

**DESCRIPTIVE ROLL**

Descriptive Roll of \_\_\_\_\_

Retired on \_\_\_\_\_ under

establishment of \_\_\_\_\_

1. Height:-

2. Personal Identification marks:-

Attested

**DESCRIPTIVE ROLL**

Descriptive Roll of \_\_\_\_\_

Retired on \_\_\_\_\_ under

establishment of \_\_\_\_\_

1. Height:-

2. Personal Identification marks:-

Attested

## CONSENT LETTER

(Ref. PPG (P) 134/89/27 Date 22/3/1991)

I, \_\_\_\_\_  
\_\_\_\_\_ agree that the long term any advances such as House Building/Plot/Moto Car Advance etc. sanctioned to me by the Government have been recovered in full along with the interest payable as per Departmental accounts. If there is any difference between Departmental calculation and that of the Accountant General, and if any discrepancy is noticed, I agree to deposit the amount in one lump sum. If the amount is not deposited by me, the Government of Assam will have full right to recover the amount in one lump sum from the relief on pension payable to me or in convenient installments, and I or my successor, shall have not right to object hereinafter to this in future.

Date :

Signature of the applicant

Full Name -----

Present address--

Witness (with full address)

1.

2.

**FORM NO. 3**

To

The

Subject: - Application for payment of accumulation under State Government Employee's Group Insurance Scheme, 1983.

Sir,

I have been a member of State Government Employee's Group Insurance Scheme, 1983 since \_\_\_\_\_. \*\* I have retired from service after attaining the age of 60 Years / I have ceased to be in employment with the State Government with effect from \_\_\_\_\_. I was holding the post of \_\_\_\_\_ before retirement / cessation of employment with the State Government Employee's Group Insurance Scheme may be paid to me.

Yours faithfully,

(Signature of the applicant)

\* Designation and address of the Head of Office

\*\* Month and the Year of becoming a member of the Scheme may be indicate here.

## FORM NO 1

### **Particulars to be obtained by the Head of Office from the retiring Government Servant Eight months before the date of his retirement**

1. Name :
2. Date of Birth :
3. Date of retirement :
4. Two\* slips containing two specimen  
Signature each duly attested by a Gazetted  
Officer :
5. Three copies of passport size joint  
Photograph with wife/husband duly attested  
By Head of office (photograph of self only,  
In case the Govt.servant is un-married or a  
Widow or a widower). :
6. Two\*\* slips each showing particulars of  
Height and personal identification Marks  
Duly attested by a Gazetted Govt.servant :
7. Present address :
  
8. Address after retirement (any Subsequent  
Change of address should be notified to the  
Head of office) :
9. Detail of the family members as in form  
No. \*A. :
  
10. Name of the Treasury/Bank/Bank Branch  
through which pension is to be drawn. :

Signature :

Designation :

Department/Office:

- 
- Two slips bearing the left hand thumb and finger impressions duly attested may be furnished by a person who is not literate enough to sign his name. If such ,a Govt. servant on account of physical disability is unable to give left hand thumb and finger impression he may give thumb and finger impression of the right hand where a Government servant has lost both the hands he may give his toe impression. Impressions should be duly attested by a Gazetted Govt. servant.

\*\* Specify a few conspicuous marks not less than two if possible.

## FORM NO 1-A

### DETAILS OF FAMILY

1. Name of the servant :
2. Designation :
3. Date of birth :
4. Date of appointment :
5. Details of the members of family as on :

Sl	Name of the member of the family	Date of birth	Relationship with the officer	Initials of the head of Office	Remarks
1	2	3	4	5	6
1.					
2.					
3.					
4.					
5.					

I hereby undertake to keep the above particulars up to date by notifying to the Head of Office any addition or alteration.

Place : Guwahati

Dated :

SIGNATURE OF THE GOVERNMENT SERVANT

Note: Family for this purpose means family as defined in rule 143(1) of A.S. (P) Rules, 1969.

\*\*\*

FORM NO-4  
GOVERNMENT OF ASSAM

Department of \_\_\_\_\_  
Office of \_\_\_\_\_  
No. \_\_\_\_\_

Date \_\_\_\_\_

To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sub :           Payment of the amount due under the State Government Employees Group  
                  Insurance Scheme,1983.

Dear Sir/Madam,

I am directed to state that Late \_\_\_\_\_ has  
Nominated you for payment full percent of amounts due under the State Government Employees,  
Group Insurance Scheme,1983.You are therefore, requested to submit an application in the enclosed  
Form No-5 for arranging payment.

Yours faithfully

Name and address of the Nominee

**FORM NO.5**

To

The Director of Secondary Education, Assam  
Kahilipara, Guwahati-19

Sub : Application for payment of Amount due to Late \_\_\_\_\_  
Under the state Govt. employees Group Insurance Scheme 1983.

Sir,

With reference to your letter No. \_\_\_\_\_ dated  
\_\_\_\_\_ I hereby request that the full/ \_\_\_\_\_  
percent of amount due to late \_\_\_\_\_ under the state  
Government Employees Group Insurance Scheme may be paid to me.

Name and Address of the office  
From where Form No-4 is

Yours faithfully

REVISED FORM NO.5

FORM FOR INTIMATION OF DEATH CUM-RETIREMENT GRATUITY RESIDUARY GRATUITY IN CASES WHERE VALID NOMINATION EXISTS

GOVERNMENT OF ASSAM
DEPARTMENT,DISPUR,GUWAHATI-06

No.....

Dated Dispur the.....

Sub : Payment of Death-cum retirement gratuity/residuary in respect of late .....

Sir/Madam

I am directed to state that in terms of nomination made by late..... in the office .department ..... Death-cum-retirement gratuity/residuary gratuity is payable to his/her nominee(s).A copy of the said nomination is enclosed herewith.

2. I am to request that a formal claim for the grant of Death-cum-retirement gratuity.residuary gratuity may be submitted by you in the enclosed revised Form No.3 (pension) as soon as possible.

3. Should any contingency has happened since the date of making the nomination so as to render the nomination in valid in whole or in part,precise details of the contingency may kindly be stated.

Yours faithfully

(Singnature of Head of Office)

To Sri/Smti.....



FORM NO. 7

NOMINATION FOR BENEFITS UNDER THE STATE GOVERNMENT EMPLOYEES GROUP INSURANCE SCHEME 1982

When the Government Servant has a family and wishes to nominate one member or more than one member therefore

I hereby nominate the person(s) mention below, who is/are member(s) of the family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the State Government under the State Government Employees Group Insurance Scheme, 1982 in the event of my death while in service or which having become payable on my attaining the age of superannuation my remain unpaid at my death

Name and address of nominee / nominees	Relationship with Government Servant	Age	Share to be paid to each

Contingencies on the happening of which the nomination shall become invalid	Name ,address and relationship of person, if any to whom the right of the nominee shall pay in the event of his production of Subscriber

N.B. The Government Servant should draw line across the blank space below his last entry to prevent insertion of any name after he has signed.

Date:

Signature of Two Witness

- 1.....
- 2.....

Signature of Govt. Servant

Form No-16

(PENSION)

NOMINATION FROM FOR FAMILY PENSION SCHEMES,1964

I hereby nomination the pension a mentioned below,who are members of my family to receive in the order shown below the family pension which may be granted by Government in the event of my death after completion of 20 (twenty) years qualifying service.

Name and address of nominee	Relatinship with officer	Age	Whether married or unmarried

The nomination supersedes the nomination made by me earlier on which stands cancelled.

**N.B**-The officer should draw lines across blank space below the last entry to prevent the insertion of my name after he has signed.

Date this..... day of ..... 2014 at

Witnesses to signed-

- 1.
- 2.
- 3.

Signature and Designation of the officer.

To be filled in my Head of office in the case of nongazetted officer.

Nomination by \_\_\_\_\_

Designation \_\_\_\_\_

Officer\_\_\_\_\_

Signature of Head of Officer,  
Designation

To  
The Principal Accountant General (A & E), Assam  
Maidamgaon, Beltola, Ghy-28

Sub : Pension papers of \_\_\_\_\_  
\_\_\_\_\_ for authorization of Pension and Gratuity.

Sir

With reference to the subject cited above, I am directed to forward herewith the pension papers of  
\_\_\_\_\_ for favour of necessary action.

2. The details of Government dues which will remain outstanding on the date of retirement of the Government Servant and which need to be recovered out of the amount of Death-Cum-Retirement-Gratuity are indicated below:-
- |     |  |           |       |
|-----|--|-----------|-------|
| (a) | Balance of the House Building Advance or Conveyance Advance or any other advance | Rs.       |       |
| (b) | Overpayment of pay and Allowance including Leave Salary                          | Rs.       |       |
| (c) | Arrears licence- fee- rent for occupation of Government accommodation            | Rs.       |       |
| (d) | Any other assessed dues and nature thereof .....                                 | Rs.       |       |
| (e) | The amount of Gratuity to be withheld for adjustment of unassisted dues, if any  | Rs.       |       |
|     |  |           | _____ |
|     |  | Total Rs. |       |
| (f) | Provisional pension authorized, if any (copy enclosed)                           | Rs.       |       |
| (g) | Provisional gratuity authorized, if any (copy enclosed)                          | Rs.       |       |

Yours faithfully ,

Signature of Head of Office

List of Enclosures

1. Form No. 1,1(A),2 duly completed
2. Service Book in original containing Parts..... ( Date of retirement to be indicated in the service Book )
3. Two Slip with two specimen signature duly attested by the Gazetted Government servant.
4. Two slips showing the particulars of height and identification marks duly attested by the Gazetted Government servant.
5. Three copies of passport size photograph with wife/husband duly attested by Head of Office.
6. Application for commutation of Pension.
7. ....
8. ....

Memo No.  
Copy forwarded to:-  
Shri.....

Dated Dispur the.....

By Order etc.

Signature of Head of Office

**FORM-2**

**Form for assessing Pension and Gratuity.**

**(To be sent in duplicate if payment is desired in a different circle)**

**Part-I**

1. Name of the Government Servant :
2. Father's/husband's name(and also husband's Name in case of female (married) Govt. Servant. :
3. Date of birth (by Christian era) :
4. Religion :
5. Permanent residential address showing Village Town Street,Lane,Pin code,Police Station District and State. :
6. Present or last appointment including name of Establishment and Department  
(i) Substantive :  
(ii) Officiating,if any :
7. Date of beginning of service :
8. Date of ending of Service :
9. (a) Total period of Military service,if any :  
(b)Date of commencement and each period of Military Service. :  
(c)Amount and nature of any pension/Gratuity received: for the Military service. :
10. Amount and nature of any pension/Gratuity received :  
For previous civil service. :
11. Government under which service has been rendered :      Years      Months      Days  
In order of employment  
(a) Government of Assam
12. Class of pension applicable :
13. Date on which action initiated:-----  
(i) To obtain 'No demand Certificate from the Estate Officer/Executive engineer,PWD etc. :  
(ii) To assess the Service and emoluments qualifying for pension etc. :  
(iii) To assess the Government dues other than the dues relating to the allotment of Govt.accommodation :
14. Details of omissions,imperfections or deficiencies :  
In the Service Book.
15. Total length of qualifying service for the purpose of :  
Adding towards broken period (a month is reckoned 30 days)
16. Period of Non- qualifying service (any reference to be Mentioned)  
(i) Interruption of service condoned :  
(ii) Extra ordinary leave not qualifying for pension :  
(iii) Period of suspension not treated as qualifying Service. :  
(iv) Any other period of service not treated as Qualifying service. :

17. Emoluments reckoning for gratuity :

18. Average emoluments for calculation of pension : Statement Attached

Post held	Period (from ----to)	Pay	Personal pay or Special pay	Average emolument

\*(i) In case where the last 10 months include some period not to reckoned for calculating average Emoluments an equal period backward has to be taken for calculating average emolument

(ii)The calculation of average emoluments should be based on actual number of day contained in each month.

19. Date on which Form-1 & A-1 has been obtained from :  
The government servant (to be obtained eight months before the date of retirement of Government Servant).

20. (i) Proposed pension :  
(ii)Proposed relief on pension :

21. Proposed gratuity/ death-cum-retirement gratuity :

22. Date from which pension is to commence :

23. Proposed amount of provisional pension :  
( If Departmental or Judicial proceedings were instituted Against the Government Servant before retirement)

24. Details of Government dues recoverable out of gratuity :  
(i) License fee/Rent for the allotment of Government Accommodation. :  
(ii) Other dues, if any :

25 Whether nomination made for :  
(i) Death-cum-retirement gratuity :

26. Whether Family Pension Rules, 1964 are applicable :  
to the Government servants ,and if so :  
(i) Pay reckoning for the Family Pension :

(ii) The amount of the Family Pension becoming :  
Payable to the family of the Government servant, if  
Death takes place after retirement.

(iii) Complete and up-to-date details of family as given in Form 1-A

SL No	Name of the member(s) of the family	Date of birth	Relationship with the Government Servant
1			
2			
3			
4			
5			

27. Height :
28. Identification marks (if any on face hand etc. ) :
29. Place of payment of pension (Treasury, Sub-Treasury or Branch of Public Sector Bank) :
30. Head of Account to which pension and gratuity Debitable : **2071 PENSION AND OTHER RETIREMENT BENEFITS (ASSAM STATE)**

Date\_\_\_\_\_

Signature of Head of Office

**PART-II****Section-I****Account enforcement:**

1. Total period of qualifying service which has been accepted for the Grant of superannuation or retiring or invalid or compensation or Compulsory retirement pension or gratuity, with reasons for disallowance If any,( other than disallowance indicated in part I of this Form). :
2. Amount of superannuation or retiring or invalid or compensation or Compulsory retirement pension or gratuity that has been admitted. :
3. The date from which superannuation or retiring or invalid or Compensation or Compulsory retirement pension or gratuity is admissible. :
4. The Head of Account to which superannuation or retiring or invalid or Compensation or Compulsory retirement pension or gratuity is chargeable. :
5. The amount of the Family Pension 1964 becoming payable to the entitled : Members of the family in the event of death of the Government servant after retirement.

**Section II**

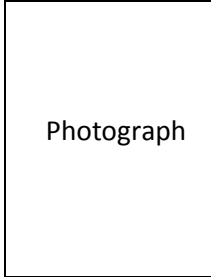
1. Name of the Govt. Servant :
2. Class of pension or gratuity :
3. Amount of pension authorized :
4. Amount of Gratuity authorized :
5. Date of commencement of pension :
6. Amount of family pension in the event of Death after retirement :
7. Amount of relief admissible on pension :
8. The Government recoverable out of the Gratuity before authorizing its payment. :
9. The amount of Cash deposit or the amount Of gratuity held for adjustment of un assessed Government dues. :
10. Date on which the pension papers received by :

**The Accounts Officer****Accountant General, Assam**

**FORM-A**

**COMMUTATION OF PENSION  
FORM OF APPLICATION**

(To be filled by the applicant)



I, Shri/Smti. \_\_\_\_\_  
desire to Commuted Rs. \_\_\_\_\_ out of my monthly Superannuation/Retiring Pension of  
Rs. \_\_\_\_\_. I certify that I have answered correctly each and all of the question below. Two copies of  
Passport size photograph (one attested copy and another not attested) are furnished.

Place \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

**QUESTION**

**ANSWER**

1. What is the date of birth :
2. Date of your Superannuation :
3. Date of application :
4. How much of your pension do you wish  
Commute :
5. (a) Have you already commuted a portion of your  
Pension. If so, give particulars. :
- (b) Has any application from you for commutation  
Of pension ever been rejected or have you ever  
Accepted/declined to accept commutation of  
Pension on the basis of an addition of years to  
Your actual age recommended by medical authority.  
If so, give particulars. :
6. From what Treasury do you draw or propose to draw  
your pension and commutation money. :
7. (a) If you are already drawing your pension quote the  
Number of your pension payment order or Colonial  
Warrant. :
- (b) State specifically whether you are drawing  
Anticipatory pension. :
8. Without prejudice to the discretion of the sanctioning  
Authority from that date approximately do you wish  
this commutation to have effect. :

9. At what station near the area in which you are Ordinarily resident would you prefer for your Medical examination to take place. :
10. (a) Are you re-employment or likely to be re-Employed or likely to be re-employed ? :
- (b) State your designation and address on re-Employed or likely to be re-employed. :
- (c ) State your designation and address on re-Employment. :
- (d) Whether your pension has been or will be allowed to be drawn in whole or in part during re-employment or it has been held in abeyance during re-employment. :
11. State the amount of Provident Fund money (including any non-refundable withdrawals) and the amount of Death –cum-retirement gratuity received by you. :
12. Name the Account Officer who authorized the payment of provident Fund money (including any non-refundable withdrawals) and Death –cum-retirement gratuity to you. :

Place: Guwahati  
Date: 19/03/2014

Signature

( )

---

The class of pension superannuation, retiring, invalid, compensation should be stated, and if the Amount of pension is not known, a suitable modification should be made in the form.

The portion of the Pension to be commuted should consist of whole rupee or of rupees and a Multiple of five paise.

In case of anticipatory pension, the Pensioner may if desires, indicate his intension to commute the Maximum amount in the event of his final pension being more than the anticipatory pension. In such a case, the amount proposed to be commuted, alternatively, may be expressed in terms of a percentage of full pension within the maximum permissible limit. The pensioner may also indicate whether he anticipates that the final amount of pension that he would be entitled to commute might exceed Rs.25/- in case be desire to commute a sum excluding Rs.25/-.

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To be filled in by the forwarding authority in case Governs by Rule 7(1) (a ).

Memo No. ....

Dated Dispur , the.....

Copy forwarded to the Accountant General, Assam, Maidamgaon, Beltola, Guwahati-29/Director of Pension, Assam, Housefed Complex , Last Gate,Guwahati-6 for favour of Admissibility report.

Signature :

Designation :

Department :

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## FORM: A

### NOMINATION FOR DEATH CUM RETIREMENT GRATUITY

When the officer has family and wishes to nominate one member there of.

I hereby nominate the person mentioned below who is a member of my family any confer one him the right to received any gratuity that may be sanctioned by Govt. in event of my death.

Name and address of nominee	Relationship with officer	Age	Contingencie on the happening of which the nomination shall become invalid	Name address and relationship of the person if any to whom the right conferred on the nominee shall pass in the nominee predeceasing the officer
1	2	3	4	5

Dated \_\_\_\_\_ day of \_\_\_\_\_  
at \_\_\_\_\_  
Witness to Signature---

1.

2.

Signature of Head Officer

---

To be filled in by the Head Officer in the case of Non Gazetted Officer.

Nomination by-

Designation Office of the -

Signature of Head Officer  
Date

Designation

**SPECIMEN SIGNATURE SLIP**

Specimen signature of \_\_\_\_\_

Retired on \_\_\_\_\_ under

establishment of \_\_\_\_\_

1.

2.

3.

Attested

**SPECIMEN SIGNATURE SLIP**

Specimen signature of \_\_\_\_\_

Retired on \_\_\_\_\_ under

establishment of \_\_\_\_\_

1.

2.

3.

Attested

**LAST-PAY CERTIFICATE OF NON- GAZETTED OFFICERS**

**Last Pay certificate of .....**

Proceeding to **To join the appointment of  
To Officiate as  
On duty**

He has drawn pay as ..... at the rate of Rs. ....  
a month and acting ..... a month less the deduction shown  
below up to the **20**

He made over change of his duties on the .....noon of the .....20

No recoveries Are to made from the pay of this officer

The recoveries noted on the reserve

He is entitled to draw the following :-

He is also entitled to joining time for ..... days.

The details of the Income- Tax Super- Tax recovered from him up to the date from the beginning of the current year noted on the reserve.

DATE AT **Name of the designation of Head  
Office in which pay was last drawn**  
The **20**

**Deduction on account of Net amount Rs.**

The words not required should be accord through with a pen.

To be filed in, in Office to which transferred.

Assumed charge of his duties in my Office on the ..... noon of the **20**

and the pay of the appointment he fills in my Office is Rs.

DATE AT **Name and designation of Head of  
Office to which transferred**  
The **20**

- Note :-
1. At last pay certificate showed, without fail. Be attached to the first bill in which a transferred man's name appears.
  2. The last pay certificate of noon- Gazetted Officer should be granted by the Head of the Office he is leaving and by the Treasury Officer and a last pay certificate does not need the countersignature of the A.G. when the Officer is transferred to another State.
  3. If the Officer is being transferred otherwise than for the public convenience, the fact should be stated.

**DETAILS OF RECOVEREES**

Amount to be recovered.....

Nature of recovery.....

In one sum or

How to be recovered.....

In installments)

Name of the month	Pay	Gratuity Fee. Etc.	Funds and other deduction	Amount of Income- Tax recovered	Remarks
April 20 ... ..					
May 20 ... ..					
Jun 20 ... ..					
Jul 20 ... ..					
August 20 ... ..					
September 20 ... ..					
October 20 ... ..					
November 20 ... ..					
December 20 ... ..					
January 20 ... ..					
February 20 ... ..					
March 20 ... ..					

REVISED FORM NO 6

FORM FOR INTIMATION OF DEATH CUM-RETIREMENT GRATUITY/ RESIDUARY GRATUITY IN CASES WHERE VALID NOMINATION DOES NOT EXIST

GOVERNMENT OF ASSAM

DEPARTMENT, DISPUR, GUWAHTI-06

No .....

Dated Dispur the ....

Subject:- Payment of Death-cum-retirement gratuity/ residuary gratuity in respect of late ..

I am directed to state that in terms of Liberalised Pension Rules, Chapter VIII, rule 135 of Assam Services (Pension) Rules, 1969) a death-cum-retirement gratuity/ residuary gratuity is payable to the following members of the family of late ..... in the Office/Department ..... in equal shares

- (i) Wfe/husband;
- (ii) Son
- (iii) Unmarried daughter ( including step children and adopted children)

2. In the event of there being no no surviving member of the family the death-cum-retirement gratuity/ residuary gratuity will be payable to the following members in equal shares

- (i) Widowed daughters including step daughters and adopted daughters;
- (ii) Brother below the age of 18 years and un-married and widowed sisters;
- (iii) Father;
- (iv) Mother.

3. It is requested that a formal claim for the payment of death-cum-retirement gratuity/ residuary gratuity may be submitted by you in the enclosed revised Form No 3 (Pension) as soon as possible.

2. Should any contingency has happened since the date of making the nomination so as to render the nomination invalid in whole or in part, precise details of the contingency may kindly be stated.

Yours faithfully,

(Signature of Head of Office )

To

Shri/Smti .....