

BHARAT SANCHAR NIGAM LIMITED

(A Govt. of India Enterprise)



**% Chief General Manager MH Telecom,
BSNL MUMBAI – 400 054**

Name of the official:-

HRMS No:-

PAN CARD NO:-.....

ADHAR CARD NO:-

Designation:-

Section:-

Date of Birth:-

Date of Appointment :-.....

Date of Retirement:-

Class of Pension:-.....

Contact No:-.....

PENSION PAPERS

FORM-5

{See Rule 59(I) and 61(I)}

Particulars to be obtained by the Head of Office from the Retiring Government Servant eight months before the date of retirement

1. Name _____
2. (a) Date of birth _____
(b) Date of Retirement _____
3. Two Specimen signatures (to be furnished in a separate sheet) duly attested by a Gazetted Govt. servant. _____
4. Three copies of PASSPORT SIZE
Joint photographs with wife or husband.
(Back side attested) _____
5. Two slip showing the particulars of Height
and personal identification Marks duly
attested by the Gazetted Govt. servant. _____
6. Present Address _____

7. Address after Retirement _____

8. Name of the Post Office or the pay
and Accounts Office/Bank through
which pension is to be drawn.
A/c No. _____

9. Details of the FAMILY in Form-3 _____
10. Staff No./HRMS No. _____
11. PAN CARD No. _____
(Attested Copy of Pan Card of self and spouse)
12. AADHAAR CARD No. _____
(Attested Copy of Aadhaar Card of self and spouse)
13. First page of PASS BOOK

Place :

Dated :

Signature _____

Designation _____

FORM-3
See Rule 54 (12)
Details of Family.

Name of the Government Servant _____

Designation _____

Date of Birth _____

Date of Appointment _____

Details of members of my family

Sl. No.	Name of the Member of family	Date of Birth	Relationship with the officer	Initial of the Head Office	Remarks
	2	3	4	5	6

*I here by undertake to keep the above particulars up-to-date by notifying to the Head Office any addition or alteration.

Place :

Date :

Signature of

Govt. Servant

*Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CSS (Pension) Rule 1972.

Note : Wife and husband shall include respectively separated wife and husband.

Form A (SEE RULES – 5)

Pension Disbursing Authority/Head of Office
(Name of Bank/Treasury/Post Office/Accounts Officer etc.)

Place: _____

I _____ hereby nominate the person named below under Rule 5 of the payment of arrears of Pension (Nomination).

Name & Address	Relationship with Pensioners	Date of Birth	If the Nominee is minor- Name and address of person who may receive the said pension during the nominee's minority	Name and address of the other nominee in case the nominee under col(1) predecessor the Pensioner.
1	2	3	4	5

Relationship with Pensioners	Date of Birth if the other nominee is minor	Name & Address of person who may receive the pension during the other nominee's minority	Contingency on happening of which nomination shall become invalid.
6	7	8	9
			Death or Insanity

Place : New Delhi
Dated

Signature (or thumb impression if illiterate)
Name of the Pensioner: _____
Address: _____

witness:
Signature _____
Name & Address _____

TO BE FURNISHED IN DUPLICATE

PARTICULARS OF HEIGHT AND IDENTIFICATION MARK

IN RESPECT OF SHRI / SMT. _____

HEIGHT ft. Inches

IDENTIFICATION MARK : (i) _____

 (ii) _____

ATTESTED

SPECIMEN SIGNATURE OF SHRI / SMT. _____

TO BE FURNISHED IN DUPLICATE

PARTICULARS OF HEIGHT AND IDENTIFICATION MARK

IN RESPECT OF SHRI /SMT. _____

HEIGHT ft. Inches

IDENTIFICATION MARK : (i) _____

 (ii) _____

SPECIMEN SIGNATURE OF SHRI / SMT. _____

ATTESTED

Name : _____

Designation : _____

Signature

1. _____

2. _____

ATTESTED

NOMINATION FOR RETIREMENT GRATUITY/DEATH GRATUITY

FORM 1[See Rule 53(1)]

When the Government servant has a family and wishes to nominate one member, or more than one member, thereof.

I _____, hereby nominate the person/persons mentioned below who is /are member(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity the payment of which may be authorized by the Central Government in the event of my death while in the service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Original nominee(s)				Alternate nominee(s)	
1	2	3	4	5	6
Name(s) and addresses of nominee/nominees	Relationship with the Government Servant	Age	Amount or share of gratuity payable to each	Name, address relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount or share of gratuity payable to each

This nomination supersedes the nomination made by me earlier on _____ which stands cancelled. Dated _____.

Witnesses to signature: (Name and Designation)

1. _____ (_____)
2. _____ (_____)

Signature of Govt. Servant

Nomination by _____
 Designation _____
 Office _____

Signature of Head of Office
 Date _____
 Designation _____

**SPECIMEN SIGNATURE AND THUMB
AND FINGER IMPRESSION CARD**

(1) Specimen Signature :

Date :

(2) Thumb and Finger Impression :

Thumb	Forth Finger	Third Finger
	Fore Finger	Second Finger

(3) Certificate :

The above Specimen Signature/Thumb and Finger Impression of
Shri/Smt./Km. _____
was/were taken in my presence today.

**Signature & Designation
Of Attesting Officer**

Dated _____ at _____

LETTER OF UNDERTAKING

The Sr. A.O DOT/.....

ANNEXURE K.

The Manager.....

The Post Master.....P.O.

Dear Sir,

Ref: Payment of Pension under – P.P.O No. _____ through your office

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 in the event of false statement/documents or any amount which may be credited to my account excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successors, executor and administrators to indemnify the DOT/Bank/P.O from and against any loss suffered or incurred by the DOT/Bank/P.O in so crediting my pension to my account under the scheme and to forth with pay the same to the DOT/Bank/P.O and also irrevocably authorized the DOT/Bank/P.O to recover the amount due by debit to my said account or any account/deposits belonging to me in the possession of the bank.

Yours faithfully,

Signature

Date:

Name:

Address:

Witness:

I 1. Signature:
 2. Name:
 3. Address:

II 1. Signature:
 2. Name:
 3. Address:

5x7 cms

5 x 7 cms

LETTER OF UNDERTAKING

Date :

To,
Under Secretary (STP), DOT, New Delhi/Pr. CCA/CCA

.....

(Strike out whichever is not applicable)

(Through O/o BSNL)

Ref :- (i) DOT letter No.40-12/2004-Pen (TO (pt) dated 17.5.2018 &
(ii) BSNL C.O. letter No. 48-11/207- Pen (B) dated 30-5-2018

Sir,

I, Shri /SmtDesgn..... O/o

Hereby undertake that in case the court case (s) filed against the DOT order No. 40-12/2004-Pen (T) (pt.) dated 05-7-2017 are decided in favour of this DOT order. I shall refund the over paid amount on Account of grant of an extra increment on the post based promotion under the Executive Promotion Policy (EPP)of BSNL.

Yours faithfully,

Sign.....

Name

Designation.....

Office

.....

.....

Residence Address.....

.....

Mobile No.

Landline No.....