

**Formats for
applying pension
on
superannuation
retirement**

HARYANA URBAN DEVELOPMENT AUTHORITY

Pension File

Name : _____

Father's/Husband's Name : _____

Designation : _____

Office : _____

Date of Birth : _____

Date of Joining Service : _____

Date of Retirement : _____

Class of Pension : _____

Address : _____

Address of Retirement : _____

FORM PEN-16 (See Rule 9.17)
Form of letter of HOD/DDO forwarding the pension papers of a HUDA Employee.

From

To

Subject:- Pension case of Shri/Shrimati/Kumari _____.

Sir,

I am directed to forward herewith the pension papers of Shri/ Shrimati/Kumari _____ of this office for further necessary action.

2. Your attention is invited to the list of enclosures which is forwarded herewith.

3. The receipt of this letter may be acknowledged and this office informed that necessary instruction for the disbursement of pension has been issued to disbursing authority concerned.

Yours faithfully

Head of Office/DDO

Enclosures:

1. Form PEN 1 and Form PEN 9* duly completed.
2. Medical certificate of incapacity (if the claim is for invalid pension)
3. Service book (date of retirement to be indicated in the service book).
4. (a) Two specimen signature duly attested by a Gazetted Government employee or in the cases of pensioner not literate enough to sign his name two slips bearing the left hand thumb and finger impressions duly attested by a Gazetted Government employee.
 Note 1 - Pension papers may be forwarded through Secretary, HUDA in respect of Class-I, II, III employees and Class-IV employees working at HQS. Pension paper of field employees may be forwarded through Administrator/S.E. HUDA Concerned as the case may be
 Note 2 - No due certificate and no pending judicial/deptt. Proceedings certificate are required to be issued as under
 (i) Secretary HUDA in respect of class I, II, 111 employees and class IV employees working at H.Q.
 (ii) Administrator S. E. HUDA concerned (being controlling officer) in respect or field employees as the casemay be.
 (b) Three copies of passport size photograph with wife or husband (either jointly or separately) duly attested by the head of office.
 (c) Two slips showing the particulars of height and identification marks duly attested by a Gazetted Government employee.
5. Written statement if any of the government employee as required under rule 9.5 (1) (a).
6. Brief statement leading to reinstatement of the government employee in case the government employee has been reinstated after having been suspended compulsorily retired, removed or dismissed from service.

Note: When initials or name of the authority employee are incorrectly given in the various records consulted this fact should be mentioned in the letter.

If authority employee is compulsorily retired from service and delay is anticipated in obtaining form PEN 9 from government employee the head of Office may forward the pension papers to the Senior Accounts Officer concerned without form PENS. The Form may be sent as soon as it is obtained from the authority employee.

FORM PEN I
[See rules 9.4, 9.6, 9.7, (1), (3) and 9.11 (1)]
PART I

1. Name of the authority employee _____

2. Father's Name _____

Husband's Name (in the case of a female employee) _____

3. Date of Birth (by Christian era) _____

4. Religion and Nationality _____

5. Permanent residential address _____

(Showing Village, 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 _____

(iii) Amount and nature of any pension/ Gratuity received for the military Service. _____

10. Amount and nature of any pension

Received for previous civil service _____

11. Government under which service has been
Years Months Days

rendered in order of employment.

12. Class of pension applicable _____

13. The date on which action initiated to

(i) Obtain the No demand certificate from the accounts officer (Rent)/Rent Assessing Authority as provided in rule. 9.3 _____

(ii) Obtain the "No dues certificate" form all zonal Administrator and Chief Controller of Finance HQ regarding long term loan in respect of official.

14. Details of omissions, imperfections or deficiencies in the service book which have been ignored under 9.5 (I) (b) (II).

15. Total length of qualifying service (for the purpose of adding towards broken periods, a month is reckoned as thirty days). _____

16. Periods of non-qualifying service From _____ To _____

(i) Interruption in service condoned under Rule 3.17 A _____

(ii) Extraordinary leave not qualifying for Pension _____

(iii) Period of suspension not treated as Qualifying for pension _____

(iv) Any other service not treated as Qualifying for pension _____

Total _____

17. Average emoluments.

Emoluments drawn during the last ten months of service

Post held From _____ to _____ Pay _____

Personal pay or special pay _____ Average emolument _____

- (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.
18. Date of which form PEN 9 has been obtained from the authority (to be obtained six months before the date of retirement of employee) _____
19. Proposed pension _____
20. Date from which pension is to be commence _____
21. Proposed amount of provisional pension if department or judicial proceedings is insisted against the authority employee before retirement _____
22. (I) The amount of the family pension becoming payable to the family of the authority employee, if death takes place after retirement
- (a) before attaining the age of 65 years Rs. _____
- (b) after attaining the age of 65 years Rs. _____
- (iii) Complete and up to date details of the family, as given below: -

| Sr. No. | Name of the member of the family | Date of Birth | Relations with the Government employee |
|---------|----------------------------------|---------------|--|
| 1 | 2 | 3 | 4 |
| | | | |

23. Height _____
24. Identification Marks _____
25. Place of payment of pension _____
- Branch of Public Sector Bank

Signature of the Head of Office

FORM PEN 9
(See rule 9.2)

Particulars to be obtained by the Head of Office from the retiring authority employee before six months of the date of retirement.

1. Name of the authority employee _____

2. (a) Date of Birth _____

(b) Date of Retirement _____

3. Three copies of passport size *** joint photographs of the authority employee with his/her wife/husband.

4. Two slips showing the particulars of height and personal identification marks duly attested.

5. Present address _____

6. Address after retirement _____

7. Name of the Public Sector Bank / Branch And Saving Bank A/c No. through which the authority employee wants to draw his pension _____

8. Details of the family as defined in Appendix-I of the Punjab C. S. R. Vol-II

Signature _____ Designation _____ Department/Office _____

Dated the _____

*[the slips each bearing the left hand thumb and finger impressions duly attested, may be furnished by a person who is not literate enough to sign his name. If such a authority employee on account of physical disability is unable to give left hand thumb and finger impressions, he may give the thumb and finger impressions of the right hand. Where a authority employee has lost both the hands, he may give his toe impressions. Impressions should be duly attested by a Gazetted Government employee. (with seal)

**[only two copies of passport size photographs of self need be furnished if the authority employee is governed by Appendix-I of Punjab C. S. R. Vol-II and is unmarried or a widower or widow.

***[Where it is not possible for authority employee to submit a photograph with his wife/her husband shall be attested by the Head of Office.

****[Where it is not possible for a authority employee to submit a photograph with his wife/her husband he/she may submit separate photographs. The Photograph shall be attested by the Head of Office.

*****[Applicable only where Appendix I of the Punjab C.S.R. Vol-II is applied to authority employee.

PENSION AT A GLANCE

Name _____

Fathers/Husband's Name _____

1. Designation of the Post from which retire _____

2. Office last served _____

3. Date of Birth _____

4. Date of entry into Govt. Service _____

5. Date of Retirement/Superannuation _____

6. Rule under which pensionary benefits _____
were settled

7. Total period of Service _____

8. Period not recognized as service _____

9. Period recognized as service _____

10 Average emoluments for last ten months _____

11. Average emoluments on which _____
Pension fixed.

12. Total amount of pension _____

13. Total amount of family pension _____

14. Percentage/amount of monthly pension _____
Commuted15. Amount of commuted value of pension _____
authorized.16. EPF No. with Code where the official _____
remain posted w.e.f. 1.5.99 to 31.12.2002

(Signature Head of Office)

Designation _____

(with Stamp)

(Report regarding verification of Qualifying Service)

Certified that Sh./Smt./Kum _____

Designation _____ has completed a qualifying service of _____

The service has been verified on the basis of his service documents and in accordance with the rule regarding qualifying service in force at present. The verification of service shall be treated as final and shall not be reopened except necessitated by a subsequent change in the rules and order government the conditions under which the service qualifies for pension.

DETAILS OF QUALIFYING SERVICE

| Sr. No. | Period From to | Page No. of Service Book | Remarks |
|---------|----------------|--------------------------|---------|
| | | | |

Signature (Head of Office)

To be Checked and verified by Senior Accounts Officer concerned with Seal.

Table-I
Details of Qualifying Service

Name _____

| Name of Under which Employee (in order of Employment) | Name of Establishment | From | To | Total period | Less non-qualifying | Qualifying service |
|---|-----------------------|------|----|--------------|---------------------|--------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |

Signature (head of Office)

To be checked and verified by Senior Accounts Officer concerned with seal.

Table - II
Details of Non - Qualifying Service

Name: - _____

Designation: - _____

| Name of Office under which employed | Name of Establishment | From | To | Period of interruption for pension | | | | Another period non-treated as period | | Total non - qualifying period |
|-------------------------------------|-----------------------|------|----|---|----|--|----|--------------------------------------|----|-------------------------------|
| | | | | Extra-ordinary Leave not qualifying for pension | | Suspension period not non - qualifying | | From | To | |
| | | | | From | To | From | To | | | |
| | | | | | | | | | | |

Checked by

Signature

Signature

Head of Office

To be Checked and verified by Senior Accounts Officer concerned with seal

PHOTOGRAPHS

Name _____ Designation _____

Date of Retirement _____

ATTESTED

Space for two number photographs

ATTESTED

Space for two number photographs

ATTESTED

Space for two number photographs

-
- Note: - 1. Three copies of passport size photograph with wife or husband (either jointly or separately) duly attested by the Head of Office.
2. Two copies of passport size photographs of self need be furnished is the Government servant if governed by Appendix-I of Punjab C.S.R. Vol. 11 and is unmarried or a widower or widow.

Signature (Head of Office)

To be Checked and verified
by

Sr. Accounts Officer concerned with seal

Declaration/undertaking to refund Pension if paid in excess

(ANNEXURE "A" To Rule 9.15 of Punjab Civil Services Rule Volume I to be signed by the retiring Servant)

Whereas the _____has consented to grant me the sum of Rs. _____per month as the amount of my pension w.e.f . _____-and I hereby acknowledge that in accepting the said amount. I fully understand that the pension is subject to revision and the same being found to be excess of that to which I am entitled under the rules and I promise to raise no objection to such revision. I further promise to refund any amount paid to me in excess of excess of that to which I may be eventually found entitled.

Signature _____

Designation _____

1. Signature of witness _____

Occupation _____

Address _____

2. Signature of Witness _____

Occupation _____

Address _____

(Head of Office) _____

Designation _____

(with stamp)

The declaration should be witnessed by two persons, of responsibility in the town, village or pargana in which the applicant resides.

Authority Letter to recover authority Dues from Pension

I here by authorize Chief Administrator, HUDA to recover any HUDA dues such as overpayment of pay, allowances, leave salary or admitted and obvious dues such as house rent, postal life insurance premium, outstanding house building advance travelling allowances and other advance or any amount, if any discrepancy is found recoverable from me at any stage from my pension.

Attested

Signature

(Head of Office)

Designation

Declaration Regarding Non-Receipt of Pension

I hereby declare that I have neither applied for nor received any pension in respect of any portion of the service included in this application nor shall I submit an application hereafter without quoting a reference to this application and the orders which may be passed thereon.

Attested

Signature

(Head of Office)

Designation

Declaration Regarding Anticipatory Pension

"Whereas the (here state the designation of the authority sanctioning the advance) _____ has consented provisionally to advance me the sum of Rs _____ a month in anticipation of the completion of the enquiries necessary to enable the Government to fix the amount of my pension. I hereby acknowledge in accepting this advance, I fully understand that my pensions is subject to revision on the completion of necessary formal enquiries and promise to raise no objection of such revision on the grounds that the provisional pension now to be paid to me exceeds the pension to which I may be eventually found entitled. I further promise to repay any amount advanced to me in excess the pension to which I may be eventually found entitled."

Attested

Signature

(Head of Office)

Designation

Certificate Regarding Military Service

Certified that I have rendered any military service, nor have received any pension.

OR

Certified that I have rendered military service, and have received

1. Total period of military service, Date of Commencement and end of each period of military

service.

2. Amount and nature of any pension received for the military service.

**Attested
Signature** _____

Designation _____
(with stamp)

(Head of Office) _____

No Dues Certificate

Certified that there is no terms advances and other advances outstanding/ pending against.

Name _____

Designation _____

Date _____ of _____ Retirement

Date _____ of _____ Birth

(Signature Head of Office)

No Complaint/Enquiry Certificate

Certified that there is no Complaint/Enquiry pending against.

Name _____

Designation _____

Date _____ of _____ Retirement

Date _____ of _____ Birth

(Signature Head of Office)

DETAIL OF MEMBERS OF FAMILY

Shri _____

| Sr. No. | Name | Age | Marital status | Relation Pensioner with | Date of Birth |
|---------|------|-----|----------------|-------------------------|---------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Attested

(Head of Office)

Signature

with seal

Specimen Signature/left hand thumb and finger impressions

Name _____

Specimen Signatures

1. _____ 2. _____

OR

Left-hand thumb and finger impressions (In case the pensioner is illiterate);

(Little Finger) (Ring Finger) (Middle Finger) (Index Finger) (Thumb)

Attested
Signature _____

Designation (with stamp)

Particulars of Height/Identification Marks

Name _____ Designation _____

Particulars of Height _____

Personal Marks of Identification _____

Attested
(Signature) _____

Designation with Stamp

Address for Correspondence

Present Address _____

Address after Retirement _____

Attested
Official) _____

(Signature of

Designation with Stamp

Address for Correspondence

Present Address _____

Address after Retirement _____

Attested
Official)

(Signature of

Designation with Stamp

Last Pay Certificate

Office of the _____

No _____

Office Case _____

LAST PAY CERTIFICATE OF _____

On the _____ proceeding on to _____

2. He has been paid upto _____

At the following rate

Particulars

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 |

6. He is entitled to draw the following scale of pay _____
7. The Details of the income tax recovered from him upto the date from the beginning of the current year are noted on _____ the reverse.

Detail of Recovery

Numerical _____ Recovery _____
Balance _____
Dated _____ 20 _____

Signature (Head of
Office/DDO)

Form PEN12-A (See Rule 11.1, 11.11, 11-18,11-19,11.20 Form of application for**COMMUTATION OF A FRACTION OF PENSION**

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

PART - I

To

The Chief Administrator,
designated and
HUDA (Pension Cell)
Office
Panchkula.

Here indicate the
full address of the Head of

Subject : Commutation of pension

Sir,

I furnish below the relevant particulars and request that I may be permitted to commute a part of my pension as indicated below:-

1. Name (in block letter)

2. Fathers Name

Husband's name (in case of female authority employee.

3. Designation at the time of retirement

4. Name of Office /Department 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).

9. Fraction of pension proposed to be commuted

10. Designation of the Accounts Officer

who authorized the pension

11. Disbursing authority for payment of pension.

Bank/Financial _____ institutions

(name _____ and _____ complete _____ address _____ of _____ the

Bank _____ or _____ Financial _____ institutions

To _____ be _____ indicated)

(b)(I) Branch of the Nationalized
Bank with complete _____
Postal address _____

(ii) _____ Bank _____ Account _____ No.

_____ to which monthly pension
is being credited each month.

Place _____ Signature

Date _____ Post Address

Note : The payment of commuted value of pension shall be made through the disbursing authority from which pension is being drawn. It is not open to an applicant to draw the commuted value of pension from disbursing authority other than the disbursing authority from which pension is being drawn.

*The applicant should indicate the fraction of the amount of monthly pension (subject to the maximum of one third thereof) which he desires to commute and not the amount in rupees.

** Score out which is not applicable.

PART III

No _____ Dated _____

Forwarded to the Accounts Officer (here indicate the address and designation) _____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 pension commuted without medical examination.
 - (iii) The commuted value of pension determined with reference to the Table applicable at present comes to Rs. _____(Rupees _____)
 - (iv) The amount of residuary pension after commutation will be Rs _____(Rupees _____).
2. _____ it is requested that further action to authorize the payment of the amount of commuted value of pension may please _____ be taken in accordance with rule 11.12 of these rules.
3. _____ The receipt of Part-I of the Form has been acknowledged in PART-11 which has been forwarded separately to the applicant on ...

Place _____

Signature

Date _____

Head of Office

----- **Detach from here** -----

**PART-II
ACKNOWLEDGMENT**

Received from Shri/Smt. _____(Name and former

Designation) Application in PART-I of _____ form 12-A for the Commutation

of a fraction of pension without medical examination.

Place_____

Signature

Date_____

Head of Office

Note : - This acknowledgment 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 post, it has to be acknowledged on the same day and the acknowledgment sent under registered cover.

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**Affidavit on Stamp Paper of Rs. 3/- Or Above to Duly Attested
by the Magistrate 1st Class/Notary Public**

I

—

S/o (W/o)_____Aged

R/o

do hereby solemnly affirm and declare as under:-

- 1) that I retired form the office of the _____

on _____ as _____ after attaining the age of superannuation.

- 2) that I am issued P.P.O. No _____, By _____ for commencement of pension from _____
- 3) that I am not drawing any other Pension/Family Pension/ Anticipatory pension of any kind from any other department.
- 4) that I am not re-employed in any capacity in any establishment. I further undertake to inform the Bank immediately in case such event take place.
- 5) that I shall maintain my Income Tax account myself and shall be liable personally for non payment of income tax on the due amount on due dates.
- 6) that I here by undertake to authorize the _____
(Name & Branch of the Public Sector Bank) to recover any amount from my Saving Bank/
Current A/c No _____ paid in excess or erroneously of me.

Dep
onent

Verification :

Verified that the contents of the above statement of this affidavit of mine are true to the best of my knowledge and belief.

De
po
ne
nt