**Annexure-I**

**[G.O.Ms.No.321, Finance (Pension) Department, Dated 15th October 2019.]**

**FORM 5**

**APPLICATION FOR SERVICE PENSION /**

**COMMUTATION / RETIREMENT GRATUITY**

**PART-I**

**FOR RETIREMENT / REVISION CASES ONLY**

**(To be submit Triplicate to Head of Office / To be send in Duplicate to A.G.)**

1. **(a) Name of the Government :**

**Employee (IN CAPITAL LETTERS).**

1. **Post held [Designation with : Selection Grade / Special Grade]**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **(c) Office / Department** | |  |  | **:** |  |  |  |  |
| **2.** | **(a) Employee Identification No.** | | | | **:** |  |  |  |  |
|  |  | | | |  |  |  |  |  |
|  | **(b) G.P.F. Account No. with suffix** | | | | **:** |
|  | **(c) Permanent** | **Account** | **Number** | | **:** |
|  |
|  | **for Income Tax (PAN).** | | |  |  |
|  | **(d) Aadhaar No.** | |  |  | **:** |
|  |  |  |
|  | **(e) Mobile/Cell Phone No.** | | |  | **:** |
|  |  |
|  | **(f) e-Mail Address (optional)** | | |  | **:** |  |  |  |  |
| **3.** | **(a) Father’s** | **Name** | **of** | **the** | **:** |  |  |  |  |



**Government Employee.**

1. **Husband’s Name in the case : of Female Government Employee.**

**4. Religion** **:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5.** | **P.P.O.No. already allotted** | **by :** | |  |  |  |  |  |  |  |  |  |  |
|  | **A.G’s. Office. [Applicable only** | **for** | |  |  |  |  |  |  |  |  |  |  |
|  | **Revision Cases].** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | |  |  |  |  |  |  |  |  |  |  |  |
| **6.** | **(a) Date of Birth** | **:** |  | **D** | **D** |  | **M** | **M** |  | **Y** | **Y** | **Y** | **Y** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **(b) Date of Joining** | **:** |  | **D** | **D** |  | **M** | **M** |  | **Y** | **Y** | **Y** | **Y** |

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**3 **

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **(c) Date** | **of** | **Retirement** | | **:** |  | **D D** | |  | **MMYYYY** | | | | | |
|  | **(Superannuation/ Voluntary/** | | | |  |  |  |  |  |  |  |  |  |  |  |
|  | **Compulsory** | | **Retirement/** | |  |  |  |  |  |  |  |  |  |  |  |
|  | **Medical Invalidation)** | | | |  |  |  |  |  |  |  |  |  |  |  |
| **7. Present Residential Address with** | | | | |  | **:** |  |  |  |  |  |  |  |  |  |
|  | **PIN Code.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8.** | **Address** | **after** | **retirement/** | | **:** |  |  |  |  |  |  |  |  |  |  |
|  | **permanent** | **address** | **for future** | |  |  |  |  |  |  |  |  |  |  |  |
|  | **correspondence with PIN Code.** | | | |  |  |  |  |  |  |  |  |  |  |  |
|  | **(any subsequent change of address** | | | |  |  |  |  |  |  |  |  |  |  |  |
|  | **should be intimated to the Head of** | | | |  |  |  |  |  |  |  |  |  |  |  |
|  | **Office/AG/Pension** | |  | **Sanctioning** |  |  |  |  |  |  |  |  |  |  |  |
|  | **Authority)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9.** | **Commutation of Pension** | | | | **:** | |  |  | | --- | --- | | **YES** | **NO** | | √ |  | |  |  |  |  |  |  |  |  |  |
|  | **(a) Whether** | **willing** | **to** | **commute** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **YeS** | |  |  | | | | | |
|  | **33.33%** | **(1/3)** | **of** | **monthly** |  |  |  |
|  | **pension subject to T.N. Civil** | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Pensions** | **(Commutation)** | | |  |  |  |  |  |  |  |  |  |  |  |
|  | **Rules, 1944.** | |  |  |  |  |  |  |  |  |  |  |  |  |  |



* 1. **If the answer is “No”, specify the fraction less than 33.33%.**

1. **Name of the Pension Disbursing : Authority .-**

|  |  |
| --- | --- |
| **(a) Pension Pay Office, Chennai** | **:** |
|  |
| **(b) District Treasury** | **:** |
|  |
| **(c) Sub-Treasury** | **:** |
|  |

1. **Bank Details to which pension is : to be credited.-**

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(a) Bank** | **Account** | **No.** | **(Single** | **:** |
| **Account)** | |  |  |  |
| **(b) Name of the Bank** | |  |  | **:** |
|  |  |  |
| **(c) Branch with postal address** | | | | **:** |
|  |
| **(d) BSR** | **Code of** | **the** | **branch** | **:** |

****

**[It is a 7-digit code allotted to banks by Reserve Bank of India.]**

1. **MICR Code [It is a 9-digit code thathelps identify a particular bank branch]**
2. **IFSC Code of the branch (IFSC is**

**a unique eleven-digit number which is a combination of alphabets and numerals and it is used to transfer funds online.)**

**:**

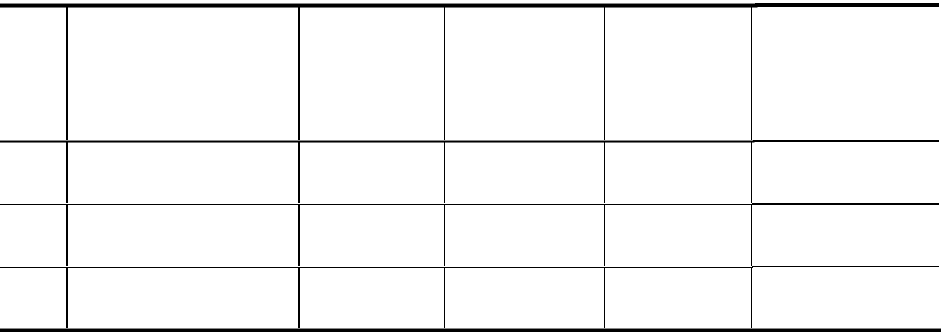
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**:**

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**4 **

1. **Indicate whether family pension : is also admissible from any other source - Military or StateGovernment and/or a Public Sector Undertaking/ Autonomous body/ Local Fund under the Central or a State Government. -**
2. **If Yes, P.P.O.No. and Treasury : from which it is drawn may be furnished.**
   1. **Details of the members of : Family.**

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|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

**Yes  No **

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|  |  |
| --- | --- |
| **P.P.O.NO** |  |
| PPO/DISTRICT TREASURY/SUB-TREASURY |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Name (s)** | **Date of Birth** | **Relationship with Government Servants** | **Marital Status** | **Whether Handicapped / Mentally Retarded** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **Relationship** |  | **Whether** |
| **Sl.** |  | **Date of** | **Marital** | **Handicapped /** |
| **Name (s)** | **with Govt.** |
| **No.** | **Birth** | **Status** | **Mentally** |
|  | **Servant** |
|  |  |  |  | **Retarded \*** |
|  |  |  |  |  |

**1.**

**2.**

**3.**

* **Medical Certificate to be enclosed.**

**I hereby undertake to keep the above particulars up-to-date.**

**15. Name of Guardian in case of** **: Nil**

**mentally retarded** **children**

**with** **Certificate** **of**

**Guardianship issued** **by**

**Competent Authority.**

**DECLARATIONS**

**I hereby declare that I have neither applied for nor received any Pension or Gratuity in respect of any portion of the service qualifying for this pension and in respect of which pension and gratuity are claimed herein nor shall I submit an application hereafter without quoting a reference to this application and the orders which may be passed thereon.**

**I do hereby declare to refund the pension or gratuity authorized by the Accountant General, Chennai, if afterwards found to be in excess of the amount to which I am entitled under the Rules.**

**I hereby certify to make good any loss caused to the Government by way of any overdrawal of pay, allowances, leave salary or other admitted obvious dues as a result of negligence or fraud on my part in service in the department in a lumpsum or in suitable installments from my pension.**

**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.**

**Place :**

**Date :** **Signature of Government**

**Employee with Date.**

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**5 **

**Note 1.–Thedetails of spouse, all children (with marital status and whether handicapped/mentally retarded and parents in case of unmarried Government servant (whether eligible for family pension or not) shall be given.**

**Note 2.–Certificate(s) of age showing the dates of birth of the spouse/children.**

**Note 3.–The fact regarding disability or change of marital status of a family member should also be indicated.**

**Note 4.- Wife and husband shall include judicially separated wife and husband.**

**Note 5.- Commutation of pension is optional. Item 9 may be struck off if the retiring Government servant does not desire to commute a percentage of pension.**

**Note 6.-It is in the interest of the Government servant to provide E-mail ID and Mobile number, which facilitates future correspondence.**

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**6 **

**PART-II**

**TO BE FILLED IN BY THE DEPARTMENTAL OFFICER**

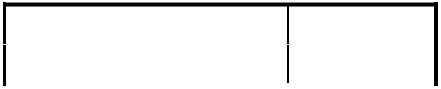
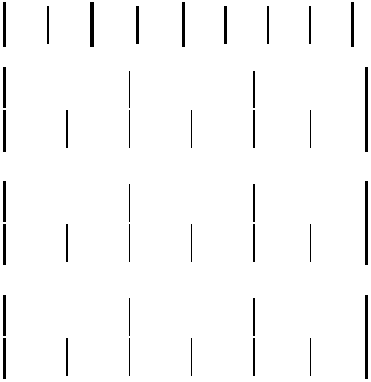
1. **A.G’s Office Reference No. in : which the proposals were returned with objections earlier.**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.** | **Date of Beginning of Service.** | | | | **:** |  | **D** | **D** |  |  | **M** | **M Y Y** | | | **Y Y** |  |
|  |  | | |  |  |  |  |  |  |  |  |  |  |  | |  |
| **3.** | **Date of Ending of Service.** | | |  | **:** |  | **D** | **D** |  |  | **M** | **MYYYY** | | | |  |
|  |  | | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Years | | Months | | Days | | |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
| **4.** | **Gross Qualifying Service.** | | |  | **:** |  | **Year(s)** | | | |  | **Month(s)** | | | **Day(s)** |  |
|  |  |  |  |  |  |  |  | | | |  |  | | |  |  |
|  |  |  |  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Years | | Months | | Days | | |  |  |  |  |  |  | |  |  | | | |  |  | | |  |  |
| **5.** | **Non-Qualifying Service.** | | |  | **:** |  | **Year(s)** | | | |  | **Month(s)** | | | **Day(s)** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | | | |  |  | | |  |  |
|  |  |  |  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Years | | Months | | Days | | |  |  |  |  |  |  | |  |  | | | |  |  | | |  |  |
| **6.** | **Additional Qualifying Service** | | | | **:** |  | **Year(s)** | | | |  | **Month(s)** | | | **Day(s)** |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **under Rule 27 / Due to Voluntary** | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Retirement / Contingent Service /** | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Military Service.** | |  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Years | | Months | | Days | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | | | |  |  | | |  |  |
| **7.** | **Net** | **Qualifying** | **Service.** | **[The** | **:** |  | **Year(s)** | | | |  | **Month(s)** | | | **Day(s)** |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **service has been verified on the basis of** | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **his service documents and in** | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **accordance with the rules regarding** | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **qualifying service in force at present.]** | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| **8.** | **Total Period of Military Service** | | | | **:** |  | NIL |  |  |  |  |  |  |  |  |  |
|  | **and** | **Military** | **Pension** | **/** |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Gratuity received. (Details** | | | **of** |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **remittance furnish separately).** | | | | |  |  | | --- | --- | | LEVEL OF PAY | LEVEL NO | |  |  | |  |  |  |  |  |  |  |  |  |  |  |



1. **Scale of Pay**
2. **Pay Last Drawn (Special Pay,Personal Pay drawn if any to be shown separately)**

|  |  |  |  |
| --- | --- | --- | --- |
| **:** | **Level of Pay** | | **Level No.** |
|  |  |  |
|  |  |  |  |
| **:** | **Pay in the** | **Rs.** |  |
| **Level of Pay** |  |
|  |  |
|  | **Special Pay,** | **Rs.** |  |
|  | **if any** |  |
|  |  |  |
|  | **TOTAL** | **Rs.** |  |

**11. Class of Pension applicable** **:**

SUPERANNUATION

NIL

**(Superannuation/** **Voluntary/**

**Compulsory Retirement/ Medical**

**Invalidation)**

1. **Whether any charges are :**

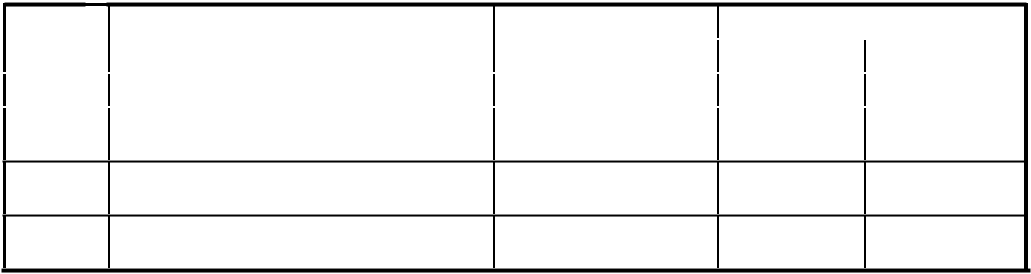
**pending against the Government Employee? If so, furnish the details thereof.**

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**7 **

1. **Office served in the last three : years.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Office with Address** | **Designation** | **Period** | |
| **From** | **To** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No.** | **Office with Address** | **Designation** |  | **PERIOD** |
|  |  |
| **From** | **To** |
|  |  |  |
|  |  |  |  |  |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** |
|  |  |  |  |  |
| **1.** |  |  |  |  |

**2.**

**3.**

**14. (a) Pay Drawing Officer with Full** **:**

**THE REGISTRAR**

**BHARATHIAR UNIVERSITY**

**COIMBATORE – 46.**

**0422 2428 108**

**REG@BUC.EDU.IN**

**BHARATHIAR UNIVERSITY**

**NIL**

**Postal Address and PIN**

**Code.**

1. **Phone No. of the Office with : STD Code.**

**(c) e-mail ID / FAX** **:**

**15. Treasury / PAO for D.C.R.G.** **:**

**:**

1. **Amount of Provisional Pension : paid by the Pension Sanctioning Authority. (if Departmental or Judicialproceedings were instituted against the Government servant before retirement). {Details enclosed].**

**:**

**CERTIFICATE**

**It is certified that:**

* 1. **All the particulars furnished above have been fully verified with reference to office records and are found correct.**
  2. **No Charges are pending / Charges are pending against the individual. (Details furnished separately)@**
  3. **Provisional Pension not paid / Provisional Pension paid (Details furnished separately) @**
  4. **No leave is pending to be regularized.**
* **Strike out whichever is not applicable.**

**Place :**

**Date :** **Signature of the Head of Office**

**/ Department with Seal.**

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**8 **

**LIST OF DOCUMENTS TO BE ENCLOSED/ATTACHED**

**[In case of application generated through online, these original documents**

**shall be scanned and uploaded in the designated website]**

|  |  |  |
| --- | --- | --- |
| **Sl.** | **Description of documents to be** | **Whether enclosed/Attached** |
| **No.** | **enclosed/attached** |
|  |
|  |  |  |
| **(1)** | **(2)** | **(3)** |
| **1.** | **Service Book(s). [No. of Volumes]** | **:**  **Enclosed**  **Enclosed**  **Enclosed**  **Enclosed**  **Enclosed** |
|  | **Government servant’s service book and service** |  |
|  | **roll, if any, duly completed up to date and any** |  |
|  | **other documents relied upon for the verification of** |  |
|  | **the service claimed in such a manner that they can** |  |
|  | **be conveniently consulted and signed by the** |  |
|  | **competent authority for service verification.** |  |

1. **Descriptive Roll duly attested :**

**[furnished in the Annexure to this application].**

1. **Two specimen signatures :**

**[furnished in the Annexure to this application].**

**(b) Additional** **information (Only in** **:**

**case of an illiterate or disabled Government**

**servant.):-**

1. **Passport size joint photograph with wife or husband.**
2. **Nomination for Gratuity.**
3. **Nomination for arrears of pension and commuted value of pension (ifapplied for commutation of pension)**
4. **Sanction order in respect of : Non-Government Aided Educa-tional Institution cases and Missing Employee.**
5. **In case of Teachers, : Non-Employment/Re-employment Certificate.**
6. **Medical Certificate in original in : Form 23 / Form 24 as prescribed in Rule 36 of TNPR for invalidation cases issued by Medical Board.**

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**9 **

|  |  |  |
| --- | --- | --- |
| **Sl.** | **Description of documents to be** | **Whether enclosed/Attached** |
| **No.** | **enclosed/attached** |
|  |

1. **Certificate of Medical Opinion of : the Doctors for admitting Commuted Value of Pension in the cases of Invalidation and Compulsory Retirement cases.**
2. **Ratification Order of Government : for waiving any shortfall in notice period due to sanction of Extraordinary Leave with / without Medical Certificate (inrespect of Voluntary Retirement cases).**

**11.** **Military Verification Certificate.** **:**

1. **Chalan for refund of Gratuity : received with Interest for Military Service.**
2. **Proceedings issued in the case of :**

**Compulsory Retirement / Voluntary Retirement / Medical Invalidation cases.**

1. **Government Order imposing cut : in Pension issued on completion of Disciplinary Proceedings / Dropping the Charges.**
2. **Adoption Deed, in case of adopted : children.**
3. **Medical Certificate in the case of : Mentally Retarded Children / Handicapped Children.**
4. **Certificate of Guardianship issued by Competent Authority in the case of Mentally Retarded Children or nominated by**

**Government servant. If so, furnish details.**

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**10 **

|  |  |  |
| --- | --- | --- |
| **Sl.** | **Description of documents to be** | **Whether enclosed/Attached** |
| **No.** | **enclosed/attached** |
|  |

1. **Death Certificate of first wife or Court Order for divorce.**
2. **Other documents, if any, needed.**

**Note:– The Original Certificates shall be obtained and verified by the Pension Sanctioning Authority. The Originals shall kept in safe custody for future reference. The attested copy of the certificates shall be send to the Accountant General Office.**

**Place :**

|  |  |
| --- | --- |
| **Date :** | **Signature of the Head of Office /** |
|  | **Department with Seal.** |

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**11 **

**ANNEXURE**

**to FORM 5. APPLICATION FOR SERVICE PENSION / COMMUTATION / RETIREMENT GRATUITY**

**(To be sent in Triplicate to A.G.)**

1. **Joint Passport size Photo of the : Government Employee with spouse.**

**[Where it is not possible for a Government servant**

**to submit a photograph with his wife or her Joint Photo**

**husband, he or she may submit separate**

**photographs. The photographs shall be attested by**

**the Head of Office. Three copies of passport size**

**photograph of disabled child/ dependent parents, if**

**applicable. (To be attested by the Head of Office)**

**(a) Name of Government Employee** **:**

**(b) Name of the Spouse** **:**

1. **Specimen Signature / Left Hand : 1.**

|  |  |  |
| --- | --- | --- |
| **Thumb impression in case of** |  | **2.** |
| **illiterate.** |  |
| **Two slips each bearing the left hand thumb and** |  | **3.** |
| **finger impressions duly attested may be furnished** |  |
| **by a person who is not literate and cannot sign his** |  |  |
| **name. If such a Government servant on account of** |  |  |
| **physical disability is unable to give left hand** |  |  |
| **thumb and finger impressions he may give thumb** |  |  |
| **and finger impressions of the right hand. Where a** |  |  |
| **Government servant has lost both the hands, he** |  |  |
| **may give his toe impressions. Impressions should** |  |  |
| **be duly attested by a Gazetted Government servant.** |  |  |
| **3. Descriptive Roll of Government** |  |  |
| **Employee indicating (a) height and (b)** |  |  |
| **personal marks, if any, on the hand, face,** |  |  |
| **etc. (Specify a few conspicuous marks,** |  |  |
| **not less than two, if possible.).** |  |  |
| **(a) Height (cm)** | **:** |  |
| **(b) Personal Identification Marks** | **:** | **1.** |
|  |  | **2.** |

**Signature of the Head of Office**

**with Seal.**

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**12 **

**COMBINED NOMINATION FOR ARREAR OF PENSION AND COMMUTATION OF PENSION**

**[ See Rule 48 of Tamil Nadu Pension Rules, 1978 and Rule 12 of Tamil Nadu Civil Pensions (Commutation) Rules, 1944.]**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby nominate the person / persons**

**mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the (i) Arrears of Pension and (ii) Commuted Value of Pension**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name, Date of Birth**  **(DoB) and address of**  **the nominee(s).** | **Relationship**  **with the**  **employee/**  **pensioner.** | **Share**  **to be**  **paid to**  **each** | **If nominee is**  **minor, Name,**  **DoB and address**  **of the person**  **who may receive**  **the amount on**  **behalf of minor.** | **Name, DoB and**  **address of alternate**  **nominee in case the**  **nominee under**  **column (1)**  **predeceases the**  **employee/**  **pensioner.** | **Relation-**  **ship with**  **employee**  **/**  **pensioner** | **Name, DoB and**  **address of person**  **who may receive the**  **amount if alternate**  **nominee in Column**  **(5) is a minor.** | **Contingency**  **on happening**  **of which**  **nomination**  **shall become**  **invalid.** |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
|  |  |  |  |  |  |  |  |

**These nomination supersede any nomination made by me earlier.**

**Place** **:** **Signature of the Government**

**Date** **:** **Employee / Pensioner.**

**Signature of two witnesses with Name and Adress:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Name** | **:** |  |
|  | **Address** | **:** |  |
| **2.** | **Name** | **:** |  |
|  | **Address** | **:** |  |

**13 **

**(To be filled in by the Head of Office / authorized Officer)**

**Received the nomination, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_ under Rule 48 of Tamil Nadu Pension Rules, 1978 and Rule 12 of Tamil**

**Nadu Civil Pensions (Commutation) Rules, 1944 made by the Registrar**

**Thiru/Tmt./Selvi** **:**

**Designation** **:**

**Office** **:**

**Entry of receipt of nomination(s) has been made in Page \_\_\_\_\_\_\_\_ Volume \_\_\_\_\_\_\_\_ of Service Book.**

**-/ Countersigned /-**

**Signature of Head of Office.**

**Office Address:**

**The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.**

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**14 **

**NOMINATION FOR GRATUITY**

**[ See Rule 45 of Tamil Nadu Pension Rules, 1978.]**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby nominate the person/persons mentioned**

**below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the any gratuity which having become admissible to me on retirement may remain unpaid at my death.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name, Date of Birth**  **(DoB) and address of**  **the nominee(s).** | **Relationship**  **with the**  **employee/**  **pensioner.** | **Share**  **to be**  **paid to**  **each** | **If nominee is**  **minor, Name,**  **DoB and address**  **of the person**  **who may receive**  **the amount on**  **behalf of minor.** | **Name, DoB and**  **address of alternate**  **nominee in case the**  **nominee under**  **column (1)**  **predeceases the**  **employee/**  **pensioner.** | **Relation-**  **ship with**  **employee**  **/**  **pensioner** | **Name, DoB and**  **address of person**  **who may receive the**  **amount if alternate**  **nominee in Column**  **(5) is a minor.** | **Contingency**  **on happening**  **of which**  **nomination**  **shall become**  **invalid.** |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
|  |  |  |  |  |  |  |  |

**These nominations supersede any nomination made by me earlier.**

**Place** **:** **Signature of the Government**

**Date** **:** **Employee/ Pensioner.**

**Signature of two witnesses with Name and Adress:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Name** | **:** |  |
|  | **Address** | **:** |  |
| **2.** | **Name** | **:** |  |
|  | **Address** | **:** |  |

**P.T.O.**

****

**15 **

**(To be filled in by the Head of Office / authorized Officer)**

**Received the nomination, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_ under Rule 45 of Tamil Nadu Pension Rules, 1978 made by**

**Thiru/Tmt./Selvi** **:**

**Designation** **:**

**Office** **:**

**Entry of receipt of nomination(s) has been made in Page \_\_\_\_\_\_\_\_ Volume \_\_\_\_\_\_\_\_ of Service Book.**

**-/ Countersigned /-**

**Signature of Head of Office.**

**Office Address:**

**The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.**

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**16**