF FAMILY

Of Late Shri/Smt.....Designation

S.No.	Name and Postal Address	Relation	Date of Birth

**Undertaking under rule 9.15(1) of Pb. CSR Vol.II in terms
of Pb. Govt., Finance Department Notification issued vide
No. 3/2/6-IFP-III/94/3292 dated 3.5.94**

I, Sh/Smt.....

hereby undertake that after my retirement, I or in the case of my death, my heirs will refund the amount of pension, adhoc increase, temporary increase/adhoc relief or any other kind of increase in pension/or any other benefits if any, paid to me erroneously or in excess of that due to me.

Dated

Signature

Attested

No Dues Certificate

Certified that there is nothing outstanding/pending against him/her

Late Sh./Smt.....

Designation.....

Date of Birth.....

Date of Death.....

(Signature of Head Office)

No Complaint/Enquiry Certificate (NOC)

Certified that there is no Departmental/Vigilance Complaint/Enquiry, Judicial proceedings and Audit Para pending against him/her

Late Sh./Smt.....

Designation.....

Date of Birth.....

Date of Death.....

(Signature of Head Office)

Last Pay Certificate L.P.C

Office of the _____

No _____

Office case _____ (Provincial)

Last Pay Certificate of _____

of the _____ proceeding on

to _____

2. He has been paid upto _____

at the following rate:-

PARTICULARS	RATE	
	Rs.	P.
Substantive Pay		
Officiating Pay		
Exchange Compensation Allowance		

Deductions

3. He has made over charge of the office of _____

on the _____ noon of the _____ 19 _____

4. Recoveries are to be made from the pay of the Government servant as detailed on the reverse.

5. He has been paid leave salary as detailed below. Deductions have been made as noted on the reverse:-

	Period		Rate	Amount
From	to	at	Rs.	a month
From	to	at	Rs.	a month
From	to	at	Rs.	a month
From	to	at	Rs.	a month

6. He is entitled to draw the following scale of pay _____

increment accrues on _____ every year.

7. He is also entitled to joining time for _____ days.

8. The details of the income tax recovered from him upto the date from the beginning of the current year

are noted on the reverse.

Dated _____ 19 _____

Head of Office/Deptt

DETAILS OF RECOVERIES

Name of recovery _____

Amount: Rupees _____

To be recovered in _____ installments

SALARY DEDUCTIONS MADE FROM LEAVE SALARY

From	to	On account of	Rs.
From	to	On account of	Rs.
From	to	On account of	Rs.

Head of Office/Deptt

Signature with Stamp

Name of months	Pay	Gratuity Fee	Funds and Other Deductions	Amount of Income-tax recovered	Remarks
April 19					
May 19					
June 19					
July 19					
August 19					
September 19					
October 19					
November 19					
December 19					
January 19					
February 19					
March 19					

He took over/assumed of the office of _____

on the _____ noon of _____

(Signature)

(Designation)