

HSAMBoard Pension Forms

**[Haryana Civil Services
(Pension) Rules, 2016]**

Index of Forms relating to Haryana Civil Services (Pension) Rules, 2016

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3	Pen-3	75	Form for assessing pension, family pension, Commutation of Pension and gratuity
4	Pen-4	75	Letter to the Chief administrator, HSAMB for forwarding the pension papers of a HSAMBoard employee
5	Pen-5	82 (A)	Specimen of letter to be sent to the family for DCRG where valid nomination subsists or not
6	Pen-6	82 (A)	Form of Application to be submitted by the family for grant of DCRG on the death of HSAMBoard employee
7	Pen-7	82 (B)	Letter to be sent to the widow/widower for grant of Family Pension
8	Pen-8	82 (B)	Form of application to be submitted by the eligible family member for the grant of Family Pension on the death of a HSAMBoard employee
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13	Pen-13	101	Letter to the Civil Surgeon and the HSAMBoard employee concerned for medical examination.
14	Pen-14	102	Report of the Medical Authority regarding medical examination
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16	Pen-16	91	Pension Payment Order
17	Pen-17	91	Family Pension Payment Order

Form Pen - 1

[See rule 41(2)]

Nomination for DCRG if the HSAMBoard employee has a family or has not a family at that time

I, _____, working as _____
has a family the detail of which is as under :-

Sr. No.	Name of the members of family	Date of birth	Relationship with the HSAMBoard employee	Aadhaar Card No.	Remarks
1					
2					
3					
4					
5					

I, hereby nominate the following person(s) who is/are member(s) of my family or who is/are not member(s) of my family, and confer on him/them the right to receive any gratuity the payment of which shall be sanctioned by HSAMBoard in the event of my death while in service and the right to receive on my death to the extent specified below, any DCRG which having become admissible to me in case of death while in service or death after retirement before the receipt of DCRG :-

Original nominee(s)				Alternate nominee(s)	
Name and address of the nominee(s)	Relationship with the HSAMBoard employee	Age	Amount or share of gratuity payable to each	Name, address and relationship, age of the person(s), if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the HSAMBoard employee or the nominee dying after the death of the HSAMBoard employee but before receiving payment of gratuity	Amount or share of gratuity payable to each
1	2	3	4	5	6

2. Number of persons (in words) as Original Nominee : _____

3. Number of persons (in words) as Alternate Nominee : _____

4. This nomination supersedes the nomination made by me earlier on _____ which stands cancelled.
5. Strike out which is not applicable.
6. The amount/share of the DCRG shown in column No. 4 and 6 shall cover the whole amount of DCRG.

Dated this _____ day of _____ 20 _____ at _____.

Signature of HSAMBoard employee

Witnesses :

	Name	Full Address	Signatures
1			
2			

(To be filled in by the Head of office)

Nomination by _____ Signature of Head of office _____

Designation _____ Date _____

Office _____ Designation : _____

Acknowledgement by the Head of Office regarding receipt of nomination form

To

Sir,

In acknowledging the receipt of your nomination, dated the _____/ cancellation, dated the _____ of the nomination made earlier in respect of Death-cum-Retirement Gratuity in Form _____, I am to state that it has been duly placed on record.

Signature of Head of Office
 (with date and stamp of Office)

Note.— The HSAMBoard employee is advised that it shall be in his interest if copies of the nominations and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death.

Form Pen - 2

[See rule 71]

Particulars to be obtained by the Head of Office from the retiring HSAMBoard employee one year before his retirement on superannuation or from the family of deceased HSAMBoard employee within one month from the date of death.

Paste one passport size joint photograph or photograph of widow/widower duly attested by Head of office

1.	Name of the HSAMBoard employee																																																		
2.	Designation																																																		
3.	Department/Office																																																		
4.	Date of Birth																																																		
5.	Date of retirement or Date of death, in case of death while in service																																																		
6.	Present address																																																		
7.	Address after retirement⁵																																																		
8.	Details of the members of the family as on _____ :-																																																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Sr. No.</th> <th style="width: 25%;">Name of the members of family</th> <th style="width: 10%;">Date of birth</th> <th style="width: 15%;">Relationship with the HSAMBoard employee</th> <th style="width: 10%;">Aadhaar Card No.</th> <th style="width: 10%;">Personal Identification marks</th> <th style="width: 15%;">Remarks</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">6</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Sr. No.	Name of the members of family	Date of birth	Relationship with the HSAMBoard employee	Aadhaar Card No.	Personal Identification marks	Remarks	1							2							3							4							5							6							
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⁵ Any subsequent change of address should be informed to the Head of Office & Chief Administrator, HSAMB, Panchkula.

9.	Name of the Treasury, Sub-Treasury or Branch of Public Sector Bank through which the HSAMBoard employee wants to draw his pension.	
10.	Enclose the following documents :- (i) Two slips of specimen signatures to be attested by Head of Office or any gazetted officer authorized by him (ii) Four copies of passport size joint photographs of the HSAMBoard employee with spouse (to be attested by Head of Office or any gazetted officer authorized by him) (iii) Form Pen-1 (Detail of Family Members)	
11.	Option for Commutation of Pension : Fraction of Pension proposed to be commuted:	

Place_____

Signature of HSAMBoard employee

or

Dated the _____

Family Member of the deceased HSAMBoard employee

Acknowledgement

Received from Shri/Smt. _____ (Name and former designation) application in Form Pen-2 complete in all respects for the calculation of pension/DCRG/Commutation of Pension etc..

Place: _____

Signature of Head of office

Date : _____

(with stamp)

Form Pen - 3

(See rule 75)

**Form for Assessing Pension/Family Pension, Commutation of Pension
and DCRG**

(To be sent in duplicate to the Chief Administrator, HSAMB, Panchkula .

Paste one passport
size joint
photograph duly
attested.
Signature & Stamp
of attesting
authority should be
on the photograph.

1.	Name of the HSAMBoard employee	
2.	Father's Name	
3.	Name of Wife/Husband	
4.	Date of birth	
5.	Marks of identification of HSAMBoard employee	
6.	Present residential address of the HSAMBoard employee	
7.	Address after retirement	
8.	Particulars of the post held at the time of retirement:	
	(a) Name of the office	
	(b) Post held	
	(c) Pay scale/Pay Band & Grade Pay of the post	
9.	Class of pension applicable	
10.	Date of beginning of service	
11.	Date of ending of service	
12.	Particulars relating to military service/past service, if any, allowed to be counted by the competent authority towards civil pension.	

13.	Total length of service						
14.	Periods of non-qualifying service						
		From	To	YY	MM	DD	
(a)	Interruption in service condoned under Rule 14(2)						
(b)	Extraordinary leave not qualifying for pension						
(c)	Period of suspension not treated as qualifying service for pension						
(d)	Any other service not treated as qualifying service for pension.						
(e)	Total period of non-qualifying service :						
15.	Net qualifying service (Column 13-14) in terms of completed six monthly periods i.e. period of three months and above is treated as completed six monthly period.						
16.	Detail of period, if any, treated as duty in case of a HSAMBoard employee who has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service.	from _____ to _____ (_____ Y _____ M _____ D) Order No. _____ dated _____					
17.	Emoluments last drawn at the time of retirement –						
(a)	Emoluments reckoned for Pension and Family Pension						
(b)	Emoluments reckoned for death-cum-retirement gratuity						
<i>Note 1.— See definition of Emoluments for Pension/ DCRG/Family Pension.</i>							
<i>Note 2.— If the officer was on foreign service immediately preceding retirement, the notional emoluments which he would have drawn under HSAMBoard but for being on foreign service be reflected against (a) above.</i>							
18.	Date of receipt of Form Pen-2, duly complete in all respects, from the HSAMBoard employee.						

19.	Proposed pension:																										
	<u>Last emoluments drawn</u> 2	X	<u>Qualifying Service in half years</u> (Max. 40 half years) 40																								
20.	Proposed death-cum-retirement gratuity:																										
	<u>Emoluments</u> 4	X	<u>Qualifying service in half years</u> 66																								
(Maximum 66 half years for Group A, B & C and 70 half years for Group D employees)																											
21.	Proposed family pension:																										
	(a) Ordinary Family Pension:	Pay last drawn x Prescribed %age (now 30%) (subject to Minimum and maximum limit as per rule 48)																									
(b) Enhanced Family Pension:	Equal to 50% of last emoluments in case of death while in service OR Equal to retiring pension in case of death after retirement before attaining the age of 65 years) (Subject to minimum and maximum of limit of enhanced family pension as per rule 49)																										
22.	The amount of the family pension becoming payable to the family of the deceased HSAMBoard 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.																										
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23.	Date from which pension is to commence																										
24.	Proposed amount of provisional pension, if departmental or judicial proceeding instituted against the HSAMBoard employee are pending at the time of retirement																										

25.	Details of HSAMBoard dues recoverable out of DCRG:-	
	(a)	Licence fee for the allotment of HSAMBoard accommodation (See rule 72)
	(b)	Other dues referred to in rule 73
26.	Whether valid nomination made for DCRG subsists, if yes, enclose the copy thereof.	
27.	Commutation of pension if applied before retirement or within one year after retirement:-	
	(a)	The portion of pension to be commuted: (upto 50% of pension for Judicial Officers and upto 40% of pension for others)
	(b)	Commutated value of pension = Portion of pension to be commuted x factor from table under rule 96 x 12
	(c)	Amount of residuary pension after deducting commuted portion of pension [Sr. No. 19 – 27(a)]
28.	Place of payment of pension (Treasury, Sub-Treasury or Branch of Public Sector Bank)	

Place: _____

Date : _____

Signature of the Head of Office
(with date and stamp of office)

Form Pen - 4

(See rule 75)

**Specimen of forwarding letter of Pension Papers to be submitted to the
Controller Finance & Accounts, HSAMBoard, Panchkula**

No. _____

Haryana State Agricultural Marketing Board,

Dated the _____

To

The Controller Finance & Accounts,
Haryana State Agricultural Marketing Board,
C-6, Sector 6, Panchkula

**Subject: Pension papers of Shri/Shrimati/Kumari _____
for authorization of pension/DCRG.**

Sir,

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

2. The details of HSAMBoard dues which shall remain outstanding on the date
of retirement of the HSAMBoard employee and which need to be recovered out of the
amount of DCRG are indicated below:-

(a)	Balance of outstanding Loans and Advances	
	1	HBA
	2	Motor Car Advance
	3	Marriage Loan
	4	Computer Loan
	5	Any other Loan
	Total	
(b)	Over payment of pay and allowances including leave salary, if any	Rs.
(c)	Income tax deductible at source under the Income Tax Act 1961 (43 of 1961)	Rs.

(d)	Arrears of licence fee for occupation of HSAMBoard accommodation	Rs.
(e)	The amount of licence fee for the retention of HSAMBoard accommodation for the permissible period of six months beyond the date of retirement.	Rs.
(f)	Any other assessed dues and the nature thereof	Rs.
(g)	The amount of gratuity to be withheld for adjustment of unassessed dues, if any	Rs.
	Total	

3. Your attention is invited to the list of enclosures which are being forwarded herewith. It is requested that authorization of Pension, DCRG, Commutation of Pension may please be made at the earliest.

4. The receipt of this letter may please be acknowledged and this department/office be informed.

Yours faithfully,

Head of Office
(with date and stamp)

List of Enclosures: -

1	Form Pen-1, Pen-2 and Pen-3 duly completed.
2	Medical certificate of incapacity (if the claim is for invalid pension).
3	Copy of order of termination from service due to abolition of post.
4	Service book (date of retirement to be indicated in the service book).
5	Two slips of specimen signatures of HSAMBoard employee and spouse, duly attested by Head of Office or any other Gazetted Officer authorized by him
6	Four copies of passport size photograph with spouse, if any, duly attested by the Head of Office or any other Gazetted Officer authorized by him.

Signature of the Head of Office
(with date and stamp)

Form Pen - 5*[See rule 82 (A)]***Specimen of Letter to be sent to the member(s) of the family of a deceased HSAMBoard employee for the grant of the death-cum-retirement gratuity where valid nomination subsists or not**

No. _____

HSAMBoard of Haryana

Department of _____

Dated the _____

To

_____**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, which is valid under the rules, made by 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. Shall any contingency has happened since the date of making the nomination, so as to render the nomination invalid, in whole or in part, precise details of the contingency may kindly be stated.

OR

I am directed to say that in terms of Rule 40(2) of Haryana Civil Services (Pension) Rules, 2016 a death-cum-retirement gratuity is payable to the following members of the family of deceased HSAMBoard employee Shri/ Smt. _____ (Designation) _____ in the office/ Department of _____ in equal share:-

(i)	Wife/Husband (including judicially separated wife/husband)	
(ii)	Children (married or unmarried) including legally adopted children and widowed/divorced daughter(s);	
(iii)	widow of predeceased son, if not remarried, otherwise the children of predeceased son in equal shares	

2. In the event of there being no surviving member of the family as indicated above, the death-cum-retirement gratuity shall be payable to the following members of the family in equal share:-

(i)	brother(s) below the age of 18 years, dependent unmarried/widowed/divorced sister(s);	
(ii)	mother, including adoptive/step mother in case of individuals whose personal law permits adoption;	
(iii)	father including adoptive/step father in case of individuals whose personal law permits adoption;	

3. It is requested that a claim for the payment of death-cum-retirement gratuity may be submitted in the enclosed Form Pen-6 as soon as possible.

Yours faithfully,

Head of Office
(with date and stamp)

Form Pen - 6

[See Rule 82(A)]

Form of Application to be submitted by the Family member or Nominee for grant of DCRG in case of death of HSAMBoard Employee before the receipt of DCRG

(To be filled in separately by each claimant and in case the 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).

Part-I (To be filled by the family of deceased HSAMBoard employee)							
1.	Name of the claimant						
2.	Date of birth of the claimant						
3.	Name of the guardian in case the claimants are minor						
4.	Date of birth of the guardian						
5.	Name of the deceased HSAMBoard employee in respect of whom DCRG is being claimed						
6.	Date of death of HSAMBoard employee						
7.	Office/Department in which the deceased HSAMBoard employee served last						
8.	Relationship of the claimant/guardian with the deceased HSAMBoard employee						
9.	Full postal address of the claimant/guardian						
10.	Where gratuity is claimed by the guardian on behalf of minors, the names of the minors, their age, relationship with the deceased HSAMBoard employee, etc. :-						
	Sr. No.	Name	Age	Relationship with the deceased HSAMBoard employee	Relationship of the guardian with minors	Aadhaar Card No.	Postal address
	1.						
	2.						
	3.						
	4.						

11	Place of payment of Death gratuity (Treasury/ Sub-Treasury, Public Sector Bank Branch)														
12	Enclose two slips of specimen signatures of claimant/guardian duly attested.														
13	<p>Name, address and signatures of the two persons/gazetted officers who attested the specimen signatures: -</p> <table border="1" data-bbox="375 583 1377 894"> <thead> <tr> <th data-bbox="375 583 440 642"></th> <th data-bbox="440 583 729 642">Name</th> <th data-bbox="729 583 1066 642">Full address</th> <th data-bbox="1066 583 1377 642">Signature</th> </tr> </thead> <tbody> <tr> <td data-bbox="375 642 440 768">(i)</td> <td data-bbox="440 642 729 768"></td> <td data-bbox="729 642 1066 768"></td> <td data-bbox="1066 642 1377 768"></td> </tr> <tr> <td data-bbox="375 768 440 894">(ii)</td> <td data-bbox="440 768 729 894"></td> <td data-bbox="729 768 1066 894"></td> <td data-bbox="1066 768 1377 894"></td> </tr> </tbody> </table> <p>Note.— Attestation shall be done by two Gazetted Officers or two persons of respectability in the town, village or Pargana in which the claimant resides.</p>				Name	Full address	Signature	(i)				(ii)			
	Name	Full address	Signature												
(i)															
(ii)															
14	<p>Witnesses :</p> <table border="1" data-bbox="375 1094 1377 1371"> <thead> <tr> <th data-bbox="375 1094 584 1152"></th> <th data-bbox="584 1094 855 1152">Name</th> <th data-bbox="855 1094 1086 1152">Full Address</th> <th data-bbox="1086 1094 1377 1152">Signatures</th> </tr> </thead> <tbody> <tr> <td data-bbox="375 1152 584 1260">1</td> <td data-bbox="584 1152 855 1260"></td> <td data-bbox="855 1152 1086 1260"></td> <td data-bbox="1086 1152 1377 1260"></td> </tr> <tr> <td data-bbox="375 1260 584 1371">2</td> <td data-bbox="584 1260 855 1371"></td> <td data-bbox="855 1260 1086 1371"></td> <td data-bbox="1086 1260 1377 1371"></td> </tr> </tbody> </table>				Name	Full Address	Signatures	1				2			
	Name	Full Address	Signatures												
1															
2															
	<p>Place : _____ Signature /Thumb impression of Date : _____ the claimant/guardian</p>														
	<p style="text-align: center;">Part - II [To be filled up by the Pension Sanctioning Authority (HOO)]</p>														
14	Name of the deceased HSAMBoard employee														
15	Father's/Husband's name														

16	Date of birth							
17	Date of death							
18	Name of the office/Department where working at the time of death							
19	Post held at the time of death							
20	Date of beginning of service on regular basis							
21	Date of ending of service on death							
22	Particulars relating to benefit of military service/past service, if any, allowed by the competent authority to count towards pension							
	(a) Period of past service for which benefit has been allowed							
	(b) Whether terminal benefits have been deposited or not.							
	(c) Order No. and date							
23	Total length of service							
24	Periods of non-qualifying service							
		From To YY MM DD						
	(a) Interruption in service condoned under Rule 14(2)							
	(b) Extraordinary leave not qualifying for pension							
	(c) Period of suspension not treated as qualifying service for pension							
	(d) Any other service not treated as qualifying service for pension.							
	(e) Total period of non-qualifying service :							
25	Net qualifying service for DCRG : (Column 23-24) in terms of completed six monthly periods i.e. period of three months and above is treated as completed six monthly period.	<table border="1"> <tr> <td>YY</td> <td>MM</td> <td>DD</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	YY	MM	DD			
YY	MM	DD						

26	Detail of period, if any, treated as duty in case of a HSAMBoard employee who has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service	
27	Emoluments for DCRG Pay in the pay band + Grade pay +Dearness Allowance	
28	Amount of death-cum-retirement gratuity	
29	Details of HSAMBoard dues recoverable out of DCRG:-	
	(a) Licence fee of HSAMBoard accommodation, if any (See rule 72)	
	(b) Other dues, if any, referred to in rule 73	
30	Whether valid nomination for death-cum-retirement gratuity subsists or not	
31	Date on which claim received from the claimants.	
32	Name and address of guardian who will receive payment of DCRG in the case of minor	
33	Place of payment (Treasury, Sub-Treasury or Branch of Public Sector Bank)	
34	(i) <i>Enclose the legal guardianship certificate, where natural guardian is not alive, issued by the Court of Law.</i> (ii) <i>Enclose Indemnity Bond</i>	

Note.—

Date :

Signature of Head of Office

Place :

(with stamp)

Form Pen - 7*[See Rule 82 (B)]*

Specimen of Letter to be sent to the widow/widower or other eligible family member of a deceased HSAMBoard Employee six months before the cessation of compassionate financial assistance for grant of Family Pension

No. _____

Haryana State Agricultural Marketing Board

Dated, the _____

To

_____.

Subject: Payment of Family Pension in respect of late Shri/ Smt.

Sir/ Madam,

I am directed to state that in terms of rule 47 of the Haryana Civil Services (Pension) Rules, 2016 a family pension is payable to the eligible family member of the late Shri/Smt. _____ (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 Form Pen-8.

3. The family pension shall be payable to the widow/widower till death or remarriage, whichever is earlier and thereafter to other eligible family member, if any, as per provision laid down in Haryana Civil Services (Pension) Rules, 2016.

Yours faithfully,

Head of Office
(with stamp and date)

Form Pen - 8

[See Rule 82 (B)]

**Form of Application for the grant of Family Pension in case of death of a
HSAMBoard employee while in service**

Part - I																																									
(To be filled by the family of deceased HSAMBoard employee)																																									
1	Name : [widow or widower, if any, otherwise dependent son/daughter or Guardian, if the deceased person(s) is survived by minor child(ren)]																																								
2	Detail of surviving widow/ widower and children of the deceased HSAMBoard employee eligible for family pension :- <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Sr. No.</th> <th style="text-align: center;">Name</th> <th style="text-align: center;">Date of birth</th> <th style="text-align: center;">Occupation, if any</th> <th style="text-align: center;">Relationship with the deceased person</th> <th style="text-align: center;">Aadhaar Card No.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">(1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">(2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">(3)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">(4)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">(5)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Sr. No.	Name	Date of birth	Occupation, if any	Relationship with the deceased person	Aadhaar Card No.	(1)						(2)						(3)						(4)						(5)					
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(1)																																									
(2)																																									
(3)																																									
(4)																																									
(5)																																									
3	Date of death of the HSAMBoard employee																																								
4	Office/Department in which the deceased HSAMBoard employee served last																																								
5	If the applicant is guardian, his date of birth and relationship with the deceased HSAMBoard employee																																								
6	Full address of the applicant																																								
7	Place of payment of family pension (Treasury or Sub-Treasury or Public Sector Bank Branch).																																								

8	Date of cessation of compassionate financial assistance, if any.			
9	Name, address and signatures of the two reputed persons/gazetted officers who attested the specimen signatures: -			
	Name	Full address	Signature	
(i)				
(ii)				
	Note.— Attestation should be done by two Gazetted Officers or two reputed persons in the town, village or Pargana in which the claimant resides.			
10	Enclose the following documents :			
(i)	Two slips of specimen signatures of the applicant, duly attested.			
(ii)	Four copies of passport size photograph of the applicant to be attested by the Head of Office across the photograph itself instead of paper.			
(iii)	Birth Certificate or any other documentary evidence for age of child/children.			
(iv)	Death Certificate of the deceased HSAMBoard employee.			
(v)	Certificate of Guardianship issued by the Court of Law in case of other than natural guardian.			
11	Witnesses :			
	Name	Full Address	Signatures	
1				
2				
	<p data-bbox="370 1801 443 1833">Date :</p> <p data-bbox="370 1854 443 1885">Place :</p> <p data-bbox="979 1801 1320 1833" style="text-align: right;">Signature of the applicant</p>			

Part - II			
[To be filled up by the Pension Sanctioning Authority (HOO)]			
12	Name of the deceased HSAMBoard employee		
13	Father's/Husband's name		
14	Date of birth		
15	Date of death		
16	Name of the office/Department where working at the time of death		
17	Post held at the time of death		
18	Emoluments for family pension Pay in the pay band + Grade pay		
19	Date of beginning of service on regular basis		
20	Date of ending of service on death		
21	Total length of service	YY	MM
		DD	
22	Family Pension proposed (i) Normal family pension (ii) enhanced family pension [if service rendered at the time of death is more than seven years as in rule 49(1) of these rules]		
23	Period of tenability of Family Pension (a) At ordinary rate (b) At Enhanced Rate	From_____To_____	
24	Name of Family Member eligible for family pension		
25	Relationship with the deceased HSAMBoard employee		
26	Full postal address		

27	Date on which claim received from the claimants	
28	Name and address of guardian who shall receive payment of family pension in the case of minor	
29	Place of payment (Treasury, Sub-Treasury or branch of Public Sector Bank)	

It is certified that compassionate financial assistance is admissible upto _____ which has been paid to Mr./Ms. _____, an eligible family member of the deceased HSAMBoard employee.

Date : _____
Place : _____

Signature of Pension Sanctioning Authority
(Head of Office) (with stamp)

Form Pen - 9*(See rule 83)*

Specimen of Letter for forwarding papers to the Chief Administrator, HSAMBoard, Panchkula for the grant of Death-cum-retirement gratuity to be sent within a month in case of death while in service and for grant of Family Pension to be sent three months before cessation of compassionate financial assistance.

No. _____

HSAMBoard of Haryana

Department /Office _____

Dated, the _____

To

Haryana State Agricultural Marketing Board,

C-6, Sector 6,

Panchkula

Subject: Grant of death-cum-retirement gratuity and/or Family Pension.

Sir,

I am directed to say that Shri/Smt. _____ designation _____ died on _____. His family has become eligible for the grant of death-cum-retirement gratuity and/or Family Pension. Form Pen. 8 duly completed in all respects is forwarded herewith for the further necessary action.

2. The details of HSAMBoard dues which shall remain outstanding on the date of retirement of the HSAMBoard employee and which need to be recovered out of the amount of DCRG are indicated below:-

(a)	Balance of outstanding Loans and Advances, if any :-	
1	HBA	
2	Motor Car Advance	
3	Marriage Loan	
4	Computer Loan	
5	Any other Loan	

(b)	Over payment of pay and allowances including leave salary, if any	Rs.
(c)	Income tax deductible at source under the Income Tax Act 1961 (43 of 1961)	Rs.
(d)	Arrears of licence fee for occupation of HSAMBoard accommodation	Rs.
(e)	The amount of licence fee for the retention of HSAMBoard accommodation for the permissible period of six months beyond the date of retirement.	Rs.
(f)	Any other assessed dues and the nature thereof	Rs.
(g)	The amount of gratuity to be withheld for adjustment of unassessed dues, if any	Rs.
	Total	

3. Your attention is invited to the list of enclosures which are being forwarded herewith. It is requested that authorization of DCRG and/or Family Pension may please be made at the earliest.

4. The receipt of this letter may please be acknowledged and this department/office be informed.

Yours faithfully,

Head of Office
(with date and stamp)

List of Enclosures:-

1	
2	
3	

Form Pen - 10*(See rule 70)***Specimen of letter to be sent to the HSAMBoard employee in case of period of service not verified in the Service Book**

No. _____

Haryana State Agricultural Marketing Board

Office _____

Dated, the _____

SUB : Detail of Service not verified.

It is certified that Shri/Smt. _____ Designation _____ has joined service on _____ and as per entries in his service book he has completed qualifying service of _____ years _____ months and _____ days as on _____ (date).

2. At the time of calculating qualifying service it has come to notice that the following period of service has not been verified by the then competent authority, therefore, it is requested that if you have actually remained on duty during this period please give an undertaking in this regard alongwith authentic proof (e.g. Contribution towards GPF Account or NGIS or other documents relating thereto, if any) so that the same may be counted for pension and DCRG.

Details of Service non verified

Sr. No.	From	To	Designation	Name of office where remained during this period
1.				
2.				
3.				
4.				
5.				

Signature of Head of Office
(with stamp and date)

To

Shri/Smt. _____

(Name and designation)

Form Pen - 11

(See rule 70)

Undertaking to be given by the HSAMBoard employee in respect of period of service not verified by the then Head of Office

To

SUB : Undertaking of Service not verified in the service book.

Kindly refer to your letter No. _____ Dt. _____.

It is certified that I, Shri/Smt. _____
Designation _____ has actually rendered service during the period mentioned below, as clarified from the authentic proof enclosed with this certificate. It is requested that the following period of service may please be counted towards pension/DCRG.

I also undertake that if later on it comes to your notice from the office record that the period of following service or any portion thereof is not qualifying for pension, my pension may be refixed with retrospective effect. I am ready to pay excess amount drawn by me by way of pension and/or DCRG etc.

Period of Service not verified in the service book

Sr. No.	From	To	Authentic Proof	Remarks, if any
1.				
2.				
3.				
4.				
5.				

Dated : _____

Signature of HSAMBoard employee

Name : _____

Designation: _____

Department: _____

Form Pen - 12*(See rule 97)***Form of Application for Commutation of Pension admissible after Medical Examination**

(To be submitted in triplicate)

Paste one passport size joint photograph duly attested

Part - I

To

The _____

(Here indicate the designation and full address of the Head of office)

Subject: Commutation of pension after medical examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of rule 95 of these rules. Two copies of my photograph are enclosed herewith the necessary particulars are furnished below: -

1.	Name (in block letters)	
2.	Father's/Husband's name	
3.	Full postal address	
4.	Designation	
5.	Name of Office/Department in which employed	
6.	Date of Birth	
7.	Date of retirement	
8.	Class of pension on which retired	
9.	Amount of pension authorized.	
10.	Fraction of pension proposed to be commuted.	

11.	Month from which pension to be commuted	
12.	Pension Payment Order Number, if issued	
13.	Disbursing authority for payment of pension.	
	(a) Treasury/Sub-Treasury (Name and Complete address of the Treasury/Sub-Treasury to be indicated)	
	(b) (i) Branch of the Nationalized Bank with complete address.	
	(ii) Bank Account No. to which the monthly pension is being credited each month.	
14.	Preference for station where medical examination is desired to take place	

Place:

Signature_____

Date:

Part - II**Acknowledgement**

Received from Shri/Smt. _____ (Name and designation) application in Part I of Form Pen-12 for commutation of a fraction of pension after medical examination.

Place:

Signature _____

Date:

Signature of Head of Office with stamp)

Form Pen - 13*(See rule 101)***Form of Letter to the Civil Surgeon**

No. _____

HSAMBoard of Haryana_____

Department of _____

Dated _____

To

_____.

Subject: - Medical Examination for Commutation of Pension.

Sir,

Shri/Smt. _____ who retired from service on _____ as _____ (designation) has applied for commuting a fraction of his pension for a lumpsum payment. The following documents are forwarded herewith: -

1. Application in Form Pen-12 in original together with an unattested copy of the applicant's photograph.
2. A copy of Form Pen-14 in duplicate.
3. In terms of Rule 102 and 103 of these rules Shri _____ shall be examined by a Medical Board/Medical Officer not lower than the rank of Civil Surgeon or a Principal Medical Officer. It is requested that arrangement may be made to get Shri _____ examined as expeditiously as possible before his next birthday which falls on _____.
4. It is requested that arrangements for medical examination by the medical authority indicated in Para-3 above may be made at the nearest available station mentioned by Shri _____ in his application in Form Pen-12.

-
5. It is requested that Shri _____ shall be informed direct under intimation to this office as to where and when he should appear before the appropriate authority for medical examination. A copy of this letter is being endorsed to him so that he may comply with your instructions on hearing from you.
6. The receipt of this letter may please be acknowledged.

Yours faithfully,

Head of office
(with date and stamp)

Copy forwarded to Shri _____ (here give complete address) with the remarks that he shall be eligible for the lump sum payment in lieu of the amount of pension to be commuted on the basis of assumed age reported by the medical authority.

Shri _____ should report for medical examination to the medical authority direct on hearing from Civil Surgeon _____. He shall take with him the enclosed Form Pen-14 with the particulars required in Part I completed except the signature.

Signature of Head of Office
(with date and stamp)

Form Pen - 14

(See rule 102)

Medical Examination by the _____
(here enter the medical authority)

Affix passport size recent photograph

[[See Rule 101(i)]]

PART - I

The applicant must complete this statement prior to his examination by the _____
_____ (here enter the medical authority) and shall sign the declaration appended thereto in the presence of that authority:-

1.	Name of the applicant (in block letters)			
2.	Date of birth			
3.	Place of birth			
4.	Particulars regarding parents, brothers and sisters: -			
	Father's age if living and state of health	Father's age Number of at death and cause of death	Number brothers living their ages and state of health.	Number of brothers dead, their ages at living, their death and cause of death
	Mother's age if living and state of health	Mother's age Number of at death and cause of death	Number sisters living their ages and state of health.	Number of sisters dead, their ages at death and cause of death
5.	Have you ever been examined— (a) for life Insurance, or/and (b) by any HSAMBoard Medical Officer or Medical Board.			

6.	Have you been granted or considered for grant of invalid pension? If so, state the ground thereof.	
7.	Have you ever been granted leave on medical certificate during the last five years? If so, state periods of leave and nature of illness.	
8.	<p>Have you ever—</p> <p>(a) Had enlargement or suppuration of glands small pox, intermittent or any other fever, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks rheumatism, appendicitis, epilepsy, insanity or other nervous disease, discharge from or other disease of the ear, syphilis, or gonorrhoea; or</p> <p>(b) had any other disease or injury which required confinement to bed, or ?</p> <p>(c) undergone any surgical operation? or</p> <p>(d) suffered from any illness, wound or injury sustained while on active service? Or</p> <p>(e) presence of albumin or sugar in urine.</p>	
9.	<p>Present state of Health—</p> <p>(a) have you a hernia ?</p> <p>(b) have you varicocele, varicose veins or piles ?</p> <p>(c) Is your vision in each eye good (with or without glasses)?</p> <p>(d) Is your hearing in each ear good?</p>	

	<p>(e) Have you any congenial or acquired malformation, defect or deformity?</p> <p>(f) Have you lost or gained weight Markedly during the last three years?</p> <p>(g) Have you been under treatment of any doctor within the last three months and nature of illness for which such treatment was taken?</p>	
--	---	--

Declaration by Applicant

(To be signed in the presence of medical authority)

I declare all the above answers to be, best of my belief, true and correct.

I am fully aware that by willfully making a false statement or concealing a relevant fact. I shall incur the risk of losing the commutation I have applied for and of having my pension withheld or withdrawn under rule 10 and 12 of the Haryana Civil Services (Pension) Rules.

Applicant's Signature

Signed in presence of _____
Signature of Medical Authority
(with date and stamp)

PART - II

(To be filled in by the examining medical authority)		
1.	Apparent age	
2.	Height	
3.	Weight	
4.	Describe any scars or identifying marks of the applicant	
5.	Pulse rate	
	(a) Sitting	
	(b) Standing	
	(c) Character of pulse	
6.	Blood pressure—	
	(a) Systolic	
	(b) Diastolic	
7.	Is there any evidence of disease of the main organs—	
	(a) Heart	
	(b) Lungs	
	(c) Liver	
	(d) Spleen	
	(e) Kidney	
8.	Investigations	
	(a) Urine (State Specific gravity)	
	(b) Blood	
	(c) X-Ray Chest	
	(d) E.C.G.	
9.	Has the applicant a hernia?	
	(if so, state the kind and if reducible)	
10.	Any additional finding	

PART - III

(To be filled in by the examining medical authority)

I/We have carefully examined Shri/Smt./Kumari _____,
whose photo has also been attested by the undersigned and am/are of opinion that—

He/She is in good bodily health and has the prospect of an average duration of
life.

Or

He/She is not in good bodily health and is not a fit subject for commutation.

Or

Although he/she is suffering from _____, he/she is
considered a fit subject for commutation but his/her age for purpose of commutation,
i.e. , the age next birthday shall be taken to be _____ (in words) years more
than his/her actual age.

Date: _____

Signature and designation of
examining Medical Authority

Form Pen - 15*(See rule 105)***Specimen of forwarding letter of Commutation of Pension after one year to be submitted to the Principal Accountant General (A&E), Haryana**

Haryana State Agricultural Marketing Board, Office

Office_____

No_____

Dated _____

To

Haryana State Agricultural Marketing Board,

C-6, Sector 6, Panchkula

Subject: Pension papers of Commutation of Pension Shri/Shrimati/Kumari _____ for authorization of Commutation of pension.

Sir,

I am directed to forward herewith the pension papers of commutation of pension of Shri/Smt./Kumari _____ of this department/office for further necessary action. In terms of Rule _____ or _____ commutation of pension is not admissible to him without medical examination.

3. Your attention is invited to the list of enclosures which are being forwarded herewith, i.e. Application of commutation of Pension, Medical Certificate of the pensioner obtained from Civil Surgeon/Medical Board. It is requested that authorization of Commutation of Pension may please be made at the earliest.

4. The receipt of this letter may please be acknowledged and this department/office be informed.

Yours faithfully,

Head of Office
(with date and stamp)
