

Format for applying final pension in case of death of HUDA employee

(CALCULATION SHEET OF FAMILY PENSION)

Calculation of Pension: -

A. No of half years of
Qualifying service to
the maximum of 66: - _____

B. Average Emoluments: - _____

C. PENSION: -

$$\begin{array}{ccc} \text{A} & \text{X} & \text{B} \\ \hline & & \\ & 66 & 2 \end{array}$$

D. Rounding off to the
next higher rupee.

Calculation of Family Pension: - _____

A) Ordinary Family Pension: - _____
Rs. _____ (Pay last Drawn) x 30%. = Rs. _____
(Subject to maximum of Rs. 1,275/-)

B) Enhanced Family Pension for last 7 years: -
Same as per amount of Pension as I. (D) above (or
till 65 years of age of the employee whichever is
earlier

Signature (Head of Office)

To be checked and verified by Senior Accounts
Officer concerned with seal.

FORM PEN 18
[See rule 9.24 (1)]

Form of letter to the CCF, HUDA for forwarding papers for the grant of family pension of the family of a HUDA employee who dies while in service.

No. _____

Haryana Urban Development Authority

Dated, the _____

To

The Chief Administrator,
HUDA (Pension Cell),
Panchkula.

Subject : Grant of Family pension

Sir,

I am directed to say that Shri _____ Designation _____ died on _____. His family has become eligible for the grant of family pension. Form PEN 17 duly completed is forwarded herewith for further necessary action.

1. Your attention is invited to the list of enclosures which is forwarded herewith.
2. The receipt of this letter may be acknowledged and this Department/ Office informed that necessary instructions for disbursement of family pension have been issued to the disbursing authority concerned.

Yours faithfully,

Head of Office/D.D.O.

List of enclosures :-

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

FORM PEN 17

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

Form for assessing and authorizing the payment of family pension when a
HUDA employee dies while in service.

PART - I

Section - I

1. Name of the deceased HUDA employees_____
2. Father's name (Husband's name in the
case of female HUDA Employees.) _____
3. Date of Birth (by Christian era) _____
4. Date of Death (by Christian era) _____
5. Religion and Nationality _____
6. Office/Department in which last employed _____
7. Appointment held last: -
(1) Substantive_____ (2) Officiating_____
8. Date of beginning of service _____
9. Date of ending of service _____
10. Total period of military service for which pension/gratuity
was sanctioned; and received for Military service_____
11. Amount and nature of any pension received for previous Civil service; if any____
12. Government under which service has been rendered in order of employment

13. The date on which intimation regarding the death of HUDA
employee was received by the Head Office_____
14. Period of non-qualifying service.
(I) Interruption service condoned under rule 3.17 A_____
- (II) Extraordinary leave not qualifying for gratuity_____
- (III) Period of suspension treated as non-qualifying from to_____
- (IV) Any other service not treated as qualifying service_____

Total period of non-qualifying service

FORM PEN 17 (Contd)

15. If family pension at:-

- i) Proposed family pension at_____
- (a) Enhanced rates (if service rendered at the time of death is more than seven years) (as in para 2 of Appendix 1 to these rules) _____
- (b) Ordinary rates as (in para I of Appendix I to these rules) _____
- (ii) Period of tenability of family pension 1964. From _____ To _____
- (a) Enhanced rates _____
- (b) Ordinary rates _____

17. Pension to whom family pension is payable _____

Name: - _____
(Relationship with the deceased employee)...

Full postal address _____

- (i) Licence fee for occupation of authority accommodation
(See rule 9.27) _____
- (ii) Dues referred to in rule 9.27 (2) _____

18. Date on which claim received from the claimant (s) _____

19. Name of guardian who will receive payment of family pension in the case of minor (s) _____

20. Place of payment branch of public Sector Bank & Saving Bank A/c No _____

Place: -

Date, the

Signature Head of Office

SECTION -II

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

| | |
|--|----------|
| Provisional family pension | Rs _____ |
| (a) Other authority dues as mentioned in item 21 (iii) of Part-I | Rs _____ |
| (b) Total of (a), (b) | Rs _____ |

Place

Dated, the

Signature Head of Office

ANNEXURE - I

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

To

No _____

Urban Development Authority

Haryana

Panchkula

Dated the _____

Subject: - Payment of Family Pension Scheme, 1964 in respect of

Late Sh. / Shrimati _____

Sir/Madam,

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

2. You are advised that a claim for the grant of family pension may be submitted in the enclosed Annexure II.

3. The Family pension will be payable till your death or re-marriage whichever event occurs earlier, In the event of your death or re-marriage the family pension shall be granted to the minor child or children, if any, through the guardian.

Yours faithfully,

Head of Office

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

ANNEXURE-II

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

1. Name of the applicant

(i) Widow/Widower,

(ii) Guardian, if the deceased pensioner is survived by minor child or children.

2. Name and age of surviving widow/widower and children of the deceased Government employee/ pensioner.

| Sr. No. | Name | Relationship with the deceased pensioner | Date of birth by Christian era with Age proof (to be attested by the head of office) |
|---------|------|--|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

3. Date of death of the authority employee/ pensioner.

4. Office /Department in which the deceased employee/pensioner served last

5. If the applicant is guardian, his date of birth and relationship with the deceased authority employee/pensioner.

5A If the applicant is a widow/widower the amount of service pension which she/he may be in receipt in the event of death of the husband/wife.

6. Full address of the applicant.

7. Place of payment of the applicant Public Sector Bank Branch).

8. Enclosures:-

(i) Two specimen signatures of the applicant duly attested (To do furnished in two separate sheets).

(ii) Two copies of passport size photograph of the applicant, duly attested.

(iii) Two slips each bearing left hand thumb and finger impression of the applicant, duly attested.

(iv) Descriptive Roll of the applicant, duly attested, indicating (a) height and (b) personal marks, if any, on the hand, face, etc. (To be furnished in duplicate).

(v) Certificate (s) of age (in original with two attested copies) showing the date of birth of the children. The certificate should be according to the Rules of the Municipal Authorities or from the Local panchayat or from the head of a recognised school if the child is children the particulars of whose date of birth are not available with the Audit Office/head of Office).

(vi) Death Certificate.

Signature DDO

ANNEXURE III
FORM FOR SANCTIONING FAMILY PENSION

Name of the Employee_____

2. Father's Name (and also husband's
name in the case of a woman employee)_____

3. Religion and Nationality_____

4. Last appointment held including name of establishment_____

5. Date of beginning of service_____

6. Date of ending of service_____

7. Substantive appointment held_____

8. Pension Rules opted/eligible_____

9. Length of continuous qualifying service prior to death_____

10. Pay as per paragraph 2 of the Punjab Govt. Finance Department's letter No. 7856 (7) Fri/64/9661, dated the 16th October, 1964 (Annexure I to Punjab CSR Vol, 11 1969 Edition as applicable to Haryana State)

11. Amount of family pension admissible ...

12. Date from which pension is to commence ...

13. Place of payment (Branch of Public Sector Bank with address and Saving Bank A/c No.)_____

The undersigned having satisfied of the above particulars of late Shri/Smt_____ hereby orders the grant of a family pension of Rs_____ P.M. to Shri/Smt _____ which may be accepted by the C.A. HUDA, as admissible under the rules.

Signature and Designation
of Sanctioning authority

Calculation Sheet of Family Pension

Name _____

Designation _____

Date of Birth _____

Date of Joining of service _____

Total qualifying service _____

Less period of extraordinary leave _____

Net qualifying service _____

PERIOD OF CALCULATION

| Period | Pay | Sp. | Total | Grand Total |
|--------|-----|-----|-------|-------------|
| | | | | |

Net family pension admissible: _____

Signature _____

Designation with Stamp

PHOTOGRAPHS

Name _____ Designation _____

Date of Retirement _____

ATTESTED

Space for two number photographs

ATTESTED

Space for two number photographs

ATTESTED

Space for two number photographs

Note: - 1. Three copies of passport size photograph with wife or husband (either jointly or separately) duly attested by the Head of Office.
2. Two copies of passport size photographs of self need be furnished is the Government servant if governed by Appendix-I of Punjab C.S.R. Vol. 11 and is unmarried or a widower or widow.

DETAILS OF MEMBERS OF FAMILY

Shri _____

| Sr. No. | Name | Relation | Date of Birth |
|---------|------|----------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |

Attested _____ (Signature)

Designation with Stamp _____

Particulars of Height/Identification Marks

Name _____ Designation _____
Particulars of Height _____
Personal Marks of Identification _____

Attested _____ (Signature)

Designation with Stamp _____

Address for Correspondence

Present Address _____
Permanent Address _____

Attested _____ (Signature)

Designation with Stamp _____

Table-I
Details of Qualifying Service

Name _____

| Name under which employee (in order of employment) | Name of Establishment | From | To | Total Period | Less Non - Qualifying Service (See table - II) | Qualifying Service |
|---|--------------------------|------|----|-----------------|---|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |

Signature (Head of Office)

To be checked and verified by Senior Accounts Officer concerned with seal.

Table – II
Details of Non – Qualifying Service

Name: - _____

Designation: - _____

| Name of Office under which employed | Name of Establishment | From | To | Period of interruption for pension | | | | Another period non- treated as period | | Total non - qualifying period |
|--|--------------------------|------|----|--|----|---|----|--|----|----------------------------------|
| | | | | Extra-ordinary Leave not qualifying for pension | | Suspension period not non - qualifying | | | | |
| | | | | From | To | From | To | From | To | |
| | | | | | | | | | | |

Checked by

Signature

Signature

Head of Office

To be Checked and verified by Senior Accounts Officer concerned with seal

No Dues Certificate

Certified that there is no term advances and other advances outstanding/ pending against.

Name_____

Designation_____

Date of Death_____

Date of Birth_____

(Signature Head of Office)

No Complaint/Enquiry Certificate

Certified that there is no Complaint/Enquiry pending against

Name_____

Designation_____

Date of Death_____

Date of Birth_____

(Signature Head of Office)

Specimen Signatures/left hand thumb and finger impressions

Name_____

Specimen Signatures

1. _____ 2. _____

OR

Left-hand thumb and finger impressions (In case the pensioner is illiterate);

(Little Finger) (Ring Finger) (Middle Finger) (Index Finger) (Thumb)

Attested
Signature_____

Designation _____

(with stamp) ...

Specimen Signatures/left hand thumb and finger impressions of family pensions

Name_____

Specimen Signatures

1. _____ 2. _____

OR

Left-hand thumb and finger impressions (In case the pensioner is illiterate);

(Little Finger) (Ring Finger) (Middle Finger) (Index Finger) (Thumb)

Attested
Signature_____

Designation _____

(with stamp)

14
Last Pay Certificate

Office of the_____

No_____

Office Case_____

LAST PAY CERTIFICATE OF_____

On the_____ proceeding on to_____

2. He has been paid up to_____

At the following rate: -

Particulars

Substantive Pay

Officiating Pay

Exchange Compensation Allowance

DEDUCTIONS

3. He has made over charge of the office of _____ on the_____ noon
of the _____19_____ -

4. Recoveries are to be made from the pay of the Government servant as detailed
on the reverse.

5. He has been paid leave salary as detailed below. Deductions have been made as
noted on the reverse.

| Period | | Rate Amount | | |
|--------|----|-------------|-----|---------|
| From | to | at | Rs. | a month |
| From | to | at | Rs. | a month |
| From | to | at | Rs. | a month |

6. He is entitled to draw the following scale of pay_____

7. The Details of the income tax recovered from him up to the date from the
beginning of the current year are noted on the reverse.

Detail of Recovery

Numerical Recovery_____ Balance_____

Dated_____20_____

Head of Office/Depptt.

Designation _____
Office _____

During the last ten months from _____
to _____

| Sr. No. | Period | | Month | Pay @ per month (Rs.) | Total Pay (Rs.) |
|------------|--------|----|-------|-----------------------------|--------------------|
| | From | To | | | |
| | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Average emoluments for one
month_____

Signature (Head of Office)

To be Checked and verified by Senior Accounts Officer concerned with seal

AFFIDAVIT
(On Stamp paper worth Rs.5/-)

I _____ W/o Late Shri _____ Resident of _____,do hereby solemnly affirm and declare as under :-

1. That I am legeally wedded wife of Shri _____
2. That the detail of my family members is given below:-

| S.No | Name of family member | Date Of Birth |
|------|-----------------------|---------------|
| | | |
| | | |
| | | |
| | | |

3. That my husband Late .Sh. _____ has expired on _____ while working in the office of HUDA _____.
4. That I have not received /applied for pension from R.P.F.C Karnal/Faridabad
5. That my husband has opted for HUDA pension.
6. That I undertake to pay the excess payment/overdraw of pension/Family pension.
7. That my husband have not taken any refundable or non-refundable CPF/GPF advance out of HUDA contributory share during service from HUDA or RPFC Karnal/Faridabad.

Deponent

Verification:-

Verified that the contents of the above said affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed the rein.

Deponent