



EAST COAST RAILWAY

प्रमुख मुख्य कार्मिक अधिकारी का कार्यालय/
Office of the Principal Chief Personnel Officer
द्वितीय तल, - 751 017
Rail Sadan, IInd Floor, Bhubaneswar-751 017

स्थापनाक्रमांक/ Estt. Srl. No.31/2019
पूतरे/कार्मिक/आर/ECOR/Pers/R/Pension

Date: 08.02.2019

सेवा मे,
सभी प्रमुख विभागाध्यक्षों/समन्वयक विभागाध्यक्षों, पू त रे/भुवनेश्वर
मं.रे.प्र/व.मं.का.अधिकारी/मं.का.अधिकारी-खोरधारोड,वालातेरू, संबलपुर,
मु;कारखाना प्रबंधक/कारखाना कार्मिक अधिकारी- मंचेश्वर, अतिरिक्त रजिस्ट्रार/रेल दावा अधिकरण,
व.का अधिकारी(नि)/भुवनेश्वर
महा सचिव/इकोर श्र. कां., महा सचिव/इकोर श्र. यू.,
महा सचिव/एआई ओ बी सी आर ई ए, महा सचिव/ ए आई एस सी एस टी आर ई ए

Sub: Booklet for Pensionary Benefits.

A copy of this Office's Lr. No- ECoR/Pers/R/Pension/1 dated 07.02.2019 on the above quoted subject is forwarded herewith for information, guidance and necessary action.

Encl: As above,

(R.C. Sethy)

Astt. Personnel Officer(HQ)
For Principal Chief Personnel Officer

प्रतिलिपि प्रेषित/Copy to :

- 1) महाप्रबंधक के सचिव/पूर्व तट रेलवे, भुवनेश्वर
- 2) मुकाधि/मुकाधि(प्रशा.), उप म.प्र. अध्यक्ष(रेलवे भर्ती प्रकोष्ठ)
- 3) उप मुख्य प्रबंधक(सू.प्रौ), उप मुकाधि(औ.सं. एवं कल्याण), वकाधि(इंजी.)
- 4) वकाधि(मुख्या.), वकाधि(स्टाफ), वकाधि(राज. एवं न्याया.)
- 5) मुकाधि के निजी सचिव/सहा.कार्मिक अधि.(मुख्या.-1),सहा.कार्मिक अधि.(कल्याण), सहा.कार्मिक अधि.(बिल), सहा.कार्मिक अधि.(भर्ती)

ECoR's Estt. Srl. 31/2019

Lr. No. - ECoR/Pers/R/Pension-1
Dt. 07.02.2019

EAST COAST RAILWAY

BOOKLET FOR PENSIONARY BENEFITS

**APPLICATION FORM FOR PAYMENT OF PENSION AND OTHER RETIRMENT
BENEFITS TO THE RAILWAY EMPLOYEES**

CHECK LIST FOR PENSION AND RETIREMENT BENEFITS (DOCUMENTS)

Sl. No.	Subject	Whether enclosed
<u>Section-A: To be signed by retiring employee/Spouse</u>		
01.	Personal Details and Bank Account	Yes/No
02.	Declaration for non-accepting commercial employment	Yes/No
03.	Details of family members	Yes/No
04.	Declaration from RELHS members on becoming a member of CTSE(Cashless Treatment Scheme in Emergency)	Yes/No
05.	Payees of letter of authority for PF & DCRG etc.	Yes/No
06.	Letter of authority undertaking for drawal of pension	Yes/No
07.	Declaration for non-drawal of Dearness Relief(DR) on re-employment.	Yes/No
08.	Authority for recovery of Government/Non-Government Dues/Excess amount from Gratuity/DCRG/SRPF/Pension	Yes/No
09.	Option form for fixed medical allowance	Yes/No
10.	Payment of Settlement dues through NEFT/ECS/RTGS	Yes/No
11.	Commutation of pension with medical examination (in case of delayed)	Yes/No
<u>Section B : Departmental/ Vigilance Branch</u>		
12.	Sanction of Pension, family pension & DCRG.	Yes/No
13.	Departmental Debit/Clearance Certificate.	Yes/No
14.	SPE/Vigilance/D&A clearance certificate	Yes/No
15.	Order of Sanctioning Authority(only in death cases)	Yes/No
16.	Departmental identification/heir ship certificate (only in death cases)	Yes/No
<u>Section C : Personnel/Security/Accounts Department</u>		
17.	Statement showing calculation of pension, family pension & DCRG.	Yes/No

Signature of the Competent Authority

Application Form for payment of Pension & other Retirement Benefits to the Railway employees.

(Note : Application Form to be filled up in all respect by the employee and submitted in triplicate)

Ifurnish below my relevant particulars and request to arrange to pay me DCRG/Gratuity, SRPF, CGEGIS & Pension and may be permitted to commute % (..... percent) of my pension:-

1. Full Name (in Block Letters) :
2. Father's/Husband's Name :
3. Date of Birth : 4. Date of Appointment :
5. Designation : 6. RUID Number :
7. Basic Pay : 8. Pay Level :
9. SRPF No. : 10. PAN No. :
11. Mobile Number : 12. E-mail Id :
13. Aadhaar No. : 14. Mark of Identification :
15. Religion.....
16. Present/Correspondence Address with PIN Code : PIN
17. Permanent Address with PIN Code : PIN
18. Details of Railway/ Directorate of Estate Quarter, if allotted : PIN
19. Date of Retirement : 20. Date of start of Pension :
21. Class of Pension : Superannuation/Voluntary etc.
22. Details of Public Sector Bank from where pension will be drawn :
 - (a) Savings Bank Account No. : (b) Name of Bank :
 - (c) Branch : (d) City :
 - (e) District : (f) IFSC :
23. Medical facility being availed at present (CGHS/RMA) : 24. Medical Card(s) No. :
25. Details of Military / Other Service, if any
 - (a) Total Period of Military Service : From to
 - (b) Amount of gratuity received for the Military Service :
 - (c) PPO No & Date of Issue (attach a self attested photocopy of the PPO) :

Note : Please attach : (i) a cancelled cheque, issued for Bank Account mentioned above at S.No.22,
(ii) self attested photocopies of PAN, Aadhaar and Medical Cards

Place : Date:

Employee's Signature

K-301/2019/2020

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DECLARATION FOR NON ACCEPTING COMMERCIAL EMPLOYMENT

I note that I cannot accept any commercial employment before the expiry of one year from the date of retirement, or any employment under a government outside India at any time without prior sanction of the President of India. I cannot seek employment as contractor for or in connection with the execution of public works (Whether on the Railways, or under P.W.D. or Defence Forces) or employment of such contractors, within one year of my retirement, without the prior permission of the President of India.

DECLARATION FOR NON RECEIPT OF PENSIONARY BENEFITS

I hereby declare that I have neither applied for nor received any ordinary Gratuity/Pension/Death-cum-retirement Gratuity in respect of any portion of the service included in this application and in respect of which ordinary Gratuity/Pension/Death-cum-Gratuity is claimed herein, nor shall I submit an application hereafter without quoting a reference to this application and to the orders which may be passed thereon.

I am in occupation of Railway / Directorate of Estates' (DOE) House No.....
..... on my retirement from Railway Service, I
agree to withhold Death-cum-Retirement gratuity as per extant orders till such time, I vacate the Railway Quarter/DOE accommodation.

Employee's Signature

1st Witness Signature :

Name :

Designation :

RUID No. :

2nd Witness Signature :

Name :

Designation :

RUID No. :

Note : After vacating the government accommodation, employee may apply for refund of withheld gratuity in prescribed proforma, along with all required documents. In case of Directorate of Estates' accommodation, the retiring employee has to apply online for obtaining the "No Demand Certificate".

DETAILS OF FAMILY MEMBERSAmnener-11
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1. Name and Designation of the employee

2. Father's/Husband's Name

Affix Joint Photo (to be duly signed across by self and spouse)	Affix Employee's Photo
---	------------------------------

3. Details of all family members :-

S. No.	Name (in Block Letters)	Relationship with Railway Servant	Date of Birth (attach a photocopy of valid document as proof)	Aadhaar No. (attach a photocopy of Aadhaar Card)
1	2	3	4	5
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				

S. No.	Date of marriage in case of married children	Name of spouse of married child	Indicate the nature of handicap (mental/physical) , if any, of the child and whether it is permanent or temporary	Remarks/Any other Information
	6	7	8	9
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				

Employee's Signature

4. For taking option under CTSE:-

RELHS	CTSE (Only if option for RELHS is given)	Amount to be deducted from pay
*Yes/No	Yes/No	Rs. (As per grade pay and entitlement for RELHS including cost of cards)

* in case option for CTSE is 'Yes', Annexure -IV (page 5 of 8) should also be filled.

5. Three specimen signature, Identification Mark(s) and Fingers' Impression of left hand of the Railway Employee :

(a) Specimen Signature

--	--	--

(b) Identification Marks (i)

(ii)

(c) Fingers' Impression of Left Hand :-

Thumb	Index Finger	Middle Finger	Ring Finger	Little Finger

6. Three specimen signature, Identification Mark(s) and Fingers' Impression of left hand of Spouse:

(a) Specimen Signature

--	--	--

(b) Identification Marks (i)

(ii)

(c) Fingers' Impression of Left Hand :-

Thumb	Index Finger	Middle Finger	Ring Finger	Little Finger

Place:-..... Date:-.....Employee's Signature

Certified that the joint photograph pasted at pre-page (Column 2) is of Smt. & Shri.....

..... and the information

declared from Column No. 1 to 5 by the Railway employee are believed to be true and both persons signed and put fingers' impressions before me.

Signature of the Gazetted Officer

Name :

Designation :

Rubber stamp with name of certifying authority

7. Declaration to be taken from RELHS members on becoming a member of CTSE.

1. I hereby apply to become a member of the Cashless Treatment Scheme in Emergency by Railway. I request Indian Railway to issue individual CTSE photo identify card(s) for following members, whose name(s) feature in RELHS card, of my family.

S.No.	Name	Relation	DoB Dd/mm/yyyy	Aadhar Number	Special feature of dependent
		Self			
I.					
II.					
III.					
IV.					
V.					

I hereby undertake to inform the Sr. DPO/Dy.CPO concerned either through the designated website or in writing. Whenever any of my above mentioned family members become ineligible under RELHS and surrender his/her card.

2. I have been made aware that this CTSE card entitles me for treatment in private hospitals ONLY AT THE TIME OF EMERGENCY. In routine illness or any illness which does not require immediate intervention/investigation, I shall continue to report to my authorised medical officer in Railway.
3. I have been explained that under CTSE scheme that if the disease/condition turns out to be non-emergency, then I will be referred to Railway hospital and if I wish to continue then I will bear the cost of treatment and will not claim reimbursement for same. If same is declared as emergency by concerned Railway medical officer, then the whole bill amount shall be paid by the railway.
4. I hereby declare that I shall abide by the rules of the CTSE scheme in letter and spirit.
5. I undertake that I shall not allow others to misuse the CTSE cards issued to me and my family members by way of if for obtaining treatment for a non-bonafide person. I further undertake that I shall not allow other family members to misuse the cards by way of utilising it for non-emergency disease treatment at Private empanelled hospital. Any misuse is liable to disqualify the card holder from membership of the CTSE scheme, with forfeiture of the initially deposited amount.
6. In case of loss of CTSE cards, I shall lodge a complaint with police and inform the Sr. DPO/Dy.CPO of concerned either through this website or in writing for issue of new card to me on deposition of 'CTSE card Making Charges' prevalent at that time.
7. I hereby declare that I have been explained and I understand that Cashless treatment under CTSE Scheme shall be available only in Railway empanelled hospitals, I shall have to pay the entire bill myself and shall claim reimbursement later on as per extant rules.

(Signature of the Employee)

Name:
Contact No
E-mail:-

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(Part to be sent to M/s UTITSL for marks CTSE card)

1. Name of Employee
2. Date of Birth
3. Last Pay Drawn
4. Date of Retirement
5. PPO no.
6. Entitlement of Card (General/Semi-Private/Private)
7. Beneficiary details including self:-

Sl No	Name	Date of birth DD/MM/YYYY	Relationship with beneficiary	Photo
1.				
2.				
3.				
4.				

(To add or reduce above rows as required)

The required amount including the cost of card has been received by Railways. M/s UTITSL to make the CTSE card for the applicant

Authorised
Personnel Officer
Date
Office

(Details of the above information to be filed online in the website-<https://www.railemedical.utiitsl.com>).

PAYEE'S LETTER OF AUTHORITY

ATTN: Mr. J. L.



I request that my Provident Fund and Death-cum-Retirement Gratuity/Compassionate gratuity/Leave Encashment/SRPF/CGEGIS/Pension Commutation amount may be remitted to me through ECS/RTGS/NEFT.

I agree that the remittance made in the aforesaid manner shall be at my sole risk and shall be a complete discharge of Government from all liability on the amount being remitted by ECS/NEFT/RTGS/Money order/Cheque/Bank Draft forwarded by registered post, as the case may be.

PRE-RECEIPT

Received from Pay & Accounts Officer, a sum of Rs. as full and final settlement of my claim to Provident Fund Amounts/Gratuity/Compassionate gratuity/Leave Encashment/GIS/Pension on Commutation Value :

Revenue Stamp (to be duly signed across by the employee)	Signature of Employee
---	-----------------------

Signed before me.

Signature of Witness :

Name :

Designation :

RUID No. :

Date :

Signature of Head of office*
.....

(Stamp).....

* Head of Office, means a gazetted officer whom the appointing authority may, by order declare as Head of office and includes such other authority or person whom the appointing authority may specify in the like manner.

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Annexure-VII

PCPO

**LETTER OF AUTHORITY UNDERTAKING FOR DRAWAL OF PENSION THROUGH
PUBLIC SECTOR BANK WITH PERMANENT ADDRESS & MODE OF PAYMENT**

1. I hereby authorize Manager, Bank to receive my monthly pension and credit the same to my saving bank account (pension) on the first working day of every month as per particulars given:-

Amount of pension per month at the time of retirement :

Rs. (Rupees

2. I agree to undertake that any amount excess/wrong payment of pension if credited to my above savings bank account may be recovered or withdrawn from the said savings bank account by the public sector bank.

3. The authority shall remain in force until due notice in writing is given by me.

1st Witness Signature :

Name :

Designation :

RUID No. :

Employee's Signature :

Name :

Designation :

RUID No. :

Mobile No :

E-mail id :

2nd Witness Signature :

Name :

Designation :

RUID No. :

Permanent Address after Retirement:

.....

.....

.....

.....

PIN Code :

Date :

Place :

**DECLARATION FOR NON-DRAWAL OF DEARNESS
RELIEF(DR) ON RE-EMPLOYMENT**

(Ref:- Railway Board's Ir.No.F(E)III/2008/PN1/13 dtd. 23.03.18 and DOP&PW's O.M.No.
F.No.42/07/2017-P&PW(G) dtd. 22.02.2018)

- I. I do undertake: That I will intimate the Railway Administration regarding my further employment in Central/State government or in a Statutory Corporation/Company/Body/Bank in India or abroad, directly or indirectly owned by State Government (where more than 50% of shares lies with Govt. or Govt. Companies) and will not draw Dearness Relief (DR) on pension in the event of such re-employment.

(Para I applicable for Group 'A' service holder only)

- II That if my pay on absorption/re-employment is fixed above the minimum of pay scale of post of absorption/re-employment, then I shall not be eligible to draw Dearness Relief (DR), on pension.

(Para II applicable to employees below Group 'A')

Station.....

Dated.....

Employee's Signature

**AUTHORITY FOR RECOVERY OF GOVERNMENT/NON-
GOVERNMENT DUES/EXCESS AMOUNT FROM
GRATUITY/DCRG/SRPF/PENSION**

I do hereby declare that I agree to the recovery from my DCRG/SRPF or Gratuity any Government/Non-Government dues that may be found recoverable from me.

Further, I do hereby also declare that if any excess payment made at the time of revision of pension, the same may be deducted from my pension.

Station.....

Dated.....

Employee's Signature/
Spouse/Ward

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EAST COAST RAILWAY
One time undertaking / Option form

(To be submitted in duplicate by the Pensioner/Family Pensioner to his/her Pension sanctioning authority)

Authority : RBE No. 65/1999, 99/2007 & 241/2004

I Sri/Smt. _____ Son/Daughter/Wife of _____
Designation _____ retiring /expired on _____
is a permanent resident of _____

I hereby declare that my place of residence (as indicated in Form No. 10/ Form No. 12 (Permanent Address and Mode of Payment) lies within/beyond 2.5 KMs from the nearest Railway Hospital / Health Unit /- Divisional Railway _____
(Name of the Hospital / Health Unit as contained in Annexure -III to Railway Board's letter No. PC-V/98/1/7/1/1, Dt: 21.04.1999) Accordingly I hereby opt. to avail:-

(a) OPD Medical facility from Railway Hospital /Health Units or Dispensaries.

OR

(b) Fixed Medical Allowance of Rs. 1000/- (Rupees One thousand only) per month / or as admissible from time to time and I understand that I will not be eligible to avail OPD Medical facilities (except in case of chronic diseases as defined in Board's letter No. 2006/H/DC/JCM, Dt: 12.10.2006) at Railway Hospital /Health Units or Dispensaries from the day I claim Medical allowance

Necessary endorsement may please be made in my PPO accordingly in this regard.

NB - Only one change in option in life time is allowed on grounds of change of residential address involving change over from availing of fixed medical allowance to OPD facility or vice versa.

Signature of the
Employee/Spouse

Place : _____
Date : _____
Contact No. _____

Name
Desig

Payment of Settlement Dues Through ECS/NECS/EFT/NEFT
(To be submitted by the employee/beneficiary to the pension sanctioning authority)



EMPLOYEE DETAILS

Name of the employee
Designation
Department
PF Number
Date of Superannuation
Contact Number

Email ID (if any)

BANK DETAILS

(To be filled in Capital letters)

Name of the A/C holder :
(As per Bank Pass Book/Cheque Book, A cancelled Cheque to be enclosed)
S.B A/C Number :

Type of Accounts (Pl.Specify)

Savings Account

Savings	Current	Overdraft	Cash Credit	Others

Name of the Bank & :
Branch Details :

MICR Code (Branch) :
IFS Code (Branch) :

SALARY ACCOUNT

Name of the A/C Holder :
S.B A/C Number:
Name of the Bank & :
Branch Details :

MICR Code (Branch) :
IFS Code (Branch) :
Encl: Cancelled Cheque

(Signature of the Employee/Beneficiary)

(Countersigned)
Dt:

To,
.....
.....
.....

Sub:- Sanction of Pension, Family Pension & Death-Cum-Retirement Gratuity .

Sri/Smt/Kum.....S/o.....
Designation.....Department.....office/Station.....
is retiring on.....due to Superannuation/Voluntary retirement etc
or expired on.....

The undersigned having satisfied himself/herself that the service of
Sri/Smt/Kum..... has been thoroughly satisfactory, hereby
orders the grant of pension & grauity which may be accepted as admissible under the
rules.

Further undersigned having satisfied himself/herself of the above particulars of
Late/Sri/Smt/.....,hereby orders the grant of family
pension in favour of Sri/Smt/Kum.....as admissible
under the rules.

The case may be forwarded to Finance Department for acceptance.

Station.....	Signature & Designation of the Pension Sanctioning Authority
Dated.....	With seal and address of the office

To,

.....

.....

.....

Sub: - Departmental Debit/Clearance Certificate.

This is to certify that the following are the Departmental Debit against
Sri/Smt/Kum.....S/o.....
Department.....Office/Station.....who is
retiring ondue to Superannuation/Voluntary retirement etc or
expired on.....

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Except the above there are no other debits pending against
Sri/Smt/Kum..... who is retiring/expired on.....
for recovery to the best of my knowledge and belief.

His/her Provident Fund/DCRG and other settlement benefits may, therefore,
be paid/with held in the ordinary course.

Station.....

Signature & Designation of the Departmental Authority

Dated.....

With seal and address of the office

To,

.....
.....
.....

Sub: - SPE/Vigilance/D&A Clearance Certificate.

This is to certify that following SPE/Vigilance/D&A cases are pending against
Sri/Smt/Kum.....S/o.....
Department.....Office/Station.....who is
retiring ondue to Superannuation/Voluntary retirement etc or
expired on.....

- | |
|----|
| 1. |
| 2. |
| 3. |
| 4. |

Except the above there are no other SPE/Vigilance/D&A cases pending against
Sri/Smt/Kum..... who is retiring/expired on.....to
the best of my knowledge and belief.

Station.....

Signature & Designation of the Departmental Authority

Dated.....

With seal and address of the office

दक्षिण पूर्व रेलवे/ SOUTH EASTERN RAILWAY

अनुलप्रक - 1 / ANNEXURE - 1

मंजूरीदाता प्राधिकारी का आदेश / Order of the Sanctioning Authority

प्रस्ताव का अंगीकार होने के बाद कि स्वर्गीय श्री/श्रीमती/कुसारी
प्रधानमन्त्री द्वारा नीचे (ग) में उल्लिखित व्यक्तियों के लिए मृत्यु व सेवा निवृत्ति अग्रण/अग्रिष्ठ व्यंदास की स्वीकृति का आदेश दिया जाता है किसे सेवा अधिकारी
अथ स्वीकार किया जाए जैसा कि निम्नों के अंतर्गत मान्य हो।
I hereby certify myself that the service of late Shri / Shrimati / Shriमान

The undersigned having satisfied himself that the service of late Shri / Shrimati / Shuman has been thoroughly satisfactory hereby orders the grant of death cum retirement gratuity/residuary gratuity, which may be accepted by the Accounts Officer as admissible under the rules to the persons mentioned in (c) below :

अथवा / Or

एक बात का ग्राह्यमान होने के बाद कि स्वामी श्री/श्रीमती/कुमारी
सम्बन्धितश्री डाक भेजकर दिया जाता है कि नीचे स्वद (ग) के चालकों के मनुष्य व ने
डाक देकर जगन्ना में से निर्दिष्ट मन्त्र अथवा नीचे सूचित प्रतिज्ञाता बनाई जायगी

की सेवा पूरी तरह सहाय्यता प्रदान की

11. The undersigned having satisfied himself that the service of late Shri / Shrimati / Kumari / ... has not been thoroughly satisfactory hereby orders that the gratuity / pension / gratuity and pension, whichever is applicable, which may be accepted by the Accounts Officer as admissible under the rules of the Government of India, shall be reduced by the specified amount or percentage indicated below :

आन्दोलन में कटौती की प्रतिशतता-राशि

Amount of percentage of reduction in gratuity

A sum of Rs..... on account of is to be held over from the death-cum-retirement gratuity till the outstanding dues are assessed and adjusted.

[illegible]

This order is subject to the condition that should the amount of gratuity as authorised by the Accounts Officer be afterwards found to be in excess of the amount to which the person concerned is entitled under the rules, he/she will be called upon to refund such excess. A declaration from the person accepting this condition has been obtained and enclosed.

Date _____

.....
 मैत्रीश्रीता प्राधिकारी का हस्ताक्षर एवं पदनाम
 & Designation of

Signature & Designation of
the Sanctioning Authority

विशेषी : अवधि: अदालत के मामले में मृत अधिकारी की सेवा को पहले ही सत्यापित कर लिया गया होगा और उपर्युक्त खंड (क) में "प्रमाणित" शब्द को "जांच" से बदल दिया जाएगा।

Note: In the case of residuary gratuity, the service of the deceased officer would have already verified an expression "having satisfied thoroughly satisfactory" in clause (a) above, would not be used.

(copy)

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EAST COAST RAILWAY

LTI of Sri/Smt.....

Attested

IDENTIFICATION/HEIR-SHIP/GUARDIANSHIP CERTIFICATE

After making enquiries fromand others, I am satisfied that the applicant Sri/Smt..... Is the legally married wife solve ? surviving and legal heir/heirress of Late.....who was employed asand died onat.....He/She is major and was leaving with her/his husband/father at the time of his death, being the mother, she is natural/non natural guardian of the following minor children of late.....

Srl. No.	Name	Relationship	Age/D.Birth

The Ex-employee left behind him no other minor children.

Date:

Station:

Sub-ordinate in-charge with Design.

Countersigned

Signature of Officer In-Charge

Note: LTI of the applicant should be taken on the top and attested by the Sub-ordinate in-charge.

EAST COAST RAILWAY**STATEMENT SHOWING THE CALCULATION OF PENSION, FAMILY PENSION & DCRG OF**

Sri/Smt.....S/o.....

Design.....under.....

1. Dt. of Birth.....2. Rate of Pay.....3. PF No.....

4. Dt. of Appt.....5. Pay Band.....6. GP/Level.....

7. Date of Regu.....8. Dt of Termination.....9. Reason.....

N.Q.S=

Q.S=

AVERAGE EMOLUMENTS

Period		No. of days	Rate of pay	Pay (Rs.)
From	To			

EP /2 =

Last Rate of Pay Rs. =

Last Rate of Pay=

D.A Rs. =

30% of Last Pay =

55%/30% Rs. =

50% of Last Pay =

G.Total Rs.=

Double of F.P Rs.=

D.C.R.G Rs.=

Emp. Pension Rs.=

Enhanced family pension Rs.....p.m upto& there after
Rs.....p.m till death or re-marriage which ever is earlier.

Signature of the Gazetted Officer