

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

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17	Pen-17	91	Family Pension Payment Order

Form Pen - 1*[See rule 41(2)]***Nomination for DCRG if the Government 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 Government 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 Government 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 Government 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 Government employee or the nominee dying after the death of the Government 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 Government 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 Government 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 Government employee one year before his retirement on superannuation or from the family of deceased Government 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 Government 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 alongwith Mobile phone number	
7.	Address after retirement alongwith Mobile phone number¹	

¹ Any subsequent change of address should be informed to the Head of Office & Principal Accountant General (Accounts & Entitlement), Haryana.

8. Details of the members of the family as on _____ :-					
Sr. No.	Name of the members of family	Date of birth	Relationship with the Government employee	Aadhaar Card No.	Remarks
1					
2					
3					
4					
5					
6					
9. Name of the Treasury, Sub-Treasury or Branch of Public Sector Bank through which the Government 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 Government 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 and fraction of pension proposed to be commuted:					

Place _____

Dated the _____

Signature of Government employee
or
Family member of the deceased Government
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 Principal AG (A & E), Haryana if payment is desired in a different circle of accounting unit).

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

1.	Name of the Government employee	
2.	Sex	
3.	Aadhaar Card Number	
4.	Father's name	
5.	Name of wife/husband	
6.	Date of birth	
7.	Marks of identification of Government employee	
8.	Present residential address of the Government employee alongwith Mobile phone number	
9.	Address after retirement alongwith Mobile phone number	
10.	Particulars of the post held at the time of retirement:	
	(a) Department	
	(b) Name of the office	
	(c) Post last held and Group of the post	
	(d) Pay scale of the post	
11.	Class of pension applicable	
12.	Date of beginning of service	
13.	Date of ending of service	
14.	Particulars relating to military service/past service, if any, allowed to be counted by the competent authority towards civil pension.	
15.	Total length of service	
16.	(i) Period of foreign service if any	
	(ii) Whether pension contribution has been received for the above said period	

17.	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 :						
18.	Net qualifying service (Column 15-17) in terms of completed six monthly periods i.e. period of three months and above is treated as completed six monthly period. Note.— Details of qualifying service is attached.						
19.	Detail of period, if any, treated as duty in case of a Government employee who has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service.		from _____ to _____ (____ Y ____ M ____ D) Order No. _____ dated _____				
20.	Emoluments at the time of retirement:-						
	(a)	Last drawn emoluments (actual)					
	(b)	Last emoluments (notional) if any					
	(a)	Emoluments reckoned for Pension and Family Pension					
	(b)	Emoluments reckoned for death-cum-retirement gratuity					
<p>Note 1.— See also the definition of Emoluments for the purpose of Pension/DCRG/Family Pension.</p> <p>Note 2.—If the officer was on foreign service immediately preceding retirement, the notional emoluments which he would have drawn under Government but for being on foreign service be reflected against (a) above.</p>							
21.	Date of receipt of Form Pen-2, duly complete in all respects, from the Government employee.						
22.	Proposed pension :-						
	_____	X	_____	=			
		2	40				
23.	Proposed death-cum-retirement gratuity:						
	_____	X	_____	=			
		4					

24.	Proposed family pension:			
	(a)	Ordinary Family Pension:	Pay last drawn x 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)	
	25. The amount of the family pension becoming payable to the family of the deceased Government 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.	
	Sr. No.	Name of the members of family	Date of birth	Relationship with Government employee
	1			
	2			
	3			
	4			
	5			
26.	Date from which pension is to commence			
27.	Proposed amount of provisional pension, if departmental or judicial proceeding instituted against the Government employee are pending at the time of retirement			
28.	Details of Government dues recoverable out of DCRG:-			
	(a)	Licence fee for the allotment of Government accommodation (See rule 72)		
	(b)	Other dues referred to in rule 73		
29.	Whether valid nomination made for DCRG subsists, if yes, enclose the copy thereof.			
30.	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. 22 - 30(a)]		
31.	(i)	Place of payment of Pension/DCRG (Treasury, Sub-Treasury or Branch of Public Sector Bank)		
	(ii)	Bank Account No.		
	(iii)	Unique Payee Code		
32.	10 digit DDO Code			

33.	Particulars of Pension Sanctioning Authority :-	
	(i) Designation :	
	(ii) Office Address :	
	(iii) Contact number :	

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
Principal Accountant General (A&E), Haryana**

From

To

The Principal Accountant General (A&E), Haryana,
Lekha Bhawan, Sector 33-B.
Chandigarh.

No. _____

Dated the _____

**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 Government dues which shall remain outstanding on the date of retirement of the Government 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 Government accommodation	Rs.
(e)	The amount of licence fee for the retention of Government 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 retirement or death certificate in case of death while in service
4.	Last Pay Certificate generated from e-salary system duly signed by DDO.
5.	Statement of qualifying and non-qualifying service with reference to entries of verification made in service book.
6.	Calculation sheet of pension, commutation of pension, death-cum-retirement gratuity and family pension (normal and enhanced).
7.	Service book complete in all respects (date of retirement to be indicated in the service book).
8.	Certificate regarding no judicial or departmental proceedings are pending at the time of retirement.
9.	Clearance certificate from Vigilance Department, in case of Group A and B Government employees.
10.	Brief statement regarding re-instatement of the Government employee in case he has been re-instated after having been suspended, compulsorily retired, removed or dismissed from service.
11.	Four copies of passport size photograph with and without spouse duly attested by the Head of Office or any other Gazetted Officer authorized by him. Out of these one each be pasted on Form Pen.-2 and Pen.-3 and two photographs to be attached.
12.	Two slips of three specimen signatures or thumb impressions of Government employee and spouse, duly attested by Head of Office or any other Gazetted Officer authorized by him.
13.	Photo copy of Aadhar Card of Government employee and family member(s) eligible for family pension, if any.
14.	Undertaking regarding refund of excess payment of pension, commutation of pension and gratuity, if found at a later stage. <i>(to be submitted by the retiring Government employee)</i>
15.	Undertaking regarding adjustment of long term loans and advances and rent of Government accommodation. <i>(to be submitted by the retiring Government employee)</i>
16.	Option for Medical Allowance. <i>(to be submitted by the retiring Government employee)</i>

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

Specimen of Enclosures of Form Pen-4 :-**1. Three specimen signatures of Government employee and spouse :-***(to be attested by the Head of Office or the officer authorised by him)*

Name of Government employee :			
Specimen signatures :			
Name of spouse :			
Specimen signatures :			

Signature of the competent officer
(with date and stamp)

2. Three Specimen Signatures of Government employee and spouse :-*(to be attested by the Head of Office or the officer authorised by him)*

Name of Government employee :			
Specimen signatures :			
Name of spouse :			
Specimen signatures :			

Signature of the competent officer
(with date and stamp)

3. Specimen of Undertaking regarding refund/recovery of excess payment:-**Undertaking**

Whereas the _____(pension sanctioning authority) has consented to grant me the sum of Rs. _____ as the amount of my pension and Rs. _____ as death-cum-retirement gratuity w.e.f. _____ subject to revision of the same being found to be in 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/recover any amount paid to me in excess of that to which I may be eventually found entitled.

Signature of the Government employee

Witnesses No. 1:-	Witness No. 2 :-
Signature :	Signature :
Name :	Name :
Designation :	Designation :
Address :	Address :

4. Specimen of Undertaking regarding adjustment of loans and advances and Government dues :-**Undertaking**

I hereby authorise to recover from my pension any Government dues such as over payment of pay and allowances, leave salary, loans and advances, travelling allowance or any amount of any description is found recoverable at any stage.

Signature of the Government employee**5. Option for Medical Allowance :-**

I intend to draw fixed medical allowance at the rate prescribed from time to time with my pension/family pension.

Or

I intend to avail the facility of medical re-imburement, instead of fixed medical allowance, for out door treatment being a chronic disease patient or otherwise separately.

Signature of the Government employee

6. Specimen of certificate regarding departmental/judicial proceedings pending, if any :-

Certificate

It is certified that complaint/department proceedings/judicial proceedings are pending/not pending against Shri/Smt. _____ who is going to retire from service on _____ while working as _____.

Signature of the competent officer
(with date and stamp)

8. Calculation sheet of Pension/Family Pension/DCRG :-

Calculation of Pension :

<u>Last emoluments</u> 2	X	<u>Qualifying service in half years</u> (Max. 40 half years) 40
-----------------------------	---	--

Calculation of Normal Family Pension :

Last emoluments	X	30%
-----------------	---	-----

Calculation of Enhanced Family Pension :

Last emoluments	X	50% (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)

Calculation of DCRG :

<u>Last emoluments</u> 4	X	<u>Qualifying service in half years</u> (Maximum 66 half years for Group A, B & C and 70 half years for Group D employees)
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Note.— For definition of 'Emoluments' for the purpose of Pension and DCRG, see Rule 8 of Haryana Civil Services (Pension) Rules, 2016.

Signature of the competent officer
(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 Government employee for the grant of the death-cum-retirement gratuity where valid nomination subsists or not**

From

To

No. _____

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, 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. If any contingency has happened after 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 45 of Haryana Civil Services (Pension) Rules, 2016 a death-cum-retirement gratuity is payable to the following members of the family of deceased Government 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 Government 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 Government 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 Government employee in respect of whom DCRG is being claimed	
6	Date of death of Government employee	
7	Office/Department in which the deceased Government employee served last	
8	Relationship of the claimant/guardian with the deceased Government employee	
9	Full postal address of the claimant/guardian alongwith Mobile phone number	

10	Where gratuity is claimed by the guardian on behalf of minors, the names of the minors, their age, relationship with the deceased Government employee, etc. :-						
Sr. No.	Name	Age	Relationship with the deceased Government 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	Name, address and signatures of the two persons/gazetted officers who attested the specimen signatures:-						
	Name	Full address			Signature		
(i)							
(ii)							
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.							

14	Witnesses :			
		Name	Full Address	Signatures
	1			
2				
	Place :			
	Date :			
	Signature/Thumb impression of the claimant/guardian			

Part - II						
[To be filled up by the Pension Sanctioning Authority (HOO)]						
15	Name of the deceased Government employee					
16	Father's/Husband's name					
17	Date of birth					
18	Date of death					
19	Name of the office/Department where working at the time of death					
20	Post held at the time of death					
21	Date of beginning of service on regular basis					
22	Date of ending of service on death					
23	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				
24	Total length of service					
25	Periods of non-qualifying service					
			From	To	YY	MM
	(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				

26	Net qualifying service for DCRG : (Column 24 - 25) in terms of completed six monthly periods i.e. period of three months and above is treated as completed six monthly period. Note.— Details of qualifying service is attached.	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">YY</td> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YY	MM	DD			
YY	MM	DD						
27	Detail of period, if any, treated as duty in case of a Government employee who has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service							
28	Emoluments for DCRG (Actual/Notional) Pay in the pay band + Grade pay + Dearness Allowance							
29	Amount of death-cum-retirement gratuity							
30	Details of Government dues recoverable out of DCRG:- <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">(a)</td> <td style="width: 65%;">Licence fee of Government accommodation, if any (See rule 72)</td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center;">(b)</td> <td>Other dues, if any, referred to in rule 73</td> <td></td> </tr> </table>		(a)	Licence fee of Government accommodation, if any (See rule 72)		(b)	Other dues, if any, referred to in rule 73	
(a)	Licence fee of Government accommodation, if any (See rule 72)							
(b)	Other dues, if any, referred to in rule 73							
31	Whether valid nomination for death-cum-retirement gratuity subsists or not							
32	Date on which claim received from the claimants							
33	Name and address of guardian who will receive payment of DCRG in the case of minor alongwith Mobile phone number							
34	(i) Place of payment of pension (Treasury, Sub-Treasury or Branch of Public Sector Bank)							
	(ii) Bank Account No.							
	(iii) Unique Payee Code							
35	(i) Enclose the legal guardianship certificate, where natural guardian is not alive, issued by the Court of Law (ii) Enclose Indemnity Bond.							

Date : _____

Place : _____

Signature of Head of Office

(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 Government Employee six months before the cessation of compassionate financial assistance for grant of Family Pension

From

To

No. _____

Dated, the _____

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 Government employee while in service**

Part - I						
(To be filled by the family of deceased Government 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 Government employee eligible for family pension :-					
	Sr. No.	Name	Date of birth	Occupation, if any	Relationship with the deceased person	Aadhaar Card No.
	(1)					
	(2)					
	(3)					
	(4)					
	(5)					
3	Date of death of the Government employee					
4	Office/Department in which the deceased Government employee served last					
5	If the applicant is guardian, his date of birth and relationship with the deceased Government employee					
6	Full address of the applicant alongwith Mobile phone number					
7	(i) Place of payment of family pension (Treasury, Sub-Treasury or Branch of Public Sector					

	Bank)													
	(ii) Bank Account No.													
	(iii) Unique Payee Code													
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: - <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">Name</th> <th style="text-align: center;">Full address</th> <th style="text-align: center;">Signature</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">(i)</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">(ii)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Note.— Attestation should be done by two Gazetted Officers or two reputed persons in the town, village or Pargana in which the claimant resides.</p>			Name	Full address	Signature	(i)				(ii)			
	Name	Full address	Signature											
(i)														
(ii)														
10	Enclose the following documents : <table border="1" style="width: 100%; margin-top: 10px;"> <tbody> <tr> <td style="text-align: center;">(i)</td> <td>Two slips of specimen signatures of the applicant, duly attested.</td> </tr> <tr> <td style="text-align: center;">(ii)</td> <td>Four copies of passport size photograph of the applicant to be attested by the Head of Office across the photograph itself instead of paper.</td> </tr> <tr> <td style="text-align: center;">(iii)</td> <td>Birth Certificate or any other documentary evidence for age of child/ children.</td> </tr> <tr> <td style="text-align: center;">(iv)</td> <td>Death Certificate of the deceased Government employee.</td> </tr> <tr> <td style="text-align: center;">(v)</td> <td>Certificate of Guardianship issued by the Court of Law in case of other than natural guardian.</td> </tr> </tbody> </table>		(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 Government employee.	(v)	Certificate of Guardianship issued by the Court of Law in case of other than natural guardian.		
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(v)	Certificate of Guardianship issued by the Court of Law in case of other than natural guardian.													
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	Name	Full Address	Signatures											
1														
2														

	Date : _____		Signature of the applicant	
	Place : _____			
Part - II				
[To be filled up by the Pension Sanctioning Authority (HOO)]				
12	Name of the deceased Government 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 (Actual/Notional) Pay in the pay band + Grade pay			
19	(a) Date of beginning of service on regular basis (b) If any service prior to appointment 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 _____ From _____ to _____	

24	Name of family member eligible for family pension	
25	Relationship with the deceased Government employee	
26	Full postal address alongwith Mobile phone number	
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	(i) Place of payment of pension (Treasury, Sub-Treasury or Branch of Public Sector Bank)	
	(ii) Bank Account No.	
	(iii) Unique Payee Code	

It is certified that compassionate financial assistance is admissible upto _____ which has been paid to Mr./Ms. _____, an eligible family member of the deceased Government 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 Principal Accountant General (Accounts & Entitlement), Haryana 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.

From

To

The Principal Accountant General (A&E), Haryana,
Lekha Bhawan, Sector 33-B,
Chandigarh.

No. _____

Dated the _____

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. 3 and 8 duly completed in all respects is forwarded herewith for the further necessary action.

2. The details of Government dues which shall remain outstanding on the date of retirement of the Government 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 Government accommodation	Rs.
(e)	The amount of licence fee for the retention of Government 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 Government employee in case of period of service not verified in the Service Book**

From

To

Shri/Smt. _____

(Name and designation)

No. _____

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)

Form Pen - 11*(See rule 70)***Undertaking to be given by the Government 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 Government 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. Necessary particulars are furnished below alongwith two copies of my photographs:-

1.	Name (in block letters)	
2.	Father's/Husband's name	
3.	Full postal address alongwith Mobile phone number	
4.	Designation	
5.	Name of Office/Department in which employed	
6.	Date of Birth	
7.	Date of retirement	
8.	Class of pension	
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	
	(iii) Unique Payee Code	
14.	Preference for station where medical examination is desired to take place	

Place: _____

Signature of Government employee

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**

From

To

No. _____

Dated, the _____.

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 at death and cause of death	Number of brothers living their ages and state of health	Number of brothers dead, their ages at death and cause of death
	Mother's age if living and state of health	Mother's age at death and cause of death	Number of 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 Government 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, 2016.

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**

From

To

The Principal Accountant General (A&E), Haryana,
Lekha Bhawan, Sector 33-B,
Chandigarh.

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)

List of Enclosures:

Form Pen - 16*(See rule 91)***OFFICE OF THE PRINCIPAL ACCOUNTANT GENERAL (A&E), HARYANA
PENSION PAYMENT ORDER**

<p>Joint photograph of Pensioner and his/her spouse duly attested by the Head of office</p>

For Pensioner/Pension Disbursing Authority		
1.	Pension Payment Order No. (PPO No.)	
2.	Name of the Pensioner	
3.	Case No./Application No.	
4.	Rules Applicable :	Haryana Civil Services (Pension) Rules, 2016
5.	Debitable to Government	Haryana Government
6.	Classification of Pension/Family Pension (Major Head of Account)	<p>“2071-Pension & Other Retiral Benefits-01-Civil-101-Superannuation and Retirement Allowance.”</p> <p>“2071-Pension & Other Retiral Benefits-01-Civil-105-Family Pension.”</p>
7.	Aadhaar Card Number	
8.	Unique Payee Code	
9.	Place of payment of pension (Treasury, Sub-Treasury or Branch of Public Sector Bank)	
10.	Bank Account No.	
11.	Full address alongwith mobile phone number	
12.	Date of birth of pensioner	
13.	Date of appointment in Government service	
14.	Date of retirement	
15.	Post held at the time of retirement	
16.	Pay scale last held	
17.	Group of the post last held	
18.	Office from where retired	
19.	Class of Pension	
20.	Net Qualifying Service	
21.	Last pay drawn (Notional/Actual)	
22.	Emoluments for Pension/Family Pension (Notional/Actual)	
23.	Emoluments for DCRG (Notional/Actual)	
24.	Amount of Pension	
25.	Whether Regular Pension or Provisional Pension	
26.	Pension withheld, if any	

27.	Commuted portion of pension	
28.	Date of restoration of commuted portion of pension	
29.	Net Pension payable	
30.	Amount of Normal Family Pension Rs. _____	from _____ to _____
31.	Amount of Enhanced Family Pension Rs. _____	from _____ to _____
32.	Details of Family members eligible for family pension	
	Sr. No.	Name
	Relationship	Date of birth/ Age
	Whether disabled (attached proof)	Aadhaar Card No.
	1	
	2	
	3	
	4	

(A)	UNTIL FURTHER NOTICE, on the expiry of every month, please pay to Sh./Smt./ Km. _____ W/H/S/D/o _____ the above said Pension/Family Pension plus the amount of dearness relief as admissible thereon from time to time after due identification of the pensioner.
(B)	The payment of pension shall commence from _____.
(C)	In the event of the death of Sh./Smt./Km. _____ above said Enhanced Family Pension shall be paid to Smt./Sh. _____ from the day following the date of death till the expiry of seven years from the date of retirement or on completion of 65 years age had the retiree survived, whichever is earlier and thereafter above said Normal Family Pension shall be paid as per conditions mentioned in Haryana Civil Services (Pension) Rules, 2016.
(D)	Income Tax, as per rules, shall be deducted at source.

Signature and Designation

Seal of the Pension Payment
Issuing Authority.

To

The Treasury Officer,
_____.

	Important Instructions Family Pension in case of death of pensioner:
1.	In case of widow/widower: From the date following the date of death of pensioner upto the date of remarriage or death whichever is earlier. However, the childless widow shall be eligible after remarriage provided her income from all sources should be less than or equal to minimum family pension plus dearness relief thereon.
	In case of dependent unmarried son/daughter: From the date following the date of ineligibility of mother/father till the date of marriage, on attaining the age of 25 years or

	<p>earning livelihood, whichever is the earliest.</p> <p>In case of dependent unmarried daughter/widowed or divorced daughter: From the date following the date of ineligibility of mother and father/above said brother-sister(s) till the date of marriage/remarriage or earning livelihood, whichever is earlier.</p> <p>In case of dependent disabled child: From the date following the date of ineligibility of family pension to the mother and father/physically fit brother and sister(s) to the date of earning livelihood.</p> <p>In case of dependent parents upto the date of death: From the date following the date of ineligibility of spouse and dependent children.</p> <p>Note.— For detail See Rule 8(10)(B) and Chapter VIII of Haryana Civil Services (Pension) Rules, 2016.</p>
2.	No pension shall be liable to seizure, attachment or sequestration by process of any Court in India in the instance of Creditor for any demand against the pensioner (Section 11, Act XXIII of 1871).
3.	<p>(a) Pensioner shall have to submit his/her life certificate on line once in a year in the month of March by login website www.jeevanpramaan.gov.in with Aadhaar Biometric Authentication. In exceptional cases life certificate signed by a competent medical authority shall also be accepted.</p> <p>(b) In case of death of a pensioner, it shall be the duty of the family to intimate the Pension Disbursing Authority immediately.</p>
4.	Dearness relief is payable with reference to the amount of original pension before commutation. Relief on pension/family pension is payable at the rate prescribed by Government from time to time.
5.	Special remarks, if any, of Accounts Officer of the office Principal Accountant General (A&E), Haryana :-

Part-IV*(For Pension Disbursing Authority)***Record of periodical Jeevan Praman Patra (Life Certificate)**

(To be authenticated once in a year i.e. in the month of March)

Sr. No.	Acknowledgement No. and date of Jeevan Praman Patra	Initial of designated officer	Remarks	Sr. No.	Acknowledgement No. and date of Jeevan Praman Patra	Initial of designated officer	Remarks
1.				26.			
2.				27.			
3.				28.			
4.				29.			
5.				30.			
6.				31.			
7.				32.			
8.				33.			
9.				34.			
10.				35.			
11.				36.			
12.				37.			
13.				38.			
14.				39.			
15.				40.			
16.				41.			
17.				42.			
18.				43.			
19.				44.			
20.				45.			
21.				46.			
22.				47.			
23.				48.			
24.				49.			
25.				50.			

Form Pen - 17*(See rule 91)***OFFICE OF THE PRINCIPAL ACCOUNTANT GENERAL (A&E), HARYANA
FAMILY PENSION PAYMENT ORDER**

Photograph of Family Pensioner duly attested by the Head of office
--

For Family Pensioner/Pension Disbursing Authority		
1.	Family Pension Payment Order No. (FPPO No.)	
2.	Name of the Family Pensioner	
3.	Case No./Application No.	
4.	Rules Applicable :	Haryana Civil Services (Pension) Rules, 2016
5.	Debitable to Government	Haryana Government
6.	Classification of Family Pension (Major Head of Account)	2071-Pension & Other Retiral Benefits-01-Civil-105-Family Pension.
7.	Aadhaar Card Number of Family Pensioner	
8.	Unique Payee Code	
9.	Place of payment of family pension (Treasury, Sub-Treasury or Branch of Public Sector Bank)	
10.	Bank Account No.	
11.	Full address alongwith mobile phone number	
12.	Date of birth of family pensioner	
13.	Any other family pension is being drawn or not. If yes, give particulars from where it is being drawn.	
14.	Name of deceased Government employee	
15.	Relationship with deceased Government employee	
16.	Date of appointment in Government service	
17.	Post held at the time of death	
18.	Pay scale last held	
19.	Group of the post last held	
20.	Office/Department where last served	
21.	Total service of deceased Government employee	
22.	Date of cessation of Compassionate Financial Assistance	
23.	Last pay drawn (Notional/Actual)	
24.	Emoluments for Family Pension (Notional/Actual)	
25.	Emoluments for DCRG (Notional/Actual)	
26.	Amount of Normal Family Pension	from _____ to _____

	Rs. _____	
27.	Amount of Enhanced Family Pension Rs. _____	from _____ to _____
28.	Detail of other Family members eligible for family pension	
	Sr. No.	Name
	Relationship	Date of birth/ Age
	Whether disabled (attached proof)	Aadhaar Card No.
	1.	
	2.	
	3.	
	4.	

(A)	UNTIL FURTHER NOTICE OR INELIGIBILITY, on the expiry of every month, please pay to Sh./Smt./ Km. _____ W/H/S/D/o _____ the above said Family Pension plus the amount of dearness relief as admissible thereon from time to time after due identification of the pensioner.
(B)	The payment of pension shall commence from _____.
(C)	Income Tax, as per rules, shall be deducted at source.

Signature and Designation
Seal of the Pension Payment
Issuing Authority.

To

The Treasury Officer,
_____.

	Important Instructions Family Pension in case of death of a Government employee while in service OR death of a pensioner
1.	In case of spouse : Family pension in case of death of Government employee while in service from the date following the date of cessation of compassionate financial assistance but in case of death of the pensioner from a date following the date of death till remarriage or death of the recipient, whichever is earlier. However, the childless widow shall be eligible after remarriage provided her income from all sources should be less than or equal to minimum family pension plus dearness relief thereon.
	In case of dependent unmarried son/daughter: From the date following the date of ineligibility of mother/father till the date of marriage, on attaining the age of 25 years or earning livelihood, whichever is the earliest.
	In case of dependent unmarried daughter/widowed or divorced daughter: From the date following the date of ineligibility of mother and father/ above said brothers and sister(s) till the date of marriage/remarriage or earning livelihood, whichever is earlier.
	In case of dependent disabled children: From the date following the date of ineligibility of mother and father/physically fit brothers/sisters to the date of earning livelihood.
	In case of dependent parents upto the date of death: From the date following the date

	of ineligibility of spouse and dependent children.
	Note.— For detail See Rule 8(10)(B) and Chapter VIII of Haryana Civil Services (Pension) Rules, 2016.
2.	No pension shall be liable to seizure, attachment or sequestration by process of any Court in India in the instance of Creditor for any demand against the pensioner (Section 11, Act XXIII of 1871).
3.	(a) Pensioner shall have to submit his/her life certificate on line once in a year in the month of March by login website www.jeevanpramaan.gov.in with Aadhaar Biometric Authentication. In exceptional cases life certificate signed by a competent medical authority shall also be accepted. (b) In case of death of a pensioner, it shall be the duty of the family to intimate the Pension Disbursing Authority immediately.
4.	Dearness Relief on family pension is payable as admissible from time to time. Family Pension shall cease when no member is eligible.
5.	Special remarks, if any, of Accounts Officer of the office Principal Accountant General (A&E), Haryana :-

Part-IV*(For Pension Disbursing Authority)***Record of periodical Jeevan Praman Patra (Life Certificate)***(To be authenticated once in a year i.e. in the month of March)*

Sr. No.	Acknowledgement No. and date of Jeevan Praman Patra	Initial of designated officer	Remarks	Sr. No.	Acknowledgement No. and date of Jeevan Praman Patra	Initial of designated officer	Remarks
1.				26.			
2.				27.			
3.				28.			
4.				29.			
5.				30.			
6.				31.			
7.				32.			
8.				33.			
9.				34.			
10.				35.			
11.				36.			
12.				37.			
13.				38.			
14.				39.			
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Part-V*(For Pension Disbursing Authority)***Record of periodical income/marriage or re-marriage certificate**

(To be authenticated once in a year i.e. in the month of March)

Sr. No.	Date of income/marriage certificate	Initial of designated officer	Remarks	Sr. No.	Date of income/marriage certificate	Initial of designated officer	Remarks
1.				26.			
2.				27.			
3.				28.			
4.				29.			
5.				30.			
6.				31.			
7.				32.			
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