

Form 14
[See rules 77(3) and 81 (2)]

Form of application for family pension on death of Government servant or pensioner or on death or ineligibility of a family pensioner.

1.

i.	Name of the Government servant in respect of whom family pension is being claimed.	
ii.	Office/Department/Ministry served last	
iii.	Date of retirement of Government Servant/pensioner.	
iv.	Date of death of Government Servant/pensioner / date of death or ineligibility of family pensioner.	
v.	PPO No. of Government Servant/pensioner/ Family pensioner.	

2. Name and other details of claimant :

Name	Date of Birth	Relationship with the deceased Government servant	Postal Address

3. In case the claimant is minor or suffering from disorder or disability of mind, including mental retardation, details of guardian/nominee, wherever applicable :-

Name	Date of Birth	Relationship with the minor/mentally disabled claimant.	Relationship with the deceased Government servant	Postal Address

4. Details of surviving widow/widower, children, dependent parents and disabled siblings of the deceased Government servant/pensioner are enclosed in Form 3.

5. Account No. Name and BSR code of Branch of Bank to which family pension is to be credited :

.....

6. Other source of family pension – Military or state Government and /or a Public Sector Undertaking/Autonomous body/Local Fund under the Central or a state Government, if any –

I am aware that future good conduct of the claimant/family pensioner shall be an implied condition for every grant of family pension and its continuance.

Encl: As per the checklist.

Signature of left hand thumb impression of the claimant/guardian

Mobile/Telephone No.

Permanent Account Number for Income Tax (PAN)

Aadhar No., if available -

Signature of two Witnesses with names and full addresses :

i.

ii.

Note : Form 14 is not to be filled if the spouse had a joint account with the deceased pensioner. In such cases, family pension shall be allowed by the pension Disbursing Authority on the basis of an application on plain paper. The permanently disabled children/siblings and dependent parent to whom family pension has been authorised in the PPO of the pensioner will submit this Form to the Pension Disbursing Authority.

Check List of Documents to be submitted with Form 14.

1.	Two specimen signature of claimant (to be furnished in a separate sheet) duly attested by a Gazetted Government servant. (Two slips each bearing the left hand thumb and finger impressions duly attested may be furnished by a person who is not literate to sign his name. if such an on account of physical disability is unable to give left hand thumb and finger impression he/she may give thumb and finger impression of the right hand. Where a Government servant has lost both the hands, he/she may give toe impressions should be duly attested by a Gazetted Government servant.)	
2.	Two copies of passport size photographs of the claimant, duly attested.	
3.	Two slips showing the particulars of height and personal identification marks duly attested by a Gazetted Govt.	
4.	Details of the family in form 3.	
5.	Certificate(s) of age showing the dates of birth of the children. The certificates should be from the Municipal authorities or from the local panchayat or from the head of a recognized school or Central/State Board of Education.	
6.	Undertaking for refunding any excess payment made by the pension disbursing Bank.	
7.	Specimen signature or left hand thumb and finger impressions of guardian duly attested, in the case of the guardian who is not literate enough to sign his or her name.	
8.	Two attested copies of passport size photograph of the guardian/nominee.	
9.	Descriptive roll of the guardian/nominee, Showing the particulars of height and identification marks, duly attested.	
10.	Copy of PPO of previous pensioner/family pensioner.	
11.	Proof of permanent address of the guardian.	
12.	Copy of death certificate of the deceased employee or pensioner/previous family pensioner, if applicable.	
13.	Copy of document regarding ineligibility of previous family pensioner, if applicable.	

NORTH CENTRAL RAILWAY ALLAHABAD

Application for family Pension from the family of Late Shri
(Son of) (Designation)

In the office/Department/Ministry of

Who was governed by the Family Pension For railway
Employees 1964: -

1. Name of the Applicant:
2. Relationship to the deceased Railway Servant:
3. Date of death: of the Railway servant.
4. Name and ages of surviving members of family of the deceased :
.....
.....

Name and Date of birth by Christian Era.

1. Widows:.....
.....
2. Widower:.....
.....
3. Sons below 18 years of age:
.....
4. Unmarried daughters below 21 years of age:
.....
5. Name of the Treasury/Sub Treasury at which payment is desired:
.....
6. Descriptive Roll of the Applicant or of Shri/Smt.
.....

Natural/Legal Guardian of the Applicant is minor:

1. Date of Birth (by certificate) :
2. Height :
3. Personal marks of identification if any. On hand/face etc:
4. Signatures of thumb and finger Impression:

Small finger	Ring finger	Middle finger	Index finger	Thumb finger

5. Two copies of Photograph in passport size (2" x 3") of the applicant of Guardian with His/Her signature on the back.

Full Address of the Applicant Guardian :-

.....
.....
.....
.....

Certified that the information given above is correct.

Witness :

1.
2.

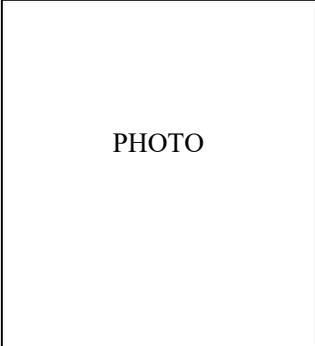
Signature attested by.

* The names of Sons/Daughter from different wives should be indicated separately.

The descriptive roll and signature/thumb and finger impression accompanying the applicant should be duplicate and attested by two more persons of respectability in the town, village or pargana which the applicant resides.

Letter of authority and undertaking for option of pension through Public Sector Bank.

I hereby authorize
..... Bank to receive
by monthly Pension.



1. Name in Full
2. (a) Particulars of Public sector Bank's :
- (b) Branch where the Payment is :
- (c) Saving Bank Account (Pension)
3. Amount of Pension per Month in words:

I agree to my undertake that any amount excess/wrong payment of pension if credited to my above Saving Bank Account may be recovered or withdrawn from the saving Bank by this Public sector Bank.

The Authority shall remain in force until notice in writing:

Witness

Name :
S/O / W/O :
Designation :

Signature of witness:

1. Name : Station

Address:

Office :

Date of Retirement / Death :

2. Name :

Address:

उत्तर मध्य रेलवे

प्रमाणित किया जाता है कि स्व० पुत्र
श्री जो उत्तर मध्य रेलवे में प्रवर अधीनस्थ
पदनाम कार्यरत थे उनकी मृत्यु दिनांक को हो गयी है
वे अपने पीछे निम्नलिखित परिवार के सदस्यों को छोड़ गये हैं –

क्र०स०	नाम	आयु जन्मतिथि	कालम 2 में दिखाये गये व्यक्ति की आयु जन्मतिथि कर्मचारी की मृत्यु की तिथि पर	कर्मचारी की मृत्यु की तिथि पर स्थिति विवाहित/विधवा/ अविवाहित वयस्क/अवयस्क

1. विधवा/विधुर :
2. पूर्व मृत पत्नी का नाम व मृत्यु की तिथि :
3. प्रत्येक पत्नी से पैदा हुए बच्चों का विवरण :

1
2
3
4
5
6
7
8

अ. पूर्व मृत पति का विवरण :

ब. एवं उसके बच्चों का विवरण :

परिवार के अन्य सदस्य माता-पिता/भाई-बहन आदि का विवरण :

प्रमाणित किया जाता है कि मृतक कर्मचारी ने अपने पीछे उपरोक्त पारिवारिक सदस्यों के अतिरिक्त
अन्य किसी को नहीं छोड़ा है।

अधीनस्थ अधिकारी के हस्ताक्षर

मजिस्ट्रेट/राजपत्रित अधिकारी के हस्ताक्षर

उत्तर मध्य रेलवे, प्रयागराज
देखे पैरा 1009 और 1024

आवेदक के अंगूठे और उगलियों के निशान

श्री के अंगूठे और उगलियों के निशान

पूर्व पदनाम :

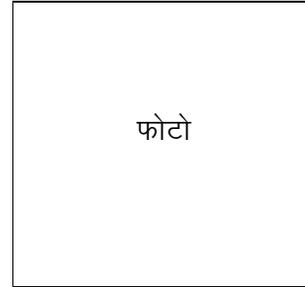
स्टेशन :

अंगूठा	तर्जनी	मध्यमा	अनामिका	कनिष्ठका

अनुप्रमाणित

स्टेशन :

दिनांक:



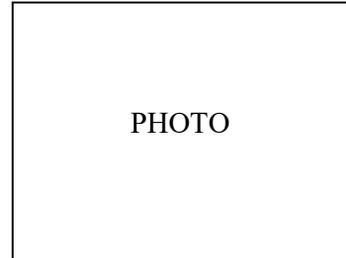
हस्ताक्षर
राजपत्रित अधिकारी का नाम
और पदनाम:

SPECIMEN SIGNATURES OF APPLICANT

FORM No. 8

Specimen signature Shri/Smt.

S/O / W/O



- 1.
- 2.
- 3.

Signed Before me:

Signature :

Station :

Office :

Branch :

Name & Designation of
Sr. Subordinates/Gazetted officer

Declaration of Non receipt of Pensionary Benefits

I here by declare that I have neither applied for non received any ordinary gratuity pension and / of death-cum-retirement gratuity in respect of any position of these service included in this application and in respect of which ordinary gratuity pension and / of death-cum-retirement gratuity is claimed herein nor shall I submit an application hereafter without quoting a reference to this application and to the order which may be passed thereon.

Signature or witness

Signature :-

1.

Designation

Station

Designation:

Station:

2.

Designation.....

Station.....

Note : If the applicant already received a Gratuity / Death-cum-retirement gratuity.

a	Nature and amount of gratuity (Ordinary) Pension and or Death-cum-retirement gratuity	
b	The period of service in respect of which is paid and	
c	By whom is paid.	

Name & Designation of
Sr. Subordinates/Gazetted officer

उ०म०रे०
फार्म सं० 10

स्थायी पता और भुगतान की विधि

सेवा समाप्ति के पश्चात् रेलवे कर्मचारी का स्थायी पता और उपदान / मृत्यु एवं सेवानिवृत्त उपदान और पेंशन के भुगतान की विधि :

1. पता :

2. भुगतान की विधि:

मृत्यु एवं सेवानिवृत्त उपदान जिस

खजाने से पेंशन ली जायेगी उसका नाम:

कर्मचारी के पूरे हस्ताक्षर एवं पदनाम

मोबाइल नं०