

भारत सरकार
GOVERNMENT OF INDIA
दूरसंचार विभाग
DEPARTMENT OF TELECOMMUNICATIONS
संचार भवन
SANCHAR BHAVAN

सेवा-निवृत्ति पेंशन-प्रपत्र

SUPERANNUATION PENSION PAPER SET

AS PER CCS (PENSION) RULES 2021

नाम (NAME):

पदनाम (DESIGNATION)

Your text here 1

सेवानिवृत्ति की तारीख (DATE OF RETIREMENT)

कार्यालय का पता (OFFICE ADDRESS)

Tel No./ Mobile No.

Note : To be submitted eight months prior to the date of superannuation.



Form 6-A

[See rules 50, 53, 57, 58, 59, 60, 62, 63 and 80]

A. Particulars to be obtained by the Head of Office from the retiring/retired Government Servant

Photograph(s) 2.5cm x 3.5cm

1. Detail of Government servant:

Name		Designation/ Rank	
Date of birth		Date of retirement	
Ministry/Department/ Office		PAN No.	
Aadhaar No		Nationality	

2. Address after retirement for future correspondence:

Flat/House No./Bldg. Name		Street/Locality	
Village & Post Office/Block		City & District	
State		Pin Code	
Mobile No		Telephone No.(If any)	
E-mail ID		Alternate E-mail ID	

3. Details of Bank through which Pension is to be drawn:

Type of A/c	Single/ Joint with Spouse	A/c No.	
Bank's Name		Branch Address	
IFSC			

Note 1: Please attach a copy of the first page of passbook/cancelled cheque/document showing the name of Account Holder. (The name should be the same in the bank account, this form and the office records.)

Note 2: Please ensure that the Government servant is the Primary Account holder in the Joint Account

Note 3: In case Head of Office is satisfied that it is not possible for the retiring Government servant to open a joint account for reasons beyond his / her control, this requirement may be relaxed.

4. Details of member of the family of Government servant who has been authorized under Rule 57(3) to submit this Form on behalf of the retiring/retired Government servant (if applicable):

Name		Relationship with the Government servant	
Aadhaar No.		Nationality	
Flat/House No./ Bldg. Name		Street/Locality	
Village & Post Office/Block		City & District	
State		Pin Code	
Mobile No.		Telephone No.(If any)	
E-mail ID		Reason(s) for non-submission of form by government servant	

5. I desire to commute _____% (in words) of my pension under Central Civil Services (Pension) Rules, 2021 in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981.

Note: A member of family who has been authorised under Rule 57(3) to submit this Form on behalf of the retiring/retired Government servant shall not be eligible to apply for commutation of pension.

6. Indicate whether family pension is also admissible from any other source - Military or State Government or Public sector undertaking/ autonomous body/ local fund under the Central or State Govt: Yes/No

7. Whether any departmental or judicial proceedings pending against the Government servant? If so, the details thereof:

8. Whether the Government servant wants to receive Pension Payment Order (PPO) in Office through Head of Office?: Yes/No

Declarations

(Tick the statement which is applicable)

(1) I am satisfied with the length of qualifying service to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c)

OR

I am not satisfied with the length of qualifying service to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c) and I have submitted a representation in this respect separately.

OR

I have not been intimated about the length of qualifying service to be reckoned for pension and gratuity.

(2) I am satisfied with the emoluments and average emoluments to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c).

OR

I am not satisfied with the emoluments and average emoluments to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c) and I have submitted a representation in this respect separately.

OR

I have not been intimated about the emoluments and average emoluments to be reckoned for pension and gratuity.



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

Enclosures: As per list attached

Note 1: Commutation of pension is optional. Item 5 may be struck off if the retiring Government servant does not desire to commute pension.

Note 2: A separate application for commutation of superannuation pension in Form 1-A of Central Civil Services (Commutation of Pension) Rules, 1981 is required to be submitted in case the retiring/retired Government servant desires to apply for commutation of pension after submission of this form.

Note 3: Commutation of pension after one year or for commutation of pension in case of compulsory retirement/pension/invalid pension/compassionate allowance will be applied in Form-2 of Central Civil Services (Commutation of Pension) Rules, 1981.

Note 4: Aadhaar Number. if provided, consent to link it to bank account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.

B.1 Details of Family Members

[See rules 50 (15), 57, 58, 59, 60, 62 and 80]

1. The details of all members of family (whether eligible for family pension or not, who are alive as on date) including spouse, all children, parents/parents in law and disabled siblings (brothers and sisters) may be given.
2. The fact regarding **disability** or change of marital status of a family member should also be indicated in the 'Remarks' column.
3. Wife and husband shall include judicially separated wife and husband.

S. No.	Name	Date of Birth (DD/MM/YYYY)	Aadhaar No.	Relationship with Govt. Servant	Marital Status	Remarks
	1	2	3	4	5	6
1						
2						
3						
4						
5						
6						
7						

Note:

- (i) In case of new addition of name, not included in service book, proof of date of birth is to be submitted.
- (ii) In the case, Form 6-A is being submitted by any person other than Government servant and spouse, the family member details already submitted by the Government servant shall be added in the details and no change in the family member details shall be allowed.

B.II Whether any member of the family (**other than spouse**), as above, is proposed to be co- authorized for family pension i.e. permanently disabled child/Dependent Parents/Permanently disabled siblings [Rule 63(1) and 79(2)]: Yes/No

If yes, the details regarding co-authorized family member (s) may be given as under:

Name of the family members to be co authorized				
Photograph				

S. No.	Name of the family member co- authorised	PAN	Signature/ left hand thumb impression	Personal mark of identification	Details of pension/ family pension from other sources (if any)	Address	Tel/Mob No. and email ID	Details of Bank Account (optional)	Branch Address (If Bank Account details are given)
1								A/c No- IFSC-	
2								A/c No- IFSC-	

3								A/c No-	
								IFSC-	
4								A/c No-	
								IFSC-	

B.III In case the family member(s) to be co-authorised, suffering from disorder or disability of mind, including mental retardation, details of guardian/ nominee, wherever applicable:

S. No.	Name of the family member co-authorised	Name of guardian/nominee	Date of Birth of guardian/nominee	Aadhaar No.	PAN	Relationship with the Govt. Servant	Relationship with mentally disabled family member	Tel/Mob No. and email ID	Address
1									
2									
3									

Note:-

(i) *The name(s) of permanently disabled child/children/siblings and/or dependent parents shall be added in the PPO only if there is no other eligible prior claimant for family pension*

(ii) *The co-authorisation shall become invalid in case any other member of family becomes entitled to family pension prior to the co-authorised family member.*

GPF								
GIS								

These nominations supersede any nominations made by me earlier.

Note:-

- (i) *In the case, Form 6-A is being submitted by any person other than Govt. servant, the nomination already submitted by the Government servant shall be added in the details and no change in the nomination shall be allowed.*
- (ii) *The nominee(s)/alternate nominee(s) ' shares together should cover the whole amount.*



D. (Common Nomination Form for Arrears of Pension and Commutation of Pension)

[See Rule 5 of Payment of Arrears of Pension (Nomination) Rules, 1983 and Rule 7 of Central Civil Services (Commutation of Pension) Rules, 1981]

i. Arrears of Pension

ii. Commuted Value of Pension payable under Central Civil Services (Commutation of Pension) Rules, 1981

Type of Benefits	Name, date of birth (DOB) and address of the nominee	Relationship with employee/pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column (2) predeceases the employee	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Column(6) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8	9
Committed Value of Pension								
Arrears of Pension								

These nominations supersede any nominations made by me earlier.

Note: The nominee(s)/alternate nominee(s) ' shares together should cover the whole amount.

E. Undertaking by Government servants who have worked in any Intelligence or Security-related organization(s)

(See Clause (b) of Sub-rule (4) of Rule 7)

I,.....,who have worked in(Name of Organization(s)) on the post of.....,for the period from.....to.....,do here by solemnly declare that, save with prior approval of the Competent Authority, I shall not publish in any manner, while in service or after my retirement, any information or material or knowledge which is related to the domain of the organisation and obtained by virtue of my working in the said Organization. This declaration is notwithstanding my responsibilities and liability, in terms of the relevant conduct rules, pension rules, laws dealing with offences relating to official secrets or national security and Intelligent Organisations (Restriction of Rights) Act, 1985 (58 of 1985), as the case may be. I further agree that in the event of any failure of the above undertaking by me, the decision of the Government as to whether it was likely to prejudicially affect the aspects stated above shall be binding on me.

2. I am aware that the pension which may be granted to me after retirement, in terms of the relevant pension rules, can be withheld or withdrawn, in full or part, for any failure of this undertaking given.

Note:-

(i) Write not applicable for other Ministry/Department/Organization

(ii) In case, the form is being filled on behalf of government servant, this section may be striked down.

F.Option for availing Medical Facilities under Central Government Health Scheme or Fixed Medical Allowance after retirement.

I opt the following facility	
i. I will be residing in a CGHS area and would be availing CGHS facility	
ii. I will be residing in a CGHS area but would not be availing CGHS facility. I understand that I will not be eligible for Fixed Medical Allowance (FMA)	
iii. I will be residing in non-CGHS area but would be availing CGHS facility for In-patient Department (IPD) and Out-patient Department (OPD) treatment. I will not be eligible for FMA	
iv. I will be residing in a non-CGHS area but would be availing CGHS facility for IPD treatment only by payment of CGHS contributions. I will also avail FMA for OPD treatment.	
v. I will be residing in a non-CGHS area and would not be availing CGHS facility for both IPD treatment and OPD treatment. I will avail FMA.	
vi. I will avail medical facilities available to spouse/family members who is an employee/ pensioner of Government/PSU/Autonomous Body. I will not avail CGHS facility and FMA	
vii. Avail Medical facility of previous Organization. I will not avail CGHS facility and FMA	
viii. Avail Medical Facility of Previous Organization/ ECHS facility/other Health facility. I will not avail CGHS facility and FMA	

G. Undertaking

(See Rules 57, 58, 60, 63 and 80)

To

The Branch Manager

.....

.....

In consideration of your having, at my request, agreed to make payment of pension due to me every month by credit to my account with you. I the undersigned agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further here by undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorise the bank (mentioned at the S.No. 3 of Part A) to recover the amount due by debit to my said account or any other account/ deposits belonging to me in the possession of the bank.

2. The date of birth of spouse is _____ and her mark of identification is _____

H - Verification

I certify that the particulars and declarations given by me in points A to G of this form is true to the best of my knowledge.

Date:

Place:

Signature of Government servant/Family member (with name) authorised to submit this Form

The details of the Government Servant given above are verified and found to be in the order.

Date:

Place:

Signature of HOO



List of additional Documents to be attached with Form 6-A

1. Two specimen signatures (to be furnished in a separate sheet). If the claimant cannot sign his/her name then he/she is required to put the impression of his/her left/right thumb on the document in lieu of specimen signature.
 2. Three copies of Joint photograph with spouse or, if it is not possible to submit joint photograph with spouse, separate photographs of self and spouse, along with three copies of photograph of the member or members of the family whose names are to be included in the Pension Payment Order as a co-authorised family pensioner. (Photographs to be attested by Head of Office).
 3. Form for submitting details under Anubhav (optional).
 4. Copy of PAN Card
-





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DESCRIPTIVE ROLL

श्री _____ के ऊँचाई व पहचान चिन्ह का विस्तृत
विवरण।

PARTICULARS OF HEIGHT AND IDENTIFICATION MARKS IN RESPECT OF SHRI _____

ऊँचाई (HEIGHT): फीट(FEET)..... इंच (INCHES).....

पहचान चिन्ह (IDENTIFICATION MARK):-

1.....

2.....

अभिप्रमाणित(ATTESTED)

श्री _____ के हस्ताक्षर नमूना) _____
SPECIMEN SIGNATURE OF SHRI.....

अभिप्रमाणित(ATTESTED)

श्री _____ के ऊँचाई व पहचान चिन्ह का विस्तृत विवरण।
PARTICULARS OF HEIGHT AND IDENTIFICATION MARKS IN RESPECT OF SHRI.....

ऊँचाई (HEIGHT): फीट(FEET)..... इंच (INCHES).....

पहचान चिन्ह (IDENTIFICATION MARKS):-

1.....

2.....

अभिप्रमाणित(ATTESTED)

श्री _____ के हस्ताक्षर नमूना) _____
SPECIMEN SIGNATURE OF SHRI.....

अभिप्रमाणित(ATTESTED)

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मंहगाई भत्ता से वसूली हेतु घोषणा पत्र

में _____ पुत्र _____ पद _____
 यह शपथ लेता हूँ / लेती हूँ कि यदि विभाग का मेरे ऊपर कोई भी बकाया भविष्य में पाया जाता है तो उसे मेरी पेंशन / पारिवारिक पेंशन पर मिलने वाली मंहगाई भत्ता के भुगतान से वसूल कर लिया जाए, इसके लिए मुझे किसी प्रकार की कोई आपत्ति नहीं है।

स्थान :

दिनांक :

हस्ताक्षर

OR

UNDERTAKING FOR RECOVERY FROM DEARNESS RELIEF

I _____ s/o _____
 designation _____ hereby undertake to credit in cash, the amount found outstanding, in future, from the department, failing which the same may be recovered from the payment of Dearness relief on my pension/family pension, for which I have no objection.

Place: _____

Dated: _____

Signature of the retiree

गवाह (WITNESS)

क सं हस्ताक्षर

(Sl. No.) (Signature)

नाम व पता

(Name & Address)

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स्व घोषणा

विकल्प सी.जी.एच.एस सुविधा/तय चिकित्सा भत्ता के लिए

SELF DECLARATION

Option for availing CGHS facilities/Fixed Medical Allowance

*क मैं निम्नलिखित आवासीय पते पर मेरी सेवानिवृत्ति/तकनीकी इस्तीफा/स्वैच्छिक निवृत्ति सीजीएचएस सुविधाओं का लाभ लेना चाहता/चाहती हूँ:-

*A. I wish to avail CGHS facilities after retirement at the following residential address:

OR

ख क्योंकि मेरा आवासीय पता सी.जी.एच.एस क्षेत्र में नहीं आता है इसलिए मैं सेवानिवृत्ति/तकनीकी इस्तीफा/स्वैच्छिक निवृत्ति के बाद प्रति माह "तय चिकित्सा भत्ता" लेना चाहता/चाहती हूँ।

*B. As my residential address does not fall under the CGHS covered area, I wish to avail "Fixed Medical Allowance" every month.

हस्ताक्षर Signature _____

नाम Name _____

पदनाम Designation _____

तारीख Date: _____

जो लागू नहीं उसको काट दें

(*Strike out which ever is not applicable)

ANNEXURE 1

Pensioner's letter of Authority and Undertaking

To,

Date _____

Pr.CCA/CCA
.....

Sir,

I hereby opt to draw my Pension through a Bank Account under the direct disbursement of telecom pension by DOT through SAMPANN. I hereby authorize the bank to receive my monthly Pension on my behalf and credit the same to my account as per particulars given as follows:

- a. Name of the Bank
 - b. Branch
 - c. Account No.
 - d. IFSC Code
- 2) I hereby undertake that any amount of excess/wrong payment of pension, if credited to my Bank Account will be refunded on your instructions.
- 3) I undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify the Bank/ PDA in so crediting my pension to my account under the scheme and to forthwith refund/pay any amount due from me to the Bank/PDA and also irrevocably authorize the Bank/PDA to recover, any amount due from me by debit to my said account or any other accounts/deposits belonging to me in possession of the Bank.

Signature of Pensioner

Witnesses :-

(1) Signature :

(2) Signature :

Name :

Name :

Address :

Address :



1. Personal details:-

1. Name of the Pensioner :
2. Designation :
3. Date of retirement :
4. Address of the Pensioner :

Family Pensioners only:-

5. Relationship with deceased :
6. Name of the Family Pensioner :

2. Bank Details :-

1. Saving /Current Account No. :
2. Name of the Bank :
3. Name of the Branch :

3. (a) Certified that the Bank details (2 above) are correct. The account of pensioner and his/her signature given overleaf agrees with the specimen signature held in our records. (b) Any excess amount credited in the account of the pensioner and due/refundable to the PDA will be refunded immediately as and when called for by the PDA. Notwithstanding anything contained in this clause 3(b), the Bank and the PDA agree and understand that the obligation cost on the Bank by medium of this clause[3(b)], shall be subject to:-

i. The rights conferred and the duties imposed on the Bank by Law and/or norm and/or regulations.

Place :

Date:

Signature of the Bank Manager
(Bank Accounts Seal)

- Note – Part 1 & 2 to be filled in by the pensioner and Part 3 by Bank.



ECS MANDATE FORM**BENEFICIARY/ CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-PAYMENT**

1.	Beneficiary Name	
2.	Beneficiary address & telephone no.	
3.	Beneficiary Account No.	
4.	Account Type (Saving/Current/Cash Credit) with code 10/11/13	
5.	Nine Digit code Number of the bank & branch appearing on the MICR cheque issued by the bank (if available)	
6.	Bank Name	
7.	Branch Name and Address with telephone number	
8.	IFSC (Indian Financial Services Code)	
9.	Photocopy of the cancelled Cheque to confirm correctness of IFS Code and Account No. given	

I, hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incompleteness or incorrectness of information given by me as above, I would not hold the user institution responsible.

Dated _____

(_____) Signature of Jt. Account Holder

(_____) Signature of the Beneficiary

Date of Retirement _____

Certified that the particulars furnished above are correct as per the record.

Dated _____

Signature of the Authorized Officer
(with Bank Stamp/Seal)



**Government of India
Ministry of Communications & IT
Department of Telecommunications**

Application Form for PENSIONER'S IDENTITY CARD

Name :

Res. Address :

Stamp size
Colour Photo

Telephone No. :

Blood Group :

Date of Birth :

Date of Appointment:

Date of Retirement :

Office Address from which retired :

Post held on Retirement/Pay-scale:

Last Pay / Average Emolument :

Qualifying Service :

Pension Originally Sanctioned :

P.P.O. No. and date :

Signature of card holder : (i)

(ii)

Signature of issuing Authority with seal :



