

समृद्ध किसान
हमारी पहचान

File No. _____

Name _____

Father's/Husband's Name _____

Designation _____

Office _____

Date of Birth _____

Date of Joining Service _____

Date of Superannuation _____

Class of Pension _____

Address _____



Haryana State Agricultural Marketing Board
PANCHKULA

FORM PEN 18

[See rule 9.24 (I)]

Form of letter to the Audit Officer forwarding papers for the grant of family pension and death-cum-retirement gratuity of the family to a Board employee who dies while in service.

No.....

Haryana State Agricultural Marketing Board, Panchkula

Dated, the

To,

The Controller, Finance & Accounts
HSAMB, Panchkula.

Subject :— Grant of Family pension and death-cum-retirement gratuity.

Sir,

I am directed to say that Shri designation died on His family has become eligible for the grant of family pension and death-cum-retirement gratuity. Form PEN 17 duly completed is forwarded herewith for further necessary action.

2. Dues in respect of the deceased employee will be recovered out of the death-cum-retirement gratuity as indicated in section II of part I of form PEN 17.
3. Your attention is invited to the list of enclosures which is forwarded herewith.
4. The receipt of this letter may be acknowledged and this Department/Office informed that necessary instructions for the disbursement of family pension and death-cum-retirement gratuity have been issued to the disbursing authority concerned.

Yours faithfully,

Head of Office/Pension Sanctioning Authority
List of enclosures :—

1. Form PEN 17 duly completed.
2. Service book (date of death to be indicated in the service book).
3. The specimen signatures of left hand thumb and finger impressions of the claimant or guardian duly attested.
4. Two copies of passport size photography of the claimant or guardian duly attested.
5. Two copies of descriptive roll the claimant or guardian duly attested indicating height and personal marks.
6. Postal address of the claimant or guardian.

FORM PEN 17

[See rule 9.22 (1) 9.24(1), (3) and 9.26(1) and (5)]

Form of assessing and authorising the payment of family pension and death-cum-retirement gratuity when a Board employee dies while in service.

(To be sent in duplicate if payment is desired in a different circle of accounting unit)

PART I**Section I**

1. Name of the deceased Board employee.
2. Father's name (and also husband's name in the case of female Board employee)
3. Date of birth (by Christian era)
4. Date of death (by Christian era)
5. Religion and Nationality.
6. Office/Department in which last employed.
7. Appointment held last —
 - (1) Substantive, (2) Officiating
8. Date of beginning of service.
9. Date of ending of service.
10. (i) Total period of military service for which pension/gratuity was sanctioned ; and
(ii) Amount and nature of any pension received for Military service.
11. Amount and nature of any pension received for previous Civil service ; if any
12. Government under which service has been rendered in order of employment.
13. The date on which intimation regarding the death of a Board employee was received by the Head of Office.
14. The date on which action initiated to —
 - (i) Obtain claims or claims from the claimants in the appropriate from death-cum-retirement gratuity and family pension as provided in rule 9.21
 - (ii) Obtain the 'No demand certificate' from the Accounts Officer (Rent)/Assessing Authority as provided in rule 9.27(1)
 - (iii) Assess the Board dues other than the dues pertaining to occupation of Board accommodation as provided in rule 9.24(2)
 - (iv) Assess the service and emoluments qualifying from death-cum-retirement gratuity and family pension as provided in rules 9.22 and 9.23.
15. Whether nomination made for death-cum-retirement gratuity.
16. Length of service qualifying for death-cum-retirement gratuity/pension.
17. Period of non-qualifying service.
 - (i) Interruption service condoned under rule 3.17A.
 - (ii) Extraordinary leave not qualifying for gratuity.
 - (iii) Period of suspension treated as non-qualifying From To
 - (iv) Any other service not treated as qualifying service :
Total period of non-qualifying service.
18. (a) Emoluments reckoning for death-cum-retirement gratuity.
(b) Amount of death-cum-retirement gratuity.

FORM PEN 17 (Contd.....)

19. If family pension at —

(i) Proposed family pension at —

(a) Enhanced rates (if service rendered at the time of death is more than seven years)

(as in para 2 of Appendix 1 to these rules)

(b) Ordinary rates as (in para 1 of Appendix I to these rules)

(ii) Period of tenability of family pension 1964.

From

To

(a) enhanced rates

(b) ordinary rates

20. Pension to whom family pension is payable.

Name :

(relationship with the deceased employee)

Full postal address.

21. Details of Board dues recoverable out of gratuity—

(i) Licence fee for occupation of Board accommodation

(See rule 9.27)

(ii) Amount of death-cum-retirement gratuity to be held over pending receipt of information from the Accounts Officer

(Rent) Rent Assessing Authority. (See rule 9.27) (I) (V)

(iii) Dues referred to in rule 9.27(2).

22. Date on which claim received from the claimants.

23. Name of guardian who will receive payment of death-

cum-retirement gratuity and family pension in the case of minors.

24. Place of payment (Treasury, Sub-Treasury or branch of Public Sector Bank).

25. Head of Account to which death-cum-retirement gratuity and family pension are debitable.

Place :

Dated, the

Signature of Head of office

SECTION II

Details of provisional family pension and gratuity to be sanctioned by Pension sanctioning Authority in accordance with rule. 9.25

Provisional family pension

... Rs.....

Gratuity (the amount mentioned in item 18(b) of Part I)

... Rs.....

Less

(a) Licence fee recoverable from gratuity for occupation of Board accommodation (as in item 21(i) of Part I.

... Rs.....

(b) Amount of Gratuity to be held pending receipt of information from the Accounts Officer (Rent)/Rent Assessing Authority (as in item 21 (ii) of Part I)

... Rs.....

(c) Other Board dues as mentioned in item 21 (iii) of Part I

... Rs.....

(d) Total of (a), (b), & (c)

... Rs.....

Place :

Dated, the

Signature of Head of Office

ANNEXURE 1

Form of letter to the widow/widower of a deceased employee for the grant of a family pension.

No.....

Haryana State Agricultural Marketing
Board, Panchkula

Dated, the

To

Subject :— Payment of Family Pension Scheme, 1964 in respect of
Late Sh./Shrmati _____

Sir/Madam,

I am directed to say that in terms of Appendix I of Punjab Civil Services Rules, Volume II a Family pension is payable to you as widow/widower of the Late Sh./Shrimati _____
(Designation in the Office/Department of _____)

2. You are advised that a claim for the grant of family pension may be submitted in the enclosed Annexure II.
3. The family pension will be payable till your death or re-marriage. Whichever event occurs earlier. In the event of your death or re-marriage the family pension shall be granted to the child or children, if any, through the guardian.

Yours faithfully

Head of Office

Attestation should be done by two Gazetted Government employees or two or more persons of respectability in the town, village or pargana in which the applicant resides.

ANNEXURE—II

Form of application for the grant of family pension on the death of a Board 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 Government employee/pensioner.

Serial No.	Name	Relationship with the deceased person	Date of birth by Christian era (to be attested by the Head of office)
------------	------	---------------------------------------	--

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

3. Date of death of the Board employee/pensioner
4. Office/Department in which the deceased employee/pensioner served last.
5. If the applicant is guardian, his date of birth and relationship with the deceased Board employee/pensioner.
- 5A. If the applicant is a widow/widower the amount of service pension which she/he may be in receipt of the of death of the husband/wife.
6. Full address of the applicant.
7. Place of payment of the applicant.
(Treasury, Sub-Treasury, Public Sector Bank Branch).
8. Enclosures —
 - (i) Two specimen signatures of the applicant duly attested (To be furnished in two separate sheets).
 - (ii) Two copies of passport size photograph of the applicant, duly attested.
 - (iii) Two slips each bearing left hand thumb and finger impression of the applicant, duly attested.
 - (iv) Descriptive Roll of the applicant, duly attested, indicating (a) height and (b) personal marks, if any, on the hand, face, etc. (To be furnished in duplicate).
 - (v) Certificate (s) of age (in original with two attested copies) showing the dates of birth of the children. The certificate should be according to the Rules of the Municipal Authorities or from the Local panchayat or from the head of a recognised 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 th Audit Officer/ Head of Office).
 - (vi) Death Certificate.
9. Signature or left hand thumb impression of the applicant.
10. Attested by :

	Name	Full Address	Signature
(i)	_____	_____	_____
(ii)	_____	_____	_____
11.	Witnesses :		
(i)	_____	_____	_____
(ii)	_____	_____	_____

Note : Attestation should be done by two gazetted Government employee or two or more persons respectability in the town, village or pargana in which the applicant resides. To be furnished in case the applicant is not literate enough to sign, his name.

In the case of re-marriage of the widow while applying for family pension on behalf of the minor child, the widow should furnish (i) the date of her re-marriage, (ii) name of the Treasury/Sub-Treasury at which payment is desired and (iii) her full address in the application for family pension. It is not necessary to furnish a fresh application or the documents as they are already available with the pension papers on which family pension was originally admitted to her.

ANNEXURE-III
FORM FOR SANCTIONING FAMILY PENSION

1. Name of the Employee
2. Father's name (and also husband's name in the case of a woman employee)
3. Religion and Nationality
4. Last appointment held including name of establishment
5. Date of beginning service.
6. Date of ending service
7. Substantive appointment held
8. Pension Rules opted/eligible.
9. Length of continuous qualifying service period to death
10. Pay as per paragraph 2 of the Punjab Govt. Finance Department's letter No. 7856 (7) Fri/64/9691, dated the 16th October, 1964 (Annexure I to Punjab CSR Vol, II 1969 Edition as applicable to Haryana State).
11. Amount of family pension admissible.
12. Date from which pension is to commence
13. Place of payment (Government Treasury or sub-treasury or Bank)

The undersigned having satisfied himself of the above particulars of late Shri/Smt..... hereby orders the grant of a family pension of Rs..... P.M. to Shri/Smt..... which may be accepted by the CFA, HSAM Board as admissible under the rules.

Signature and Designation
of Sanctioning authority.

CALCULATION SHEET OF FAMILY PENSION/DEATH-CUM-RETIREMENT GRATUITY

Name _____

Designation _____

Date of Birth _____

Date of joining of service _____

Total qualifying service _____

Less periods of extraordinary leave _____

Net qualifying service _____

PERIOD OF CALCULATION

Period	Pay	SP.	Total	Grand Total
--------	-----	-----	-------	-------------

Net family pension admissible :

Death-cum-retirement Gratuity :

ATTESTED

Signature.....

Designation with stamp

FORM PEN-19*[See rule 9.21 (1)]*

Form of letter to the member or members of the family of a deceased employee where valid nomination for the grant of the death-cum-retirement gratuity exists.

No.....

Haryana State Agricultural Marketing Board, Panchkula

Dated, the

Subject :— **Payment of death-cum-retirement gratuity in respect of the late Shri/Smt.....**

Sir/Madam,

I am directed to state that in terms of the nomination made by the late Shri/ Smt..... (Designation) in the office/Department of a death-cum-retirement gratuity is payable to his/her nominee(s). A copy of the said nomination is enclosed herewith.

2. I am to request that a claim for the grant of the gratuity may be submitted by you in the enclosed Form PEN IB.
3. Should any contingency have happened since the date of making the nomination, so as to render the nomination invalid, in whole or in part, precise of the contingency may kindly be stated.

Yours faithfully,
Secretary

FORM PEN-20

Form of letter to the members of the family of a deceased Board employee where valid nomination for death-cum-retirement gratuity does not exist.

No.....

Haryana State Agricultural Marketing Board, Panchkula

Dated, the

To

.....

.....

.....

Subject :— Payment of death-cum-retirement gratuity in respect of the late Shri/Smt.....

Sir/Madam,

I am directed to say that in terms of rule 6, 16-A of Punjab CSR Vol. II, a death-cum-retirement gratuity is payable to the following members of the family of late Sh./Smt..... (Designation), in the office/Department of in equal share—

- | | |
|---------------------------|--|
| (i) Wife/husband | Including judicially separated wife/husband, |
| (ii) Sons | including step children and adopted children |
| (iii) Unmarried daughters | —do— |

2. In the event of there being no surviving member of the family as indicated above, the gratuity will be payable to the following members of the family in equal share—

- | | |
|--|---|
| (i) Widowed daughters | Including step daughters and adopted daughter |
| (ii) Father | including adopting parents in case of individuals |
| (iii) Mother | whose personal law permits adoption, |
| (iv) Brother below the age of eighteen years and unmarried and widowed sisters including step brothers and step sisters. | |
| (v) Married daughter, and | |
| (vi) Children of a per-deceased son. | |

3. It is requested that a claim for the payment of gratuity may be submitted in the enclosed Form PEN I B as soon as possible.

Yours faithfully,

Head of Office.

FORM PEN I B*[See rule 9.21 (1)]*

Form of application for the Grant of death-cum-retirement gratuity on the death of a Board Employee.

(To be filled in separately by each claimant and in the case 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 and in the case he is not minor . . .
(ii) Date of birth of the claimant . . .
2. (i) Name of the guardian in case the claimants are minors . . .
(ii) Date of birth of the guardian . . .
3. (i) Name of the deceased Board employee in . . .
respect of whom gratuity is being claimed . . .
(ii) Date of death of Board employee . . .
(iii) Office/Department in which the deceased served last . . .
4. Relationship of the claimant/guardian
5. (i) Where gratuity is claimed by the guardian on behalf of
minors the name of the minors, their ages, relationship
with the deceased Board employee, etc.— . . .

Serial No.	Name	Age	Relationship with the deceased Board employee	Postal Address
1.				
2.				
3.				
4.				

- (ii) Relationship of the guardian
7. Place of payment of pension and gratuity
(Treasury/Sub-Treasury/Public Sector Bank Branch)

Signature/Thumb impression of the
claimant/guardian

8. Two specimen signatures or left hand thumb and
finger impressions of the claimant/guardian duly attested
9. Attested by—

Name Full Address Signature

- (i)
- (ii)
10. Witnesses :—
(i)
(ii)

To be furnished in case the applicant is not literate enough to sign his name.

ANNEXURE-1

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 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 rule the reasons mentioned in clauses (10) below.

OR

- (b) The undersigned having satisfied himself that the service of late Shri/ Shrimati/Kumari..... has not been throughly satisfactory hereby orders that the DCRG which may be accepted by the Accountant Gen. admissible under the rules to the person mentioned in clauses (C) below, shall be reduced by the specified amount of precentage 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 authorised 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 stilled upon to refund such excess a declaration from the person accepting this condition has been obtained and enclosed/ declaration from the person accepting condition will be obtained and submitted separately.

The DCRG/residuty payable at treasury and is chargeable.

Dated

Signature and Designation
of Sanctioning Authority.

[illegible]

Details of Qualifying Service

Name Designation

[illegible]

From	PLAINT/ENQUIRY CERTIFICATE
To	

NO DEMAND CERTIFICATE (N.D.C.)

Certified that there is no long term advances and other advances outstanding

Pending against Sh. _____

Designation _____

Date of Death _____

Date of Birth _____

(Signature of Head Office)

PLAINT/ENQUIRY CERTIFICATE

e is no complaint/Enquiry pending against

(Signature of Head Office)

Specimen Signatures

Specimen Signatures of Sh..... Address

1. Attested

2. (Signature)

Designation with Stamp

Specimen Signatures of Sh..... Address

1. Attested

2. (Signature)

Designation with Stamp

Particulars of Height/Identification Marks

Sh..... Address

Particulars of Height.....

Personal Marks of Identification Attested

(Signature)

Designation with Stamp

Sh..... Address

Particulars of Height

Personal Marks of Identification Attested

(Signature)

Designation with Stamp

अनुग्रहपूर्वक अनुदान के लिये आवेदन-पत्र का फार्म

भाग (क)

..... के कार्यालय/विभाग मेंके रूप में नियुक्त स्वर्गीय श्रीमती/श्री के परिवार की ओर से आवेदन-पत्र ।

1. मृत सरकारी कर्मचारी के साथ सम्बन्ध
2. सरकारी कर्मचारी के जीवित सम्बन्धियों के नाम तथा आयु
 - (क) विधवा/पति
 - (ख) पुत्र
 - (ग) अविवाहित पुत्रियां
 - (घ) विधवा पुत्रियां
 - (ङ) मृत सरकारी कर्मचारी के पूर्ण आश्रित माता-पिता
 - (च) विधवा/अविवाहित बहनें
5. परिवार की सामान्य स्थिति (यह शपथ-पत्र प्रोफार्मा ए/क में दर्शाया जाना है)
6. आय का कोई साधन
7. सरकारी नौकरी के लिए विचार किये जाने के इच्छुक परिवार के सभी सदस्यों की
8. शैक्षिक योग्यताएं एवं व्यौरा
9. यदि मृतक सरकारी कर्मचारी की विधवा या उसके परिवार का कोई सदस्य कमा रहा हो तो प्रत्येक केस में प्राप्त होने वाले मासिक वेतन तथा नियुक्ति का व्यौरा दिया जाये

कोई अन्य संबंधी सूचना :

आवेदक के हस्ताक्षर

नाम

पूरा पता

.....

.....

स्थान :

दिनांक

भाग ग

शपथ पत्र

मैं निवासी तहसील
 जिला इसके द्वारा सत्यनिष्ठा से कहता/कहती हूँ कि मेरे
 पति/पिता की मृत्यु के समय उनके परिवार के सभी सदस्यों के पास निम्नलिखित सम्पत्ति थी--

1. बैंक / डाकखाने में राशि
2. बीमा पालिसी की राशि
3. नकदी आभूषण
4. चल/अचल सम्पत्ति विवरण तथा अन्य निवेश।

(ख) कि परिवार के निम्नलिखित सदस्य नौकरी पर लगे हैं। प्रत्येक केस में अलग-अलग आय बताई जाये।

- 1.
- 2.
- 3.

(ग) कि परिवार के सदस्यों के निम्नलिखित आय के साधन हैं (आय का व्यौरा दिया जाना चाहिये)।

(घ) कि मैं मृतक पर पूर्ण रूप से आश्रित था/थी।

मैं आगे निश्चयपूर्वक घोषणा करता/करती हूँ कि मेरे द्वारा अनुग्रहपूर्वक अनुदान के अन्तर्गत नौकरी के लिये भेजे गये आवेदन पत्र में दी गई सूचना तथा शपथपत्र में दी गई सूचना ज्ञान व विश्वास के अनुसार ठीक है एवं सत्य है और इसमें से कोई बात छिपा कर नहीं रखी है।

(यह शपथ 3 रुपये वाले स्टाम्प पेपर पर होना चाहिए।)

भाग (ख)

कार्यालय/विभाग के अध्यक्ष द्वारा पूरा किये जाने के लिये

1. मृतक कर्मचारी का नाम
2. परिस्थितियां जिनके कारण कर्मचारी की मृत्यु हुई
3. सेवा अवधि
4. जन्म तिथि
5. मृत्यु के समय प्राप्त की गई कुल मासिक आय (वेतनमान सहित)
6. परिवार की आर्थिक दशा (विशिष्ट विवरणी सहित यदि कोई हो)
8. मृतक कर्मचारी की सम्पत्ति घोषणा
(पत्र की प्रति संलग्न की जाये)
9. सेवा निवृत्ति तथा मृत्यु के बीच की अवधि
10. (क) सुविधाएं जो पेंशन ग्रेच्युटी द्वारा मृतक को प्राप्त होती, यदि वह सामान्य ढंग से सेवा निवृत्त होता

(ख) सुविधाएं जो अब उनका परिवार पेंशन ग्रेच्युटी के तौर पर प्राप्त करेगा

11. मृत्यु के समय मृतक को सामान्य भविष्य निधि जी०पी० फण्ड में जमा राशि
12. मृतक के पुत्र कहां बसे हैं
उनकी मासिक आय
13. भाग क के खाना 7 की सम्बन्ध सिफारिश यदि कोई हो
14. सिफारिश की गई अनुग्रहपूर्वक अनुदान की राशि
15. क्या मृतक कर्मचारी तदर्थ आधार पर कार्य करता था या रैगुलर आधार पर

टिप्पणी :--

अनुग्रहपूर्वक अनुदान की राशि सामान्यता मृत कर्मचारी द्वारा प्राप्त की गई मासिक आय के दस गुणा राशि के बराबर होगी तथा न्यूनतम 10,000 रुपये तथा अधिकतम 25,000 रुपये होगी।

स्थान :

दिनांक :

कार्यालय विभाग

अधिकारी के हस्ताक्षर

LAST PAY CERTIFICATE (L.P.C.)

Office of the

No.

Office case

LAST PAY CERTIFICATE OF

of 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 20.....

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
..... 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 20.....

Head of Office/Deptt.

DETAILS OF RECOVERIES

Name of recovery

Amount : Rupees

To be recovered in instalments

.....

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	20				
May	20				
June	20				
July	20				
August	20				
September	20				
October	20				
November	20				
December	20				
January	20				
February	20				
March	20				

He tookover/assumed charge of the Office of
 on the noon of

(Signature)

(Designation)

ANNEXURE-E
FORM NO. PF-5
 (See rule 24)

**APPLICATION FOR FINAL PAYMENT/TRANSFER TO
 CORPORATE BODIES/OTHER GOVERNMENT**

To _____

(Through the DDO's _____)

Sir,

I am retire/have retired/have been discharged/dismissed/have been permanently transferred to _____/have resigned finally from Government service/have resigned service under _____ Government to take up appointment with _____ and may resignation has been accepted with effect from _____ forenoon/afternoon. I joined service with _____ on _____ forenoon/afternoon.

2. My fund Account No. is _____.

3. I desire to receive payment through my office _____ or through the _____

Treasury/Sub-Treasury, Particular of my personal marks of identification left hand thumb and finger impressions (in the case of illiterate subscribers) and specimen signature (in the case of literate subscribers) in duplicate duly attested by a Gazetted Officer of the Government are enclosed.

4. I request that the entire amount at my credit with interest due under the rules may be paid to me/transferred to _____.

Yours faithfully,

Date :
 (to be specified)

(Signature)

Name : _____

Address : _____

(FOR USE BY HEAD OF OFFICE)

Forwarded to the Chief Administrator HSAM Board, Panchkula.

2. Sh./Ms. _____ has finally retired/has been discharged/dismissed/has been permanently transferred to _____/has resigned finally from Government Service/has resigned service under _____ Government to take up appointment with _____ and his/her resignation has been accepted with effect from _____ forenoon/afternoon. He/She joined service with _____ on forenoon/afternoon.

3. The last fund deduction was made from his/her pay in the office Bill No. _____ dated _____ for Rs. _____ (Rupees _____) Treasury Voucher No. _____ of _____ Treasury the amount of deduction being Rs. _____ and recovery on account of refund of advance Rs. _____

4. Certified that he/she had taken the following advances in respect of which _____ installment of Rs. _____ are yet to be recovered and credited to the Fund Account. The details of advance(s)/withdrawal(s) granted to him/her during the twelve months immediately proceeding the date of his/her quitting service/proceeding on leave preparatory to retirement or thereafter are also indicated below :—

Serial Number	Amount of Advance/withdrawals	Place of encashment	Voucher Number and Date
1.			
2.			
3.			
4.			

5. Certified that he/she has not resigned from Government service with prior permission of the state Government to take up an appointment in central Government or under State Government or under a body corporate owned or controlled by the state.

6. Certified that no advance/withdrawal will be sanctioned to the subscriber henceforth without the concurrence of accountant general, Haryana.

7. Certified that the subscriber/claimant submitted the application on _____ date _____ month _____ year.

(Signature of Head of Office)

FORM 6

[See clause 11(2)]

To

The _____

(Name and address of the office from where Form 5 is received)

Subject : — Application for Payment of amount due to late Shri/Smt. _____
 Haryana Govt. Employees Group Insurance Scheme, 1985.

Sir/Madam,

With reference to your letter No _____ dated _____
 I hereby request that the full _____ per cent
 amount due to late Shri/Smt. _____ of
 the Haryana Govt. Employees Group Insurance Scheme may be paid to me.

Yours faithfully,

Signature _____

Name : _____

Address : _____

Place _____

Date _____

Form of Surety Bond

(Amendment from of Surety to be substituted for Annexure IV to Punjab Government Finance Department Letter No. 6034-2FRI 59/8941 dated the 2nd September, 1959 in supersession of the revised form introduced vide Punjab Government Letter No. 233-FRI 60/3692 dated the 19th April, 1960.)

In consideration of the Governor of Haryana (herein after called "The Government") which expression shall include his successors and assigns having agreed to settle the final account of Shri/Shrimati _____ without production of a 'No demand

certificate' from the Estate Officer, I hereby stand _____ surety which expression shall include my heirs, executors, administrators, legal representative and Assigns) for payment by the said _____ of rent and other dues in respect of the residence now allotted to him by Govt. and also for any residence that may be allotted or that was allotted to the said _____ from time to time by Government, the surety, further agree to undertake to indemnify the Government against all loss and damages until delivery of vacant possession of the above said residence made over to the Govt.

I hereby also stand surety for any amount that may be due by the said _____ to Government by way of over payment of pay, allowances, leave, salary, advance for conveyances, house building or other purposes, for any amounts that may be paid payable by Govt. under or in respect of any guarantees given by Govt. on behalf of the said _____ or any other dues what so ever to the Govt.

The obligation undertaken by me shall not be discharged or in any way affected any extension of time or any other indulgence granted by the Govt. of the said _____ and the Govt. shall have the fullest liberty without affecting guarantee to postpone for any time from time to time any of the powers exercisable by it _____ against the said _____ and either to enforce or before bear any of its rights against the said _____ and will not be released from the liability under this Guarantee by any exercise of the Government of liberty with reference to the matter before said or by reason of any other forbearance, act or omission of the part of the Government of Indulgence by the Government to said _____ or any other matter of things whatsoever which under the law relates to sureties shall, but for this provision have the effect of so releasing me from such liability.

The guarantee shall remain in force till.

- (i) The 'No Demand Certificate' is issued by the Estate Officer in favour of said _____
 - (ii) The Head of Office in which the said _____ was last employed and in case he/she was drawing pay and allowance on gazetted Government servants bill forms the concerned audit officer has certified that nothing is now due to the Govt. from the said _____ and _____
 - (iii) The 'No Demand Certificate' is issued by the Estate Officer in favour of the said _____ in respect of water and electricity dues in case Govt. had given a guarantee for these dues, on behalf of the said _____
- The stamp duty on this instrument shall be borne by the Govt.

Signature of the Surety

Signed and delivered by the said Surety at _____ this _____ day of _____ in the presence of

1. Signature, address and occupation of the witness _____
 2. Signature, address and occupation of the witness _____
- Certified that Shri/Smt. _____ is permanent Govt. Servant.

Signature of the Head of the
Department of the office in which
the surety is employed

The above bond is accepted.
for & on behalf of the Board

(Signature & Designation)
