

**O.C.S. (PENSION) FORM- 'A'**  
{See Rule 57(2)}  
**(Information on list of employees due to retire in the  
succeeding calendar year)**

List of employees employed in the Office/ Department of OUAT who are due to retire by the end of 31<sup>st</sup> December of the succeeding calendar year.

Sl. No.	Name of the employee	Designation	Date of Birth (dd/mm/yy)	Date of Superannuation (dd/mm/yy)	GPF Account Number	Whether action for processing of pension paper initiated in advance as per Rule (Yes/No)
1	2	3	4	5	6	7

(The list is to be sent by 31<sup>st</sup> of July each year by the Administrative Department to the Comptroller, OUAT, Bhubaneswar)

**Signature of the Head of Office**

**O.C.S. (PENSION) FORM- 'B'**

[See Note (3) below sub-rule (2) of Rule-39]

**(MEDICAL CERTIFICATE FORM FOR IN-VALID PENSION)**

(1) Certified that I / We have carefully examined Shri/Smt. ....  
Son/Daughter of Shri/Smt..... working in the  
Office/ Department..... His/ Her date of  
Birth as per the Service Book is ..... His/ Her age by  
(dd / mm / yy)  
appearance is about ..... years. I / We consider Sri / Smt.  
..... to be completely and permanently  
incapacitated for further service of any kind in the Department / Office in which he /  
she is working as a consequence of .....  
(State the cause or the disease), which is noticed after thorough examination.

(2) Certified that, I am / we are of the opinion that Sri/Smt ..... is  
fit for further service of a less laborious character than that is performed by him / her  
presently and may after resting for ..... Months be fit for further service of less  
laborious character than that is being performed now.

**Medical Authority  
With seal and signature**

Place :

Date :

*N.B. : If the incapacity does not appear to be complete and permanent, the certificate should be modified accordingly and certificate should be issued by striking out which one is not applicable.*

## O.C.S. (PENSION) FORM – 'C'

[ See Rule-53 (i) of OCS (Pension) Rules- 1992 ]

[ See Rule-8 of OCS (Commutation of pension) Rules-1992 ]

### NOMINATION FOR PAYMENT OF ARREARS OF COMMUTATION VALUE / DEATH-CUM-RETIREMENT GRATUITY AND LIFE TIME ARREARS OF PENSION

In the event of my death, I Sri/Smt. ....  
hereby nominate the person/ persons mentioned below, who is/ are members of my family/ not a part of my family and confer on him/ her/ them the right to receive the arrears arising out of commutation value of pension and gratuity sanctioned, but remaining un-paid, and also, life time arrears of pension or other arrears payable to me, the payment of which have been authorized by the OUAT, but remain un-paid and confer on him/ her/ them the right to receive the arrears to the extent specified below against each.

Original nominee(s)				Alternate Nominee(s)	
Name and address of nominee/ nominees	Relationship with the Govt. servant	Date of Birth of the Nominee (dd/mm/yy)	Percentage of share of arrears	Name, address, relationship and date of birth of the person or persons, if any, to whom the right conferred as the nominee, shall pass in the event of the nominee predeceasing the employee or the nominee dying after the death of the employee, but before receiving payment of share of arrears.	Percentage of share of arrears
1	2	3	4	5	6

Contd....

- Note :**(1) Any retiring employee desirous of assigning different nominees for different type of claims may fill in separate forms of nomination and submit it to pension sanctioning authority/ Head of Office.
- (2) All columns should be filled in so as to cover the whole amount of the arrears with reference to the percentage.
- (3) This nomination supersedes previous nomination, if any, furnished by me.
- (4) The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.
- (5) Strike out which is not applicable.

Dated this ..... Day of month.....20..... at .....

**Two witnesses to signature**

(1)



(2)

**Signature of the OUAT Employee**

**Signature of the Head of Office  
accepting the nomination**

## O.C.S. (PENSION) FORM- 'D'

[ See Rule-56 (15) ]

### { Information on Details of Family }

(1) Name of the University employee :

(2) Designation :

(3) Date of Birth as per Service Book :

(4) Date of Appointment :

(5) Details of the members of my family\* as on

( dd / mm /yy )

Sl. No.	Name of the members of family*	Date of Birth ( dd / mm /yy )	Relationship with the employee	Remarks, if any
1	2	3	4	5
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 alternations in the family.

Place :

**Signature of the employee**

Date :

\*Family for this purpose means family as defined in clause (b) of sub-rule (17) of Rule-56 of the Odisha Civil Services (Pension) Rules, 1992.

\*\*Wife and Husband shall include respectively judicially separated wife and husband.

## O.C.S. (PENSION) FORM- 'E'

### PART-I

[Reference Rule-58(2) of OCS (Pension) Rules, 1992 and rule  
5, 6, 11, 12, 13, 14 and 15 of OCS (CP) Rules, 1992 ]

### [Application by the Retiring OUAT employee for sanction of Pension, Gratuity and Commuted Value of Pension]

(1)	Name of the University employee <i>(in Block letters)</i>	:												
(2)	Father / spouse Name	:	Father :											
			Husband/Wife:											
(3)	Date of Birth <i>(by Christian Era)</i> <i>(in words as recorded in the service book)</i>	:			/			/						
			d	d		m	m		y	y	y	y		
(4)	Date of joining in University service	:			/			/						
			d	d		m	m		y	y	y	y		
(5)	Date of retirement	:			/			/						
			d	d		m	m		y	y	y	y		
(6)	Post last served and name of the Office	:												
(7)	Type of Pension applicable <i>(Superannuation/ Invalid pension/ Compensation pension/ Pension on voluntary Retirement/ Pension on compulsory retirement)</i>	:												
(8)	Previous Pension / Family Pension received, if any, from other source/ Military/ Civil. <i>(Please indicate the details PPO/ FPPO No., Amount of pension and date from which received)</i>	:												
(9)	Permanent Address	:												
(10)	Address for correspondence <i>(Where the pensioner intends to reside after retirement)</i>	:												
	Phone No.													
	Mobile No.													
	E-mail I.D.													
(11)	(A)Retiring University employees choice of the Banks, where the pensionary benefits are to be credited	:	Name of the Bank :											
			Branch :											
			Account No.											
			IFSC Code :											
			MICR Code :											

Contd....

	(B) Bank Account details : (When operated Single/ Jointly with the spouse by the pensioner)	:	Name of the Bank :			
		:	Branch :			
		:	Account No.:			
		:	IFSC Code :			
		:	MICR Code :			
		:	BSR Code :			
(12)	Permanent Account Number (PAN) if any, (for Income Tax purpose)	:				
(13)	Percentage (%) of pension sought to be commuted (Maximum 40% of pension)	:				
(14)	Details of the Family (Family for this purpose means family as defined in Clause(b)(i)(iii) of Sub-rule (17) of Rule-56 of the Orissa Civil Service (Pension) Rules,1992) Spouse/ Son/ Sons including adopted Sons/ Un-married Daughter/ Daughters including adopted Daughters/ Parents/ Parents in-laws in case of Women University employee) Note: Wife and husband shall include respectively, judicially separated wife and husband.	:	Spouse : Date of Birth :			
			Sl.	Name of the Son(s)/ Daughter (s)	Date of birth	Marital status
			1			
			2			
			3			
			4			
		5				
	Any other information	:	Parent / Parents-in-law (in case of Women University employees) / DoB/ Age			
(15)	Whether nomination furnished in Form- C (Attach Form- C)	:				
(16)	Whether application for final withdrawal of GPF has been filed (i)if, yes, give the date (ii)if no, give the reasons	:	(i)  (ii)			
(17)	Personal Identification proof to be attached duly attested by Head of Office / Authorized Officer	:				
(18)	Information on Drawal of Long Term Advances during the service period (Give details with TV No.)	:				
	(a)House Building Advance	:				
	(b)Special House Building Advance	:				
	© Motor Car Advance	:				
	(d) Motor Cycle Advance	:				
(19)	Name of Treasury/ Special Treasury/ Sub-Treasury where the pensioner intends to draw his/her first Pension	:				

**Signature of the Retiring employee**  
Designation before retirement

**Declaration of the Retiring University employee**  
[See Rule-70A]

I, ..... do hereby give my free and full consent that, if any over payment made to me is detected while in service or after my retirement in respect of my General Provident Fund Account or on account of Gratuity, Pension and Temporary Increase on pension etc., the same shall be recovered from my Temporary Increase on pension or Gratuity payable to me or to my family at any time.

**Full Signature of the Retiring employee**  
With full address & Mobil No.



✂

**PART-II**  
**ACKNOWLEDGEMENT**

Received from  
Sri/Smt./Miss/Dr.....  
(Name and designation of the retiring OUAT employee)  
application in Form-E for sanction of Pension/ Gratuity and Commutation Value of Pension  
with Medical Certificate / without Medical Certificate along with nomination in Form-C (*Strike  
out which is not applicable*).

\*(On receipt of the application by the Head of the Office, the acknowledgement should be detached from the Form and to be handed over to the applicant as proof of receipt of application.)

Place :

**Signature of Head of Office**

Date :



## O.C.S. (PENSION) FORM- 'F'

(To be filled in by the Head of Office for sanction of Pensionary benefits)  
[ See Rule 58(1), 61, 62(1), 62(2)(i) and 64 (1) and (2) ]

### PART – I

1.	Verification of information details given by the Retiring QUAT employee in OCS (Pension) Form-E		Verified the information given in OCS (Pension) Form-E
2.	Name of the University employee <i>(in block letters)</i>	:	
3.	Total period of Gross service	:	
4.	Total period of non-qualifying service	:	
	i. Extra Ordinary Leave not qualifying the pension	:	
	ii. Period of suspension not treated as qualifying service	:	
	iii. Any other period of service not qualifying for pension	:	
5.	Total period of Net qualifying service <i>(Gross period of service-period of non-qualifying service)</i>	:	
6.	Any other service rendered to be added to the qualifying service <i>(to be specified by the PSA with reference to the service book entry)</i>	:	
7.	Total period of qualifying service for determination of pension	:	
8.	Scale of pay with Grade Pay, if any, at the time of retirement	:	
9.	Emoluments last drawn (Pay, grade pay or personal pay, if any, drawn as defined in Rule-2(e)(a)(b) of the OCS pension Rules, 1992 read with Rule-48	:	
10.	Amount of pension payable per month	:	
11.	Amount of Gratuity payable <i>(Total emoluments x No. of half yearly qualifying service) divided by 4, subjected to maximum limit)</i>	:	
12.	Commutated value of pension <i>(Subjected to maximum limit of 40% of pension)</i>	:	
13.	Reduced Pension Receivable after commutation	:	
14.	Amount of Family Pension payable	:	
	i. Before attaining 65 years	:	
	ii. After attaining 65 years	:	

15.	Outstanding Govt. dues for recovery	:	
	(a) Outstanding advances :		
	i. House building Advance/Special House Building Advance with interest	:	
	ii. Motor Car Advance with interest	:	
	iii. Motor Cycle Advance with interest	:	
	(b) Outstanding fees for occupation of University Quarters, overpayment of pay and allowances including leave salary	:	
	(c) Any other assessed dues payable to OUAT (Please indicate details)	:	
16.	Total outstanding Govt. dues recoverable	:	
17.	Amount of Gratuity to be withheld for un-assessed dues	:	
18.	Net Gratuity payable (Excluding recovery amount and the withheld amount)	:	
19.	Total amount of pension to be commuted (Subject to maximum of 40% of pension)	:	
20.	Age on next Birth Day	:	
21.	Total amount of Commuted Value of Pension payable in lieu of commutation (Calculation to be made as per formula)	:	
22.	Details of sanction of provisional pension, if any, with date and amount	:	
23.	Whether application for final withdrawal of GPF has been sent to concerned authorities (i) If, Yes, give the letter No. and date (ii) If No, give reasons	:	
24.	Place of payment	:	

**Date.**

**Signature of the Head of Office  
with designation and seal**

**PART-II****( For use by Pension Sanctioning Authority )**

Sanction is hereby accorded in favour of Shri/Smt/Kumari/ Dr .....

..... (Name with designation) in  
the Department/ Office ..... for  
payment of pensionary benefits as admissible under rules.

1.

Pension	Commutation of pension	Reduced pension after commutation	Total commutation value of pension	Total Retirement Gratuity	Family Pension in the event of death of the pensioner		Name of the eligible family pensioner
					Before 65 years	After 65 years	
1	2	3	4	5	6	7	8

2. Information on sanction of provisional pension / Gratuity and Commutation value of pension.

Provisional Pensionary benefits sanctioned	Provisional pension	Provisional commutation value of pension	Provisional Retirement Gratuity
1	2	3	4
Amount (Rs.)			
Sanction Order No.			
Date of sanction			
Designation of the sanctioning authority			

The amount of outstanding Govt. dues and the amount to be withheld as suggested in Part-I of this Form shall be taken into account before authorizing pensionary benefits to the Retired University employees by OUAT.

**Comptroller,  
OUAT, Bhubaneswar**

**Signature of the Pension Sanctioning  
Authority with designation**

**PART-III**

[ See Pension Rule-64 and Rule-14 of OCS (Commutation of Pension) Rules-1992 ]

**{ ACCOUNT ENFACEMENT BY THE COMPTROLLER, OUAT, BHUBANESWAR }**

1.	Name of the OUAT employee with designation	:	
2.	Class of Pension	:	
3.	Gross service admitted	:	
4.	Admitted non-qualifying service	:	
5.	Admitted qualifying service	:	
6.	Addition to qualifying service	:	
7.	Admitted amount of pension / service Gratuity	:	
8.	Admitted amount of Retirement Gratuity	:	
9.	Admitted amount of Family Pension	:	
	(i) Before attaining 65 years	:	
	(ii) After attaining 65 years	:	
10.	Amount of outstanding dues recovered from Gratuity	:	
11.	Amount withheld from Gratuity pending assessment of Govt. dues	:	
12.	Commutated value of pension allowed to surrender	:	
13.	Net pension payable after commutation	:	
14.	Net commuted value of Pension payable	:	
15.	Date of commencement of pension	:	
16.	Date of commencement of reduced pension after commutation	:	
17.	Head of account to which pensionary benefits are debitable	:	

**Accounts Officer  
OUAT, Bhubaneswar**

## O.C.S. (PENSION) FORM- 'G'

[ See Rule-62(2) ]

{ Forwarding of Pension Papers of the Retiring OUAT servant to the  
Office of the Comptroller, OUAT, Bhubaneswar }

Office of the .....  
**Odisha University of Agriculture and Technology**

No. .... / dated. ....

To

The Comptroller,  
Odisha University of Agriculture and  
Technology, Bhubaneswar

Sub : Forwarding of pension papers

Sir,

I am directed to forward herewith the pension papers of Sri/Smt/ Kumari/Dr ..  
.....and designation .....  
working in this department/ office for necessary authorization for drawl of Pension /  
Commuted value of pension/Gratuity as per the suggestion given in O.C.S. (Pension) Form-F  
and outstanding Govt. dues are to be recovered from the Retirement Gratuity and pending  
assessment of any other outstanding Govt. dues amount as suggested may be withheld till  
final decision in this regard.

The fact of authorization of pensionary benefits has to be intimated to this office/  
department.

Yours faithfully,

**Signature of the Head of Office  
with designation**

### Details of enclosures:

- (1) OCS (Pension) Form-E
- (2) OCS (Pension) Form-F
- (3) Nomination Form in OCS (Pension) Form-C
- (4) Specimen Signature, personal identification mark and three copies of Passport Size Joint/  
Single Photograph of the retiring University servant duly attested by Pension Sanctioning  
Authority/ Head of the Office.
- (5) Original Service Book (s)
- (6) Original Medical Certificate (in case of invalid pension)

Memo No. / dated.

Copy forwarded to Sri/Smt/Kumari/Dr.....

At.....Po:.....Dist:.....Pin:..... for  
information and necessary action.

**Signature of the Head of Office  
with designation**

Memo No. / dated.

Copy forwarded to the ..... for  
information and necessary action with reference to his office letter No. ....

Dated.....



**Signature of the Head of Office  
with designation**

## O.C.S. (PENSION) FORM- 'H'

[ See Rule-72(2)(b) & 72(3) ]

{ Information to the Member / Members of the Family of the Deceased  
University Employee for Grant of Family Pension and Death Gratuity }  
(Where valid nomination exists/ where valid nomination does not exist )

Office of the .....

**Odisha University of Agriculture and Technology**

No. .... / dated. ....

To

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

Sub : Payment of Family Pension and Death Gratuity in respect of  
Late Shri/Smt. ....

Sir / Madam,

- (i) I am directed to state that in terms of the nomination made by Late .....(designation) in the office/department of ..... death gratuity is payable to his/her nominee(s), a copy of the said nomination is enclosed herewith.
- (ii) I am directed to state that no nomination has been made by Late Sri/Smt/ Kumari .....(designation) in the office/department of ...../ the nomination though made either does not subsist or found to be invalid. The death gratuity is payable to following family members in equal share as per Rule-49 of the Odisha Civil Service (Pension) Rules-1992 as per Legal Heir Successor CH.
- Wife / husband including judicially separated wife/husband
  - Sons including step sons and adopted sons
  - Un-married daughters including step daughters and adopted daughters.
- (iii) In the event of there being no surviving member of the family as indicated above, the gratuity will be payable to the following members of the family in equal shares, as per Legal Heir Successor CH.
- Widowed daughters including step daughters and adopted daughters.
  - Father including adoptive father in case of individuals whose personal law permits adoption.
  - Mother including adoptive mother in case of individuals whose personal law permits adoption.

- (d) Brothers below the age of eighteen years including step brothers and unmarried or widowed sisters including step sisters.
  - (e) Married daughters and children of a pre-deceased son.
  - (f) Children born out of void wedlock.
- (iv) Family pension payable to widow / widower / Children including disabled son/ disabled daughter / disabled widowed / disabled divorced daughters/ unmarried / widowed/ divorced daughters/ Father / Mother *(Strike out whichever is not applicable)*
- (v) It is requested that claim for the grant of gratuity may be submitted in the enclosed OCS (Pension) Form- J and claim for Family Pension in OCS (Pension) Form-K as soon as possible.

Yours faithfully,

**Head of Office**

*N.B.: Strike out which is not applicable before sending the letter*





## O.C.S. (PENSION) FORM- 'J'

[ See Rule-72(2) ]

{ Application for grant of Death Gratuity on the death  
of a University employee }

(To be filled in by the nominee or separately by each claimant and in case the claimant is minor, the Form should be filled in by the Guardian on his/her behalf, where there are more than one minor, the Guardian should claim gratuity in one Form on their behalf)

1.	Name of the deceased University employee in respect of whom gratuity is claimed		:			
2.	Date of death of the University employee		:			
3.	Office/ Department in which the deceased served last		:			
4.	Names of the claimants with relationship with the deceased University employee			<i>(Give details below)</i>		
	Name of the claimant/ nominee/ name of the guardian (in case the claimants are minors)	Date of birth of claimant/ nominee/ date of birth of guardian (in case of minor)*	Relationship with deceased University employee	Name of the minor (s)	Relationship with the Guardian { in case of minor (s)}	Full postal address for correspondence
	1	2	3	4	5	6
*The date of Birth furnished in the format above is to be supported by proof of the date of birth as recorded on the Certificate (s) furnished by the School/ College/ Municipal/ Local Panchayat Authorities/ Register of Birth and death.						

Contd.....

5.	Documents to be submitted by the applicant	:	
i.	Two specimen signature of the Claimant/ Nominee/ Guardian duly attested by the Head of Office (Left Hand Thumb Impression and finger impression, if the applicant is not literate)	:	
ii.	Two passport size photographs duly attested by Head of Office	:	
iii.	Attested copy of proof of date of Birth issued by competent authority like Birth Certificate, Certificate issued by School/ College/ Municipal/ Local Panchayat Authority	:	
iv.	Name of the Treasury/ Sub-Treasury/ Special Treasury at which payment is desired.	:	
v.	Name of the Bank where Gratuity amount is to be credited	:	Name of the Bank:
		:	Branch :
		:	Account No.
		:	IFSC Code :
		:	MICR Code :

**Signature of the Claimant  
Or Thumb Impression**  
(in case claimant is illiterate)

Received the application form for sanction of Gratuity from  
Sri/ Smt/ Kumari/Dr .....

On dated .....

**Signature of the Head of the Office**  
Where the University employee last served

## O.C.S. (PENSION) FORM- 'K'

[See Rule-72(3) and 80(2)]

{ Application for the grant of Family pension on the death of a  
University employee / Pensioner }

1.	Name of the deceased University employee / pensioner	:		
2.	Date of death of the University employee/ pensioner (enclose attested copy of death certificate)	:		
3.	Name and address of the applicant for Family pension	:		
	a. Widow/ widower/ Father/ Mother	:		
	b. Guardian, if the deceased person is survived by minor Child or Children including disabled son/ disabled daughter/ disabled widowed/ disabled divorced daughters (enclose the attested copy of Legal Guardian Certificate issued by the Collector & DM)	:		
	c. Un-married/ widowed/ divorced daughters even after attaining the age of twenty five years (enclose substantive documents)	:		
4.	Name and age of surviving widow / widower/ Father/ Mother/ Guardian and children of the deceased University employee / pensioner	:	<i>(Give details below)</i>	
	Name	Relationship with the deceased person	Date of birth by Christian Era	Age on date of death of University employee/ Pensioner
	1	2	3	4
*The date of Birth furnished in the format above is to be supported by proof of the date of birth as recorded on the certificate (s) furnished by the School/ College/ Municipal/ Local Panchayat Authorities/ Register of birth & death.				
5.	P.P.O. No. of the deceased Pensioner	:		
6.	If the applicant is Guardian / Legal Guardian	:		
	i. Date of birth of minor	:		
	ii. Relationship of minor with the deceased University employee/ pensioner	:		

*Contd....*

7.	Name of the Bank where Pensionary benefits are to be credited	:	Name of the Bank:
		:	Branch :
		:	Account No:
		:	IFSC Code :
		:	MICR Code :
8.	Documents to be submitted	:	
	i. Two specimen signatures of the applicant, duly attested by the Head of Office (To be furnished in two separate sheets)	:	
	ii. Five copies of passport size photograph of the applicant, duly attested by the Head of Office	:	
	iii. If illiterate, two slips each bearing left hand thumb and finger impression of the applicant, duly attested by the Head of Office	:	
	iv. Descriptive Roll of the applicant, duly attested by Gazetted Officer/ Head of Office indicating (a) Height and (b) Personal identification marks, if any (To be furnished in duplicate)	:	
	v. Proof of age : Attested copy of Proof of date of Birth issued by competent authority like birth certificate. Certificate issued by School/ College/ Municipal/ Local Panchayat Authority.	:	
9.	Name of Treasury or Sub-Treasury or Special Treasury at which payment is desired	:	
10.	Whether, Pension / Family Pension is admissible / received from any other source (Military or any other State Govt. or Central Govt. and/ or public Sector Undertaking/ Autonomous Body / Local Fund under the State or Central Govt. (If yes, give details)	:	

**Signature of the Applicant**

Received the application form for sanction of Family Pension from  
 Shri/ Smt/ Kumari/Dr .....

On dated .....

**Signature of the Head of the Office**

With seal

Form- 'K'

**O.C.S. (PENSION) FORM- 'L'**

[ See Rule-73(1) and 75, 77 ]

{ Form for assessing and sanctioning family pension / death gratuity  
in case of death while in service }

(To be sent in duplicate if payment is desired in a different unit of accounting circle)

**PART-I**

1.	Name of the deceased University employee	:	
2.	Father's name (and also husband's name in case of female University employee)	:	
3.	Date of birth (by Christian era)	:	
4.	Date of death (by Christian era)	:	
5.	Permanent address	:	
6.	Name of the Establishment last served	:	
7.	Amount and nature of any pensionary benefits received for previous services, if any (both civil and Military)	:	
	i.. Amount of Pension	:	
	ii.. Amount of retirement Gratuity	:	
	iii.. Amount of Family Pension	:	
8.	Date of beginning of service	:	
9.	Length of gross service (Sl.4-Sl.8)	:	
10.	Total periods of non-qualifying service	:	
	i. Interruption in service condoned	:	
	ii. Extra Ordinary Leave not qualifying for pension	:	
	iii. Period of suspension not treated as qualifying service	:	
	iv. Any other service not treated as qualifying service.	:	
11.	Total qualifying service (Sl.10- Sl.11)	:	
12.	Emoluments last drawn in terms of Rule-48	:	
13.	Proposed amount of family pension (Rs.)	:	
	(i) At enhanced rate (Rs.)	From	To
	(ii) At ordinary rate (Rs.)	From	To
14.	Proposed amount of death gratuity (Rs.)	:	
15.	Outstanding dues for recovery from death gratuity	:	
	i. Licence fee for Univ. Accommodation	:	
	ii. Balance of house building/ special housing building/ conveyance or other long term advance.	:	

Contd....

	iii.	Over payment of pay and allowances including leave salary with Head of Account	:	
	iv.	Any other assessed dues recoverable and the nature thereof and head of account to which to be credited.	:	
16.		Amount to be held over from gratuity pending assessment of any other University dues.	:	
17.		Amount of provisional pensionary benefits sanctioned (if any)	:	
	i.	Amount of family pension	:	
	ii.	Amount of death gratuity	:	
	iii.	Amount of outstanding dues to be recovered from provisional gratuity	:	
18		Person/ Guardian to whom family pension is payable	:	
	i.	Name	:	
	ii.	Relationship with the deceased University employee	:	
	iii.	Full postal address	:	
19.		Persons to whom death gratuity is payable when valid nomination exists/ does not exist.	:	
		Name (s)	Relationship with the deceased	Amount of share payable
		1	2	3
				4
20.		Name of Treasury/ Sub-Treasury/ Spl Treasury where payment is to be made	:	
21		Name of the Bank where Pensionary benefits are to be credited	:	Name of the Bank:
				Branch :
				Account No.
				IFSC Code :
				MICR Code :
22.		Head of Account to which family pension/ death gratuity are debitible	:	

**Signature with designation  
of the Head of Office**

**PART-II****(For use by Pension Sanctioning Authority )**

Sanction is hereby accorded in favour of Shri/Smt/Kumari  
 ..... for payment of following pensionary benefits as  
 admissible under rules consequent on the death of Shri/Smt/Kumari

.....  
 (Name with designation)

in the department/ office of the .....

1.A.

Family Pension		Name of the family pensioner
At the enhanced rate upto		
At the normal rate w.e.f.		

1.B.

Retirement Gratuity	Name (s) of the claimants	Percentage of share

2. Information on sanction of provisional pension/ gratuity

Provisional pensionary benefits sanctioned	Provisional pension	Provisional Gratuity
Amount (Rs.)		
Sanction Order No.		
Date of sanction		
Designation of the sanctioning authority		

The amount of outstanding dues to be recovered and the amount to be withheld as suggested in Part-I of this form shall be taken into account before authorizing pensionary benefits to the pensioner by OUAT.

**Comptroller,**  
OUAT, Bhubaneswar

**Signature of the Pension Sanctioning  
 Authority and designation**

**PART-III****{ ACCOUNT ENFACEMENT BY THE COMPTROLLER, OUAT, BHUBANESWAR }**

1.	Name of the deceased employee	:		
2.	Date of death	:		
3.	Gross service admitted	:		
4.	Admitted non-qualifying service	:		
5.	Admitted qualifying service	:		
6.	Date of commencement of family pension	:		
7.	Admitted amount of family pension	:		
	(a) At enhanced rate		From	To
	(b) At normal rate		From	To
8.	Admitted amount of Death Gratuity	:		
9.	Amount of outstanding dues recovered from Gratuity	:		
10.	Amount of provisional family pension/ Death Gratuity to be adjusted	:		
11.	Amount withheld from Death Gratuity pending assessment of University dues	:		
12.	Head of Account to which pensionary benefits are to be debited.	:		

**Accounts Officer  
OUAT, Bhubaneswar**



## O.C.S. (PENSION) FORM- 'M'

[ See Rule-73(1) and 75(2) ]

{ Form for forwarding the Family Pension / Death Gratuity papers of a deceased University employee / Pensioner }

Office of the .....

**Odisha University of Agriculture and Technology**

No. .... / dated. ....

To

The Comptroller,  
Odisha University of Agriculture and  
Technology, Bhubaneswar

Sub : Forwarding of Family Pension/ Death Gratuity papers.

Sir,

I am directed to forward herewith the Family Pension/ Death Gratuity papers of Shri/Smt/Kumari..... and designation ..... working in the department/ office ..... as per the details given below for further necessary action.

### List of enclosures :

1.	Application for Family Pension in OCS (Pension) <b>Form-K</b>	:	
2.	Application (s) for Death Gratuity in OCS (Pension) <b>Form-J</b> ( <i>Application in OCS(Pension) Form-J for each of the claimants separately 1 copy each to be furnished</i> )	:	
3.	Form for assessing and sanctioning Family Pension in OCS(Pension) <b>Form-L</b> ( <i>To be sent in duplicate where pension is desired in different circles of accounting unit</i> )	:	
4.	Attested copy of the <b>Death Certificate</b>	:	
5.	Attested copy of <b>Legal Heir Certificate</b> , where no valid nomination subsists	:	
6.	Attested copy of nomination in OCS (pension) <b>Form-C</b>	:	
7.	<b>Guardianship Certificate</b> where payment of Death Gratuity exceeds Rs.50,000 ( <i>if the claim is by the Guardian</i> ) or Indemnity Bond, whichever is applicable	:	
8.	Slip containing <b>specimen signatures</b> for each of the claimants duly attested ( <i>in duplicate</i> )	:	
9.	Slip containing <b>height, personal marks of identifications</b> for each of the claimants duly attested ( <i>in duplicate</i> )	:	
10.	<b>Passport size photograph</b> of the applicant in OCS (Pension) <b>Form-K</b> ( <i>in duplicate</i> )	:	
11.	Original/ duplicate <b>Service Books</b>	:	

(2) Following outstanding University dues are to be recovered from the Death Gratuity and to be adjusted:

- (i) Licence fee for University accommodation.....
- (ii) Balance of House Building / Special House Building / Conveyance and other Advance .....
- (iii) Over payment of Pay and allowance including leave salary .....
- (iv) Any other, assessed University dues .....

(3) Pending assessment of any of the above outstanding University dues, if any, necessary amount as required under Rule-78(1)(vi) shall be withheld from death gratuity.

(4) The payment of provisional family pension / death gratuity shall be adjusted from the final payment. Sanction of provisional family pension and gratuity order enclosed.

(5) The fact of authorization of pensionary benefits is to be intimated to this department/ office.



Yours faithfully,

**Signature of the Head of Office  
with designation**

Memo No.                    /                    dated.

Copy forwarded to Shri/Smt/Kumari .....

At: ..... for information with reference to the application in Form-H and Form-J and Head of Office with reference to the letter No. .... dated..... for information and necessary action.

**Signature of the Head of Office  
with designation**

## O.C.S. (PENSION) FORM- 'N'

[ See Rule-65(4), 76(1) and 9 & 15 of OCS Commutation of Pension Rules ]

{Form for sanctioning provisional pension, provisional family pension  
Provisional commuted value of pension and provisional gratuity}

Joint photograph  
for provisional  
pension/

single photograph  
for provisional  
Family pension

Sanction is hereby accorded for payment of provisional pension, provisional family pension, provisional commuted value of pension and provisional gratuity as indicated below in favour of Sri/Smt/Kumari.....  
pending issue of final P.P.O. and G.P.O. by OUAT.

1.	Name of the pensioner/ family pensioner	:	
2.	Father's / Husband's name	:	
3.	Office / department in which the pensioner/ deceased University employee served last	:	
4.	Permanent address	:	
5.(a)	Amount of provisional pension/ family pension is payable	:	
(b)	Date from which provisional pension/ family pension is payable	:	
6.(a)	Amount of retirement/ death gratuity	:	
(b)	Amount of gratuity to be deducted towards the outstanding University dues as per details below	:	
i.	License fee for Univ. accommodation	:	
ii.	Balance of house building/ special house building, conveyance and other advance with interest, if any	:	
iii.	Over payment of pay and allowance including leave salary	:	
iv.	Any other, assessed Govt. dues	:	
©	Amount of gratuity to be held over for adjustment of un-assessed Univ. dues	:	
(d)	Amount of gratuity payable to the pensioner	:	
(e)	Amount of gratuity, if any, payable to the members of family of the deceased University employee as per details below	:	
i.		:	
ii.		:	
iii.		:	
(f)	Amount of provisional commuted value of pension	:	
i.	Amount of provisional pension commuted	:	
ii.	Commuted value of provisional pension	:	
iii.	The amount of provisional pension payable for month after commutation	:	

**Comptroller,**  
OUAT, Bhubaneswar

**Signature of the Pension Sanctioning  
Authority and designation**

**INDEMNITY BOND**  
**O.C.S.(PENSION) FORM- 'P'**  
[ See Rule 55(3) ]

Form of Bond of Indemnity for payment of minor (s) share of death / retirement gratuity upto Rs.50,000/- (Rupees fifty thousand) to the person without production of Guardianship Certificate.

**KNOW ALL MEN** by these presents that we (a).....  
(b) ..... the widow/son/brother, etc. of (c)  
..... deceased, resident of .....  
(hereinafter called "**the Obligor**") and (d) ..... son/wife/  
daughter of ..... resident of ..... and  
(e) ..... son/wife/daughter of ..... resident  
of ..... the sureties for and on behalf of the Obligor  
(hereinafter called "**the Sureties**") are held firmly bound to the Governor of Odisha (hereinafter  
called "the Government" in the sum of Rs...../- (Rupees.....  
.....) only well and truly to be paid to the OUAT on demand  
and without a demur for which payment we bind ourselves and our respective heirs, executors,  
administrators, legal representatives, successors and assigns by these presents.

Signed this ..... Day of ..... Two thousand and .....  
And

**WHEREAS** (c) ..... at the time of his death in the employment  
of the OUAT / Pensioner receiving salary at the rate of Rs...../- (Rupees  
.....) only per month / pension at the rate of Rs.  
...../- (Rupees .....) only per month from the  
OUAT.

**AND WHEREAS** the said (c) ..... died  
on the ..... day of ..... 20..... And there was due to him at the time  
of his death the sum of Rs...../- (Rupees.....  
.....) only for and towards share of his minor son(s)/ daughter (s) the  
death/ retirement gratuity.

**AND WHEREAS** the "Obligor" claims to be entitled to the said sum as de facto  
guardian of the minor son (s)/ daughter (s) of the said (c) .....  
but has not obtained till the date of these presents the certificate of guardianship from any  
competent Court of Law in respect of the said minor (s).

**AND WHEREAS** the "Obligor" has satisfied (d) and (e) ..... that  
he/she is entitled to the aforesaid sum and that it would cause undue delay and hardship if the  
"Obligor" be required to produce the certificate of guardianship from the competent Court of  
Law before payment to him of the said sum of Rs. ....-/-.

**AND WHEREAS**, the OUAT has no objection to the payment of the said sum of the  
"Obligor", but under Government Rules and orders, it is necessary for the "Obligor" to first  
execute a Bond with one Surety / two sureties to indemnify the OUAT against all claims to the  
amount so due as aforesaid to the said (c) ..... before the said sum, can be  
paid to the "Obligor".

**Contd....**

**AND WHEREAS** the "Obligor" and at his/her request the Surety / sureties have agreed to execute the bond in the terms and manner hereinafter contained.

**NOW THE CONDITION OF THIS BOND** is such that if after payment has been made to the "Obligor", the "Obligor" and/or the surety / sureties shall in the event of a claim being made by any other person against the Government with respect to the aforesaid sum of Rs...../- refund to the Government, the said sum of Rs...../- and shall otherwise indemnify and keep the OUAT harmless and indemnified against and from all liabilities in respect of the aforesaid sum and all costs incurred in consequence of the claim thereto. Then, the above written bond or obligation shall be void and of no effect but otherwise it shall remain in full force, effect and virtue.

**AND THESE PRESENTS ALSO WITNESS** that the liability of the sureties hereunder shall not be impaired or discharged by reason of time being granted by or any forbearance act or omission of the Government whether with or without the knowledge or consent of the surety/ sureties in respect of or in relation to the obligations or conditions to be performed or discharged by the "Obligor" or by any other method or thing what so ever which under the law relating to the sureties, shall but for this provision have the effect of so relating the surety / sureties from such liability nor shall it be necessary for the Government to sue the "Obligor" before suing the surety/ sureties or either of them for the amount due here under, and the Government agrees to bear the stamp duty, if any, chargeable on these presents.

IN WITNESS WHERE OF the "Obligor" and the surety/ sureties hereto have set and subscribed the respective hands hereunto on the day, month and year above written.

**Signed by the above named "Obligor" in the presence of**

(1)

(2)

**Signed by the above named Surety / Sureties**

(1)

(2)

**Accepted for and on behalf of the Governor of Odisha by**

.....  
*Names and designations of the Officer directed or authorized, in pursuance of Article 229(1) of the Constitution, to accept the bond for and on behalf of the Governor in the presence of*  
*(Name and designation of witness)*

- NOTE : I
- (a) Full name of the claimant referred to as the "Obligor"
  - (b) State relationship of the Obligor to the deceased
  - (c) Name of the deceased OUAT Officer
  - (d) Full name or names of the sureties with name or names of the Father(s)/ Husband (s) and place of residence.
  - (e) Designation of the Officer responsible for payment.

NOTE : II  
The Obligor as well as the sureties should have attained majority so that the bond may have legal effect or force.

**INDEMNITY BOND**  
**O.C.S.(PENSION) FORM- 'Q'**  
[ See Rule 56(19)(ii)(b)& 56(20)(B)(b) ]

(Form of Bond of Indemnity for payment of Family Pension / Death Gratuity in case of disappearance of the University employee while in service / disappearance of pensioner)

**KNOW ALL MEN** by these presents that we (a).....  
(b) ..... the wife/son/brother/nominee, etc. of (c)  
..... who was holding the post of ..... in the  
department/ office of ...../ who was in receipt of  
pension from ..... is reported to have been missing  
since..... (hereinafter referred to as 'missing University employee/ missing  
pensioner') resident of ..... (hereinafter  
called "**the Obligor**") and (d) Shri ..... son/wife/ daughter of  
Shri..... resident of ..... and  
(e) Shri..... son/wife/daughter of .....  
resident of ..... the sureties for and on behalf of the Obligor  
(hereinafter called "**the Sureties**") are held firmly bound to the Governor of Odisha (hereinafter  
called "**the Government**") in the sum of Rs...../- (Rupees.....  
.....) only equivalent of the amount on account of payment  
of salary, leave encashment, GPF, Pension, Retirement/ Death Gratuity and each and every  
sum being the monthly family pension will and truly to be paid to the OUAT on demand and  
without a demur together with simple interest at the rate ..... per cent p.a. from the  
date of payment thereof until repayment for which payment, we bind ourselves and our  
respective heirs, executors, administrators, legal representatives, successors and assigns by  
these presents.

Signed this ..... Day of ..... Two thousand and .....  
And

**WHEREAS** (c) ..... was at the time of his disappearance is in  
the employment of the OUAT and receiving pay at the rate of Rs...../- (Rupees  
.....) only per month from OUAT/ is in receipt of  
pension at the rate of Rs. ....-/- (Rupees .....  
.....) only per month.

**AND WHEREAS** the said (c) .....  
disappeared on the .....day of ..... 20..... and there was dues payable to  
him at the time of his disappearance, the sum equivalent of (i) Salary due, (ii) Leave  
encashment (iii) GPF, (iv) Pension and (v) Retirement / Death Gratuity.

**AND WHEREAS** the "Obligor" is entitled to family pension of Rs. ....-/-  
(Rupees. ....)only plus admissible temporary  
increase thereon.

**AND WHEREAS** the "Obligor" has represented that he/she is entitled to the aforesaid  
sum and approached the Government for making payment thereof to avoid undue delay and  
hardship.

**AND WHEREAS**, the Government has agreed to make payment of the said sum of  
Rs...../- (Rupees .....) only and monthly family  
pension @ Rs...../- (Rupees .....) only and  
temporary increase thereon to the Obligor upon the Obligor and the Sureties entering into a

Bond for the above mentioned sum to indemnify the OUAT against all claims to the amount so due to the aforesaid missing University employee/ pensioner.

**AND WHEREAS** the "Obligor" and at his/her request the Surety / sureties have agreed to execute the bond in the terms and manner hereinafter contained.

**NOW THE CONDITION OF THIS BOND** is such that if after payment has been made to the "Obligor", the "Obligor" and/or the surety / sureties shall in the event of a claim being made by any other person or the missing employee/ pensioner on appearance, against the OUAT with respect to the aforesaid sum of Rs...../- (Rupees.....) only and the sum paid by the OUAT as monthly pension, temporary increase and other dues as aforesaid, then refund is to be made to OUAT for each and every sum paid along with simple interest @ .....% per annum and shall, otherwise, indemnify and keep the OUAT harmless and indemnified against and from all liabilities in respect of the aforesaid sums and all costs incurred in consequence of the claim thereto. Then, the above written bond or obligation shall be void and of no effect but otherwise it shall remain in full force, effect and virtue.

**AND THESE PRESENTS ALSO WITNESS** that the liability of the surety/sureties hereunder shall not be impaired or discharged by reason of time being granted by or any forbearance act or omission of the OUAT whether with or without the knowledge or consent of the surety/ sureties in respect of or in relation to the obligations or conditions to be performed or discharged by the "Obligor" or by any other method or thing what so ever which under the law relating to the sureties, would but for this provision shall have no effect of so releasing the surety / sureties from such liability nor shall it be necessary for the Government to sue the "Obligor" before suing the surety/ sureties or either of them for the amount due hereunder, and the OUAT agrees to bear the stamp duty, if any, chargeable on these presents.

**IN WITNESS WHERE OF** the "Obligor" and the surety/ sureties hereto have set and subscribed their respective hands hereunto on the day, month and year above written.

**Signed by the above named "Obligor" in the presence of**

- (1)
- (2)

**Signed by the above named Surety / Sureties**

- (1)
- (2)

**Accepted for and on behalf of the Governor of Odisha by .....**

*Name and designation of the Officer directed or authorized, in pursuance of Article 229(1) of the Constitution, to accept the bond for and on behalf of the Governor in the presence of*

*(Name and designation of witness )*

- NOTE : I
- (a) Full name of the claimant referred to as the "Obligor"
  - (b) State relationship of the Obligor to the missing University employee/pensioner
  - (c) Name of the missing University employee/pensioner
  - (d) Full name or names of the sureties with name or names of the Father(s)/ Husband (s) and place of residence.

NOTE : II The Obligor as well as the sureties have attained majority so that the bond may have legal effect or force.

NOTE : III The rate of simple interest will be as prescribed, by the Govt. from time to time

NOTE : IV Strikeout the portion which is not applicable to the case either as a University employee or as pensioner.

## O.C.S. (PENSION) FORM- 'R'

[ See Rule-80(2) ]

{Form for sanction of family pension to the child or children of a retired University employee who dies after retirement but does not leave behind a widow or widower }

Office of the .....

**Odisha University of Agriculture and Technology**

No. .... / dated. ....

To

The Comptroller,  
Odisha University of Agriculture and  
Technology, Bhubaneswar

Sub : Grant of family pension to the child / children/ Guardian (in case of minor(s))

Sir,

I am directed to say that Shri/Smt/Kumari..... Formerly (designation)..... Working in this department / office was authorized pension of Rs...../- (Rupees.....) only with effect from ..... on his/her retirement from service.

2. Intimation has been received in this department/ office that Shri/Smt/Kumari ..... died on ..... and that at the time of death left no widow/ widower, but was survived by the following children.

Sl. No.	Name (*)	Son/ Daughter	Date of birth in Christian Era	Name of the Guardian ( in case on minor(s))
1	2	3	4	5
(1)				
(2)				
(3)				

3. In term of Rule-56 of the Odisha Civil Service (Pension) Rules-1992, the amount of family pension has become payable to the children in the order mentioned above. The family pension will be payable on behalf of the minor to Shri/Smt/ Kumari ..... who is the guardian.

4. Sanction for grant of family pension of Rs...../- per month to the children mentioned above is hereby accorded. The family pension will take effect from ..... and subject to the provision of sub-rule(5) of Rule-56 of the Odisha Civil Service (Pension) Rule-1992 will be tenable till .....



5. The family pension is debitable to the Head .....

6. List of documents enclosed are :

- (i) Permanent address of the child/ children/ guardian.
- (ii) Specimen signature or \*\* left hand thumb and finger impressions of the claimant or guardian duly attested by Head of Office/ Gazetted Officer.
- (iii) Two attested copies of passport size photograph of the child/ children/ guardian
- (iv) Descriptive roll of the child/ children/ guardian, duly attested.

7. Name of the Treasury where payment is to be made :

(Treasury / Sub-Treasury/ Special Treasury)

8. Name of the Bank where payment is to be made :

Name of the Bank									
Branch and address									
Account Number									
IFSC Code									
MICR Code									

9. The receipt of this letter may kindly be acknowledged and this department/ office be informed that instructions for the payment of family pension to the child/ children/ guardian have been issued to the disbursing authority concerned.

**Comptroller,**  
OUAT, Bhubaneswar

**Signature of the Pension Sanctioning  
Authority and designation**

*\*The names of children should be mentioned in the order or eligibility mentioned in Rule-56(7)(c) of the Odisha Civil Service (pension) Rules, 1992.*

*\*\*To be furnished in the case of Guardian, who is not literate enough to sign his or her name.*

## O.C.S. (PENSION) FORM- 'S'

[ See Rule-80(2) ]

{Form for sanctioning family pension to the child or children on the death or remarriage of a widow or widower who was in receipt of Family Pension }

Office of the .....

**Odisha University of Agriculture and Technology**

No. .... / dated. ....

To

The Comptroller,  
Odisha University of Agriculture and  
Technology, Bhubaneswar

Sub : Grant of Family Pension to the child / children.

Sir,

I am directed to say that Shri/Smt/Kumari.....

Window/ widower of Late Shri/Smt ..... was authorized previously for payment of Family Pension of Rs. ..../- (Rupees ..... ) only with effect from ..... through PPO No..... issued by the Comptroller, OUAT, Bhubaneswar. The Family Pension was tenable till the death or re-marriage of the widow/ widower.

2. Intimation has been received in this department/ office that Shri/Smt/Kumari ..... the Family Pension holder died / re-married on ..... At the time of death/ re-marriage Shri/Smt ..... had following children.

Sl. No.	Name (*)	Son/ Daughter	Date of birth in Christian Era	Name of the Guardian ( in case of minor(s) )
1	2	3	4	5
(1)				
(2)				
(3)				

3. In term of Rule-56(7)(c) of the Odisha Civil Service (Pension) Rule-1992, the amount of family pension has become payable to the children in the order mentioned above. The family pension will be payable on behalf of the minor to Sri/Smt/ Kumari ..... who is the guardian.

4. Sanction for grant of family pension of Rs...../- per month to the child/ children mentioned above is hereby accorded. The family pension will take effect from ..... and subject to the provision of sub-rule(5) of Rule-56 of the Odisha Civil Service (Pension) Rule-1992 will be tenable till .....

5. The family pension is debitable to the Head .....

6. List of documents enclosed are :

- (i) Permanent address of the child/ children/ guardian.
- (ii) Specimen signature or \*\* left hand thumb and finger impressions of the claimant or guardian duly attested by Head of Office/ Gazetted Officer.
- (iii) Two attested copies of passport size photograph of the child/ children/ guardian
- (iv) Descriptive roll of the child/ children/ guardian, duly attested.
- (v) Death Certificate / Marriage Certificate (attested copy)
- (vi) Legal Guardian CH in case of claimant is minor.

7. Name of the Treasury where payment is to be made :  
(Treasury / Sub-Treasury/ Special Treasury)

8. Name of the Bank where payment is to be made :

Name of the Bank										
Branch and address										
Account Number										
IFSC Code										
MICR Code										

9. The receipt of this letter may kindly be acknowledged and this department/ office be informed that instructions for the payment of family pension to the child/ children/ guardian have been issued to the disbursing authority concerned.

Yours faithfully,

**Signature of the Head of Office  
With designation**

*\*The names of children should be mentioned in the order of eligibility mentioned in Rule-56(7)(c) of the Odisha Civil Service (pension) Rules,1992.*

*\*\*To be furnished in the case of Guardian, who is not literate enough to sign his or her name.*

## O.C.S. (PENSION) FORM- 'T'

[ See Rule-80(3) ]

{Claim application Form for grant of residuary\* gratuity on the death of a pensioner}  
( to be filled in separately by each applicant )

1.	Name of the applicant	:	
2.	Date of birth of the applicant	:	
3.	i. Name of the guardian in case the applicant is minor	:	
	ii. Date of birth of guardian	:	
4.	Full address of the applicant	:	
5.	Name of the deceased pensioner	:	
6.	Office/ department in which the deceased pensioner served last	:	
7.	Date of death of the pensioner	:	
8.	Date of retirement of the deceased pensioner	:	
9.	Amount of monthly pension @ (including adhoc increase, if any) sanctioned to the deceased pensioner.	:	
10.	Amount of retirement gratuity received by the deceased pensioner	:	
11.	The amount of pension @ (including adhoc increase if any) drawn by the deceased till the date of death.	:	
12.	If the deceased had commuted a portion of pension before his death, the commuted value of the pension	:	
13.	Total of items, 10, 11 and 12	:	
14.	Amount of death gratuity equal to 12 times of the emoluments	:	
15.	The amount of residuary gratuity claimed i.e. (Totals of item-14- totals of item-13)	:	
16.	Relationship of the applicant with the deceased pensioner	:	
17.	Name of the Treasury or Sub-Treasury or Special Treasury which payment is desired	:	
18.	Signature or thumb impression of the applicant (to be furnished in a separate sheet duly attested)**	:	
19.	Name of the Bank where payment is to be made :	Bank Name :	
		Branch	
		Account No.	
		IFSC Code :	
		MICR Code	

**Signature of the Applicant /  
Guardian (in case of minor (s))**

\*When a University employee had retired before earning pension, the amount of service gratuity should be indicated.

\*\*Attestation should be done by two Gazetted University employee or by two or more persons of respectability in the own village or Paragana in which the applicant resides.

## O.C.S. (PENSION) FORM- 'U'

[ See Rule-99(1) ]

{ Form of application for permission to Gazetted OUAT employee to accept commercial employment within a period of two years from the date of retirement }

1.	Name of the Officer ( in block letter)	:	
2.	Date of retirement	:	
3.	Particulars of the Department/ Office in which last served	:	Department/Office : Post Hold : Duration :
4.	Post held at the time of retirement and period for which held	:	From To :
5.	Pay scales of the post and pay drawn by the Officer at the time of Retirement	:	Scale of pay : Pay :
6.	Pensionary benefits (Received / receivable)	:	Pension : Commutation value of Pension Gratuity :
7.	Details regarding commercial employment proposed to be taken up	:	
	(a) Name of the firm / company / Co-operative etc.	:	
	(b) Products being manufactured by the firm/ type of business carried out by the firms etc.	:	
	(c) Whether the Officer had during his official career any dealing with the firm etc.	:	
	(d) Duration and nature of the official dealing with the firms.	:	
	(e) Name of the job/ post offered	:	
	(f) Whether post was advertised, if not, how offer was made (attach newspaper cutting of the advertisement, and a copy of the offer of appointment, if any)	:	
	(g) Description of the duties of the job/post	:	
	(h) Remuneration offered for post/job	:	
	(i) If proposing to set up a practice, indicate	:	
	a. Professional qualification/ in the field of practice.	:	
	b. Nature of proposed practice	:	
8.	Any information which the applicant desires to furnish in support of his request.	:	
9.	Declaration :	:	
	I hereby declare that :- (i) the employment which I propose to take up will not bring me in to conflict with Govt. (ii) My commercial duties will not be such that my previous official position or knowledge or experience under OUAT could be used to give my proposed employer an unfair advantage. (iii) My commercial duties will not involve liason or contact with OUAT.	:	

Date :

Signature of the applicant

Address :

## O.C.S. (PENSION) FORM- 'V'

[ See Rule-113(2)(ii) ]

{Form of application for Disability Pension}

1.	Name of the applicant ( in block letter)	:			
2.	Father's Name	:			
3.	Full Residential address	:	Village :		
		:	Post Office :		
		:	Police Station:		
		:	District : State :		
4.	Present or last employment, including full particulars and address of the establishment	:			
5.	Date of applicant's Birth by Christian era (as per record in the Service Book)	:			
6.	Date of entry into service (as per record in the Service Book)	:			
7.	Full particulars of service and length of service including interruption (both qualifying and none qualifying)	:			
8.	Percentage of Disability sustained due to injury/ disease (as certified by the Medical Authorities) and circumstances which resulted in that disability	:			
9.	Date of injury/ disease (as certified by the Medical Authorities)	:			
10.	Pay at the time of injury sustained, disease contacted	:			
11.	Pension claimed	:			
12.	Name of the Treasury or Sub-Treasury or Special Treasury which payment is desired	:			
13.	Name of the Bank where payment is to be made :	:	Bank Name :		
		:	Branch		
		:	Account No.		
		:	IFSC Code :		
		:	MICR Code		
14.	Personal identification marks	:			
15.	Height	:			
16.	Thumb and finger impression	:			
	Thumb	Fore-finger	Middle Finger	Ring Finger	Little Finger

Date of application :

Place :

**Signature of the applicant**

Received the Application Form for sanction of Disability Pension from .....  
..... on dated .....

Signature of the Head of Office /  
Authorized Officer

## O.C.S. (PENSION) FORM- 'W'

[ See Rule-113(2)(ii) ]

{ Form of application for Extraordinary Family Pension }

1.	Name of the deceased University employee ( in block letter)	:	
2.	Full Residential address of the deceased University employee	:	Village :
		:	Post Office :
		:	Police Station:
		:	District : State :
3.	Particulars of post held at the time of death	:	
4.	Name and address of the office / establishment where served	:	
5.	Length of service (as per Service book)	:	
6.	Pay at the time of death	:	
7.	Date of Birth (as per record in the Service Book)	:	
8.	Age at the time of death (copy of death certificate to be attached)	:	
9.	Nature of injury / disease causing death	:	
10.	Name of the claimant	:	
11.	Claimant's nature of relationship with the deceased University employee	:	
12.	Full Residential address of the claimant	:	Village :
		:	Post Office :
		:	Police Station:
		:	District : State :
13.	Date of birth and age (proof is to be attached)	:	
14.	Height	:	
15.	Identification marks	:	
16.	Present occupation of the claimant (if any)	:	
17.	Amount of pension claimed	:	
18.	Date from which benefit (s) claimed	:	
19.	Name of the Treasury or Sub-Treasury or Special Treasury where Pension is to be paid.	:	
20	Name of the Bank where payment is to be made :	:	Bank Name :
		:	Branch
		:	Account No.
		:	IFSC Code :
		:	MICR Code

		Form- 'W' continued		
21.	Name & ages of surviving children/ widow/ widower/ father/ mother or the deceased University employee	Name	Relation	Date of birth by Christian era

Date of application :

**Signature of the applicant**

Place :

✂ .....

Received the Application Form for sanction of Extra Ordinary family Pension from  
 ..... on dated. ....



Date of application :

**Signature of the Head office  
with seal**

Place :

- Note-1 : Please strike out the word or words which are not applicable
- Note-2 : If the deceased has left no son, widow, daughter, father or mother surviving him, the word "None" or "Dead" should be entered opposite to such relations.
- Note-3 : The term 'Child' indicates a posthumous child of the University employee and is covered by the term 'Surviving kindred'



## O.C.S. (PENSION) FORM- 'X'

[ See Rule-113(2)(ii) ]

{ Form to be used by the Medical Board when reporting  
in injuries/ diseases/ Death }

Instructions to be observed by the Medical Board while preparing the report.

- (1) The Medical Board before recording their opinion should invariably consult the proceedings of the previous Medical Board, if any, as also previous medical / hospital documents connected with the University employee brought before them for examination, or who has died.
- (2) If the injuries/ diseases by more than one, they should be numbered separately, giving percentage of disability for each, with full details.
- (3) In answering the question in the prescribed Form the Medical Board will continue itself exclusively to the Medical aspect of the case, and will carefully, discriminate between the University employee's / claimant's unsupported statements and the documentary evidence available.
- (4) The Medical Board will not express any opinion, either to the University employee examined (or any of his/her relatives or friends etc.) or in their Reports, as to whether he/she or his/her family is entitled to compensation or as to the amount of it, nor will it inform the University employee or any other person connected with the University employee of about the nature of the Medical Report given by it.
- (5) The Medical Board shall give their Report herein below.
- (6) The report of the Medical Board, on each occasion, shall be supported by all the necessary and full medical and hospital documents which shall be maintained and preserved for reference from time to time, as may be necessary, until the same would no longer be required for reference.

### Proceedings of the Medical Board (Confidential)

Proceedings of the Medical Board assembled by the Order of ..... for  
the purpose of examination and reporting on .....

- (i) The present state of the injury/ injuries/ Disease/Diseases sustained/contacted by or
- (ii) Death of Sri/Smt. .... on the .....  
*(Please give date , month and year)*

**(a)** State briefly the circumstances under which, the injury/ injuries/disease/diseases was/were sustained/contacted or death occurred and the date thereof.

**(b)** What is the University employee's present condition.

**(c)** Is the University employee's :

- (i) Present condition, or
- (ii) Death wholly due to injury/ injuries/ disease/ diseases and reason as claimed?  
If so, please explain fully how ?  
If not, please state to what other causes the same is/are attributable.

**(d)** From which date it appears that the University employee has been .....  
Incapacitated on that account.

**(e)** Which is the date of injury/ disease/ death :  
The opinion of the Board upon the question below as follows :

**PART-A**  
**FIRST EXAMINATION**

1. The percentage of disability due to injury/ injuries/ disease/ diseases is ..... %  
(Please give herein full details/justification about the nature of the injury/ disease and for percentage of disability certified, supported by full/all medical and hospital documents with reference to Schedule-I and I-A)
2. For what period from the date of injury/ injuries/ disease/ diseases :
  - a. Has the University employee been unfit for duty? ..... from to .....
  - b. The University employee is likely to remain unfit for duty ? ..... from to .....
3. Other relevant information, if any

Place : **Presiding Officer of the Medical Board** .....

Date : **Member of the Medical Board** .....

**Member of the Board** .....



**PART- B**  
**SECOND OR SUBSEQUENT EXAMINATIONS**

1. If the original degree of disability of the University employee has changed, what is the percentage of disability now ? (Please give here details of justification in support of your view along with all further medical and hospital documents in full ).
2. For what period from the date of injury/ injuries/ disease/ diseases.
  - a. Has the University employee been unfit for duty ? .....
  - b. Is the University employee likely to remain unfit for duty ? .....

Place : **Presiding Officer of the Medical Board** .....

Date : **Member of Medical Board** .....

**Member of the Board** .....

## O.C.S. (PENSION) FORM- 'Y'

[ See Rule-113 ]

{ Report on accidental and self inflicted injuries }

1. Declaration by the injured person, I, ..... hereby declare that the injury (*number, rank, name and unit*) sustained by me on ..... Did/did not occur while I was in the performance of University duty.

**(Medical Officer before whom the declaration is made)**

**Signature of the injured person**

Station : .....

Dated.....

Station : .....

Dated.....

2. Nature, location and severity of injury :-

Note: Hospital to be notified at once if would be believed to be self-inflicted.

**(Medical Officer)**

3. Short statement of the circumstances of the cases (signed statements of the witness giving a detailed account of the circumstances of the accident must be attached to this form. Place or sketch of place of accident and how it occurred in case of lorry, motorcar or cycle accidents).
4. Opinion of the Commandant / Head of Office.

- (a) (i) Was the individual in the course of performance of an official task or as task the failure to do which would constitute an offence triable under the disciplinary code applicable to him? (indicate the nature of the task, by whom it was ordered and when) or
- (ii) Did the accident occur during the journey or transport by a reasonable route under organized arrangements from the individual's quarters to or back from an appointed place of duty? Cite and attach copies of standing instructions or other orders in support, if the journey or transport was officially organized, also a sketch showing the reasonable route from the individual's quarters to the place of duty.....

**OR**

- (iii) Was the individuals participating in recreation organized or permitted by service authorities? Indicate the nature of the recreation e.g. P.T. Exercise including games. In case of games and sports of parade hours, cite and attach copy of official orders to indicate that it was organized or permitted by competent authority.

**OR**

- (iv) Was the individual travelling either in a body or singly under organized arrangements? (Cite and attach copy of official order to indicate that the arrangements were organized by competent authority)

**OR**

- (v) Was the individual proceeding to his leave station or returning to duty from his leave station? In either case, was the journey at public expense or was performed on concession vouchers or at individual's own expense? (Give .....)

(1) The date of commencement and termination of the period of leave.

(2) The name of the leave station; and

**Contd.....**

- (3) Particulars of the direct route from the place of duty to or from the leave station.
- (b) Was the accident due wholly / partially to :
- (i) serious negligence..... and/ or
  - (ii) misconduct of the individual? (indicate the nature of the serious negligence misconduct and the grounds on which the opinion is based)
- (c) Was any one else to blame for the accident? (If so, indicate how and to what extent)
- (d) Was the individual under the influence of intoxicating drink or drug at the material time.
- (e) has any Court of Enquiry been held or will be held ? (If so, indicate the date and the place of the enquiry, and attach the Enquiry Report (in original)\*\*

Station : .....

Dated : .....

**Officer Commanding**

**Head of Office**

5. The injury/ disability/death occurred in place/ field/ operational area and not attributable to University service.

Station : .....

Dated : .....

**\*\*\*Head of State/ Frontier D.G**

**Head of Office**

**Head of the Deptt.**



## O.C.S. (PENSION) FORM- 'Z'

[ See Rule-113 ]

{ Form for report on cases (other than those due to injuries) which have ended fatally or are proposed for invaliding }

### **PART – A**

(To be filled by the M.O.)

Station : .....

Dated. ....

Name :	Service No.	Designation :
Unit :	Service :	Force :

Other full service particulars and office address etc. ....

Disability .....

Outcome of the case, i.e. died or to be invalidated .....

**Medical Officer**

### **PART – B**

(To be answered by the Officer Commanding Unit)

Circumstances of the case :

1.	Was the individual in your opinion of average physique & stamina when he joined the unit ?	:	
2.	(a) Was the individual, as far as you are aware, in his normal health prior to the onset of the illness ?	:	
	(b) If you are aware of any previous illness from which he suffered ( <i>which is not recorded in his medical history</i> ) state its nature and duration	:	
3.	Was the individual employed on sedentary duties/ sheltered occupation, if so.	:	
	(a) Had he to do P.T. and/or Parades ?	:	
	(b) Was he doing it regularly prior to falling illness or had been exempted there from on account of ill health, if so, from which date.	:	
4.	(a) i. Mention any circumstances of exposure giving details thereof and/ or	:	
	ii. State period and conditions of service at any particular place, which you consider caused or aggravated the illness	:	
	(b) i. Give the nature of duties he had to perform in OUAT service	:	
	ii. Was he object to stress and strain by such duties? If so, was it of an exceptional nature? Give details	:	
	(c) Diseases endemic to certain areas or disease due to infection	:	
	i. If disability or death was due to infection, is there any evidence that the exposure was due to negligence or misconduct on his part?	:	
	ii. Did he live in limit lines or was he permitted to live outside with his family	:	

	iii. How many out passes was he granted during the previous month and what was the date of the last out pass ?	:	
	iv. Was the disease endemic to the area he was serving in and during this period or immediately preceding it were there other cases of the same disease in the unit? If so, give the number of such cases, details of movements of infected persons and state any other circumstances which might have been responsible for the disease.	:	
	v. Give the date of last leave and places where the leave was spent, did illness start during leave? If shortly after return from leave, state date on which the illness commenced.	:	
(d)	Veneral diseases (Further information on the points) mentioned below	:	
	i. When was it contacted ?	:	
	ii. Period of treatment ?	:	
	iii. Whether after treatment the man returned to full duty?	:	
	iv. Whether after return to duty post hospital surveillance and treatment was continued according to existing regulations	:	
	v. After return to duty, was the man subjected to any stress of an exceptional nature? If so, mention the nature of exceptional stress.	:	
5.	Do you consider that the death or disability was attributable to or aggravated by service ?	:	

Date :



**Officer Commanding  
Head of Office  
Head of the Department**

**PART – C**

*(To be completed by Medical Officer concerned in all death cases )*

i..	How many cases of this disease are treated during six months prior to admission of this individual?	:	
ii.	How many cases of this disease were received from this unit? Give details of such patients in chronological order?	:	
iii.	Was the infection endemic or was there any outbreak of it in the local garrison?	:	
iv.	Was there an outbreak of the disease in the neighboring city or village	:	
v.	What is your view of the source of infection? In all cases state whether you consider the death was attributable to or aggravated by service and give the reasons on which you base your opinion.	:	

**Commanding Officer  
Hospital**

- (1) Chief Medical Officer, Presiding Officer of the Medical Board.
- (2) Medical Officer, Member of the Medical Board
- (3) Medical Officer, Member of the Medical Board.

## Descriptive Roll

(1)	Name of the applicant for Pension	:	
(2)	Father's Name	:	
(3)	Name of the Husband (in case of female)	:	
(4)	Village	:	
(5)	Police Station	:	
(6)	Height	:	
(7)	Age	:	
(8)	Colour	:	
(9)	Personal marks, if any on the hand, face etc.	:	
(10)	Signature or Left Hand thumb impression of the applicant (if unable to sign)	:	

**Attested by**

**Head of Office**

Specimen signature of Sri/Smt/Ku .....

(1)	
(2)	
(3)	

**Attested by Head of Office**

L.T.I. and Left Hand Finger impression of Sri / Smt/ Dr. ....

1.	(Thumb)	
2.	(Fore finger)	
3.	(Middle finger)	
4.	(Ring finger)	
5.	(Little finger)	

**Attested by Head of Office**



## MEMO OF LEAVE

1. Name and designation :
2. Date of birth :
3. Date of joining in to the service :
4. Period of leave availed :

Date of beginning	Date of ending	No. of days availed	Nature of leave sanctioned	Remarks, if any
1	2	3	4	5



**Head of Office**

**UNDERTAKING**

- (i) I do not have any of the documents mentioned at Para-3 of Finance Department Circular No.54878/F, dated.12.11.2009.
- (ii) My date of birth is not available in any school managed either by the Central Government / State Government or by the Aided Educational Institutions.
- (iii) I have not passed the H.S.C or equivalent examination.

I certify that the information furnished above are true and correct and I shall be liable for penal action, if the same is found to be wrong on verification.

**Signature / L.T.I. of Pensioner /  
Family Pensioner**

Name in full : .....

Dated : .....

PPO No. : .....

Place : .....

**NON-EMPLOYMENT CERTIFICATE**

- (1) I declare that, I have not received any remuneration for serving in any capacity in an establishment of the Central Government/ State Government/ Government Undertaking/ Autonomous Bodies/ Local Fund during the period .....
- (2) I declare that, I have been employed / re-employed in the Office of the .....fro  
m ..... and was in receipt of the emoluments..... during  
the period from .....
- (3) I declare that, I have accepted commercial employment after obtaining/  
without obtaining sanction of the Government.
- (4) I declare that, I have not accepted any employment under any Government,  
outside India after obtaining/ without obtaining sanction of the Government.

*\*delete whichever is not applicable.*

**Signature :**

Place : .....

Name of the Pensioner :

Dated.....

## **DECLARATION**

(1) I hereby declared that, I am not married / I have not been married during the past six months.

**OR**

(2) I hereby declare that, I have not been married and I undertake to report such as event prompt to OUAT.

**Signature :** .....

Name of the Family .....  
Pension Holder

Place : .....

P.P.O. No.....

Dated. ....

I certify to the best of my knowledge and belief that the above declaration is correct.



**Signature of the Responsible Officer**  
Or a well known person  
(Local / Sarpanch / Councilor )

Name : .....

Designation : .....

Full address : .....

Place : .....

Date : .....

## **O.C.S (PENSION) FORM- 5A**

(See Rule-70A)

(Finance Department Notification No. GPF-13/98-44844/F., dt. 26.10.1998)

### **Declaration of Pensioner/Family Pensioner**

I do hereby give my free and full consent that if any over payment made to me is detected while in payment of pension and Temporary increase on pension etc. the same shall be recovered from my pension and allowances/ Temporary Increase on pension etc. payable to me at any time.

Full signature of pensioner/ family pensioner  
with address



## **UNDERTAKING**

(As per Finance Department O.M No. 28300/F, dt. 23.09.2017)

I hereby undertake that any excess payment that found to have been made due to incorrect Revision of Pension/ Family Pension or any excess payment detected subsequently will be refunded by me to the concerned Pension Disbursing Authority either by adjustment against future Pension/ Family Pension due to me or otherwise.

Date:  
Place:

Signature/LTI of the Pensioner/ Family Pensioner  
Name:  
PPO No:



## PROFORMA FOR FURNISHING SERVICE PARTICULARS

Detailed service of Sri/Smt/ Kumari .....

Date of birth : .....

Establishment	Appointment	Officiating/ Substantive	Date of beginning	Date of ending	Period reckoning as a service year	Period not reckoning as service years months days	Remarks
1	2	3	4	5	6	7	8
<b>Total period of service</b>							

Head of Office