

FORM-A  
(See clause 10 of Pension Regulations)  
APPLICATION FORM FOR PENSION/GRATUITY

The Registrar,  
Jamia Millia Islamia  
New Delhi

Sub: APPLICATION FOR SANCTION OF PENSION AND/OR GRATUITY.

Sir,

I am ( \_\_\_\_\_ ) retiring from Jamia's service with effect from \_\_\_\_\_ my date of birth being \_\_\_\_\_. I, therefore, request that steps may kindly be taken to sanction the pension and/or gratuity. The amount of pension may be remitted to my address given below.

2. I hereby declare that I have neither applied for not received any pension and/or gratuity in respect of any portion of the services included in this application and in respect of which pension and/or gratuity is claimed herein, nor shall I submit an application hereafter without quoting a reference to this application and the orders which may be passed thereon.

3. I do undertake and consent as under :-

- (i) Should the amount of pension/gratuity/death-cum-retirement gratuity afterwards found to be in excess of that to which I am entitled, the same will be refunded by me. On my failing to do so, such excess payment may be adjusted by short payments of pension in future, in one or more installments as the Finance Officer may order/may be recovered from me as an amount due to the Jamia.
- (ii) Any demands outstanding against me on account of Jamia's dues may be adjusted from the gratuity/death-cum-retirement gratuity due to me in lump sum.

4. I enclose herewith:

- (i) Two Specimen signatures of mine duly attested by the Head concern /HoD.
- (ii) Two copies of passport size joint Photographs with wife/ husband duly attested. (This is required only in the case of persons who have opted for the General Provident Fund-Cum-Pension-cum Gratuity Scheme).
- (iii) Two Slips each bearing my Left / Right (male/female) hand thumb and finger impressions. duly attested (This is required only in the case of persons who are illiterate and can't sign their names).
- (iv) The list of family members duly countersigned by competent authority(This is required only in the case of persons who have opted for the General ProvidentFund-cum-Pension-cum-Gratuity Scheme).

5. My present address is \_\_\_\_\_

\_\_\_\_\_ and my  
address after retirement will be \_\_\_\_\_

Mobile No.....Email.....Adhar no.-----  
-----.

Date \_\_\_\_\_ P.F.Type: \_\_\_\_\_ Signature \_\_\_\_\_

Designation \_\_\_\_\_

(Note: Any subsequent change of address should be notified to the Finance Office.)

Attested by: Head concerned

**FORM – II**  
(See clause 17 of Pension Regulations)

**FIRST PAGE**

**APPLICATION FOR PENSION OR GRATUITY AND DEATH CUM RETIREMENT GRATUITY**

1. Name of the applicant : \_\_\_\_\_
2. Father's name (and also husband's Name in the case of a woman University servant) : \_\_\_\_\_
3. Nationality : \_\_\_\_\_
4. Permanent residential address showing village / town, district and state : \_\_\_\_\_
5. Present or last appointment including name of Establishment. : \_\_\_\_\_
- (5a). Present or last substantive appointment : \_\_\_\_\_
6. Date of beginning of service : \_\_\_\_\_
7. Date of ending of service : \_\_\_\_\_
8. Length of service with details of interruption and non-qualifying periods in years and months
9. Class of Pension or Gratuity applied for and cause of application : \_\_\_\_\_
10. Average emoluments : \_\_\_\_\_
11. Emoluments at retirement : \_\_\_\_\_
12. Proposed Pension : \_\_\_\_\_
13. Proposed Gratuity : \_\_\_\_\_
14. Proposed D.C.R.G : \_\_\_\_\_
15. Date from which Pension is to commence : \_\_\_\_\_
- 15.(a) Whether nomination made for Death-cum-Retirement Gratuity : \_\_\_\_\_
16. Date of applicant's birth by Christian era : \_\_\_\_\_
17. Height : \_\_\_\_\_
18. Identification Marks : \_\_\_\_\_
- 18.(a) Thumb & Finger Impressions  
Thumb                  Fore finger                  Middle finger                  Ring finger                  Little finger
19. Date on which the applicant applied for Pension or Gratuity: \_\_\_\_\_

Attested by: **Head concerned**

**REGISTRAR**

**HISTORY OF SERVICE**

Of Mr. / Ms.-----

Date of Birth -----

Estab.App oint- ment	Pay	Acting Allowa	Date ending	Period reckoned as service	Remarks	How verified	Remarks by the Finance Officer

Total period of service

**THIRD PAGE**

(a) Remarks by the Head of the Department/Office:

1. As to the character and past conduct of applicant.
2. Explanation of any suspension, degradation etc.
3. Regarding any gratuity or Pension already received by the applicant.
4. Any other remarks.
5. Specific opinion of the Head of the Department/Office whether the claim is established and should be admitted or not. (See clause17(ii) of the Regulations.)

**Signature of Head concerned**

**REGISTRAR**

**(b) Audit enfacement**

1. Total period of qualifying service which has been accepted for the grant of Pension/Death-cum-Retirement Gratuity with reasons for disallowance if any, other than dis-allowances if any, of service the reasons for which are recorded by the Internal Audit Officer.

NOTE: Service for the period commencing from.....and upto the date of retirement has not yet been verified. This should be done before the Pension Payment Order is issued.

2. Amount of Pension/Death-cum-Retirement Gratuity that may be admitted.....
3. The date from which the pension/death-cum-retirement gratuity be admitted:.....
4. In the event of death, the widow/widower shall be entitled to a family pension of `.....per mensem from the date following the date of death of pensioner till her / his death or re-marriage whichever is earlier.

**FINANCE OFFICER**

**(c) Orders of the Pension Sanctioning Authority:**

1. The undersigned having satisfied himself and the service of Mr. /Mrs. /Miss ..... has been thoroughly satisfactory, hereby order the grant of the full pension and/or gratuity which has been accepted by the Finance Officer as admissible under the pension rules as applicable to Jamia employees. The grant of this pension and/or gratuity shall commence from .....A sum of ` .....on

account of .....is to be held over from the D.C.R G. till the outstanding dues are assessed and adjusted.

OR

2. The undersigned having satisfied himself that the service of Mr/Ms ..... has not been thoroughly satisfactory, hereby orders that the full pension and/ or gratuity *which* has been accepted by the Finance Officer as admissible under the provision of Govt. of India's Pension rules shall be reduced by the specified amounts or percentages indicated below :-  
Amount or percentage of reduction in *pension* .....amount or percentage of reduction in gratuity..... The grant of this pension and / or gratuity shall take effect from.....

3. In the event of death of Shri/Smt .....family pension of ` .....will be admissible to Shri/Smt.....

4. He/She is required to contribute a portion of gratuity equal to two months' emoluments or pay, as the case may be. Necessary recovery out of the gratuity payable to Shri/Smt.....has been/may be made.

5. A sum of ` .....on account of .....is to be held over from the death-cum-retirement gratuity till the outstanding dues are assessed and adjusted.

6. The order is subject to the condition that should the amount of pension/gratuity as authorized by Finance Officer be afterwards found to be in excess of the amount to which the person concerned is entitled he/she will be called upon to refund such excess.

**REGISTRAR**

**VICE-CHANCELLOR**

**JAMIA MILLIA ISLAMIA  
FORM – I  
FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION WITHOUT MEDICAL  
EXAMINATION**

(To be submitted in duplicate after retirement but within one year of the date of retirement)  
PART - I

To  
The Registrar  
Jamia Millia Islamia,  
New Delhi - 110025

Subject: Commutation of pension without medical examination.

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions of the Jamia Rules. 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 / Deptt./ 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 authorised.

[In case final amount of pension has not been authorized, indicate the amount of provisional pension sanctioned under Rule 64 of the CCS (Pension) Rules 1972.

: \_\_\_\_\_

9. Fraction of pension proposed to be commuted : \_\_\_\_\_
10. Number and date of Pension payment Order, if issued : \_\_\_\_\_

Place.....

Date.....

**Signature of applicant**  
Postal Address

Attested by: Head concerned

- The applicant should indicate the fraction of the amount of monthly pension [subject to a maximum of forty percent..]

**PART -II**  
**ACKNOWLEDGEMENT**

Received from Shri /Smt.....

Name (former designation)

Application in Part I of form I for the commutation of a fraction of pension without medical examination.

Place.....

Dale.....

**REGISTRAR**

Note:-This acknowledgement is to be signed, stamped and dated and is to be detached from the Form and handed over to the applicant. If the form has been received by the post, it has to be acknowledged on the same day and the acknowledgement sent under registered cover.

**PART - III**

Forwarded to the Finance Officer, Jamia Millia Islamia with the remarks that:

- (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/her pension commuted without medical examination;
  - (iii) The commuted value of pension determined with reference to the table applicable at present comes to ` .....
  - (iv) The amount of residuary pension after commutation will be ` .....
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 CCS (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 debit able to Head of Account.

Place:.....

Date:.....

**REGISTRAR**

### Form 3

[See Rule 54 (12)]  
Detail of Family

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Date of Appointment : \_\_\_\_\_

Details of the members of employee's family as on .....: \_\_\_\_\_

S. No.	Name of the members of family*	Date of Birth	Relationship with the employee	<b>Verified by</b> i. Head (concerned) ii. Medical Section
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I hereby undertake to keep the above particulars up to date by notifying to the Head of Office any addition or alteration.

Date:.....

Signature of the Employee

Place:.....

Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.

**Note**-Wife and husband shall include respectively judicially separated wife and husband.

**FORM 5**

[(See Rules 59 (1) ( C ) and 61 (I) ]

**Paste joint photograph with husband /  
wife here**

Attested photograph of Mr. / Ms. \_\_\_\_\_ and Mr. /  
Mrs. \_\_\_\_\_

Attested by : \_\_\_\_\_

(Signature of the Head of Office with Office Stamps)

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**FORM 5**

[(See Rules 59 (1) ( C ) and 61 (I) ]

**Paste joint photograph with husband /  
wife here**

Attested photograph of Mr. / Ms. \_\_\_\_\_ and Mr. /  
Mrs. \_\_\_\_\_

Attested by : \_\_\_\_\_

(Signature of the Head of Office with Office Stamps)

FORM 5

[(See Rules 59 (1) ( C ) and 61 (I) ]

Specimen signature of the employee:

Attested signature of Mr. / Ms. \_\_\_\_\_

(Designation) \_\_\_\_\_, in the Deptt.of \_\_\_\_\_

Attested by : \_\_\_\_\_

(Signature of the attesting officer)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Office Stamp:

FORM 5

[(See Rules 59 (1) ( C ) and 61 (I) ]

Specimen signature of the employee:

Attested signature of Mr. / Ms. \_\_\_\_\_

(Designation) \_\_\_\_\_, in the Deptt.of \_\_\_\_\_

Attested by : \_\_\_\_\_

(Signature of the attesting officer)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Office Stamp:

The Registrar  
Jamia Millia Islamia,  
New Delhi 110025

Subject: **ENCASHMENT OF UNUTILISED EARNED LEAVE**

Sir,

I shall/have retire(d) from the services of Jamia Millia Islamia w.e.f. \_\_\_\_\_ on attaining the age of superannuation. I request you to kindly allow me to encash unutilised Earned Leave at my credit on the date of my superannuation.

Yours faithfully

Attested by: **Head concerned**

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

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**(FOR OFFICE USE ONLY)**

It is certified that as per records maintained in this office, \_\_\_\_\_ / \_\_\_\_\_ days unutilized Earned Leave & HPL are lying at the credit of Mr. / Ms. \_\_\_\_\_ on the date of his / her superannuation.

Dealing Assistant (Leave)

**Section Officer**

## FORM 3

### Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme

[See Rule 46 of Central Civil Services (Pension) Rules, 2021, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees' Group Insurance Scheme, 1980]

I, ....., hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

- i. any gratuity the payment of which may be authorized under rule 44 and Rule 45 of CCS (Pension) Rules
- ii. amount that may stand to my credit in the General Provident Fund
- iii. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980

Name, date of birth (DOB) and address of the nominee	Relation- ship with employee/ pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Attested by: **Head concerned**

Place and date:

Signature of Government servant  
Mobile No.

Note 1 : Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i), (ii) and (iii) above

Note 2 : The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Note 3 : The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

(To be filled in by the Head of Office/authorised Gazetted Officer)

Received the nominations, dated....., under the following Rules :—

1. Central Civil Services (Pension) Rules, 2021 for Gratuity
2. General Provident Fund (Central Services) Rules, 1960
3. Central Government Employees Group Insurance Scheme, 1980

made by Shri/Smt./Kumari..... Designation.....  
Office.....

**(Strike out which nomination is not received)**

Verified that the nomination(s) made by the Government servant is/are in accordance with the provisions of the relevant rules. Entry of receipt of nomination(s) has been made in page .....Volume.....of Service Book.

Name, Signature and Designation of Head of Office/authorised Gazetted Officer with seal Date of

**Form A**

**(Common Nomination Form for Arrears of Pension and Commutation of Pension)**

[See Rule 5 of Payment of Arrears of Pension (Nomination) Rules, 1983 and Rule 7 of Central Civil Services (Commutation of Pension) Rules, 1981]

I, ..... hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

1. Arrears of Pension
2. Commuted Value of Pension payable under Central Civil Services (Commutation of Pension) Rules, 1981

Name, date of birth (DOB) and address of the nominee	Relationship with employee/ pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on	Name, DOB and address of alternate nominee in case the nominee under Column (1) predeceases the employee/ pensioner	Relationship with employee/ pensioner	Name, DOB and address of person who may receive the amount if alternate nominee in	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant/Pensioner  
Telephone No.

Attested by: **Head concerned**

**Note 1 :** Completely strike out the benefit for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i) and (ii) above.

**Note 2 :** The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

(To be filled in by the Head of Office/authorised Gazetted Officer)

Received the nominations, dated....., under the following Rules :—

1. Payment of Arrears of Pension (Nomination) Rules,1983
2. Central Civil Services (Commutation of Pension) Rules,1981

made by Shri/Smt./Kumari..... Designation..... Office.....

**(Strike out which nomination is not received)**

Verified that the nomination(s) made by the Government servant is/are in accordance with the provisions of the relevant rules. Entry of receipt of nomination(s) has been made in page ..... Volume.....of Service Book.

Name, Signature and Designation of Head of Office/authorised Gazetted Officer with seal Date