

KERALA STATE ELECTRICITY BOARD

Annexure II

FORM OF APPLICATION (LIBERALISED FAMILY PENSION SCHEME) FOR GOVERNMENT EMPLOYEES 1964.

Application for a family pension for the family of late (Designation) in the office.

1. Name of applicant :
2. Relationship to the deceased Board Servant/pensioner :
3. Date of retirement. if the deceased was a pensioner :
4. Date of death of the Board Servant / Pensioner :
5. Name and ages of surviving Kindered of deceased Widow / Widower :
Sons :
Unmarried daughters :
6. Name of Circle / Division at which payment is desired :
7. Signature or left hand thumb impression (In the case of those who are not literate enough to sign their names) :
8. Descriptive roll of widow / widower / Guardian of the minor children of late) :
 - i Date of birth (Christian Era) :
 - ii Height :
 - iii Personal marks, if any on hand or face :
 - iv Left hand thumb and finger impressions :

Small Finger	Ring finger	Middle finger	Index finger	thumb
--------------	-------------	---------------	--------------	-------
9. Full address of the applicant
attested by (1)
(2)
Witness (1)
(2)

Note:- The descriptive roll 8 column 5 and signature or left hand thumb and finger impressions accompanying application for pension should be in duplicate (in two separate sheets) and attested by Gazetted Officer or persons of respectability in the Town or Village in which the applicant resides.

13. (a) Proposed pension / gratuity
 (b) Proposed death-cum-retirement gratuity
 (c) Proposed family pension
 (d) Percentage of pension proposed to be commuted (Applicable only in case of commutation without Medical Examination)
14. Date from which pension is to commence
15. Sub/District Treasury & Post Office / Bank where payment is desired.
16. ** Whether nomination made for
 - (i) Death -cum-retirement gratuity and if so, name, address and relationship of the person to whom it is payable, and share of each nominee.
 - (ii) Life-time arrears of pension including commuted value of pension (if no nomination is subsisting, nomination for DCRG may be obtained and posted in the Service Book and nomination for life-time arrears send to Treasury Officer).

Station:

Date :

Signature of Head of Office

* Instructions for preparing the application for pension / gratuity, death-cum-retirement gratuity and family pension appended to Form No. 3. These should be carefully studied before filling in the form.

** Name, address and relationship of the nominee shall be recorded against this item if there is a nominee.

CALCULATION OF AVERAGE EMOLUMENTS FOR PURPOSE OF PENSION ETC.

(a) Pension

Average Emoluments for pension

From	To	No of month days	Rate of pay	Total
------	----	---------------------	-------------	-------

Total emoluments

Average emoluments

Pension for.....years = $\frac{AE}{2} \times \frac{QS}{30} =$

(b) Death-cum-Retirement Gratuity.

D.C.R.G.admissible = $\frac{\text{Last pay} \times \text{qs}}{2} =$

Deduct liabilities

1

2

3

D.C.R.G. Payable =

.....

Family Pension

<u>Last Pay</u>		<u>Amount</u>
Last pay not exceeding Rs. 1500/-	30% of pay subject to a minimum of Rs. 375/-	
Last pay above Rs. 1500/- and below Rs. 3,000/-	20% of pay subject to a minimum of Rs. 450/-	
above Rs. 3,000/-	15% subject to a minimum of Rs.600/- and maximum of Rs. 1100/-	

.....
.....

the rate Rs.....till

earlier.

Signature of Head of Office

Countersigned

Executive Engineer / Dy. Chief Engineer.

(A) Remarks by the Receiving Authority.

1. As to character and past conduct of the deceased employee.....
2. Explanation of any suspension or degradation.....
3. Regarding any gratuity or pension / death - cum-retirement gratuity already received by the applicant /
4. Any other remarks.
5. Specific opinion of the Receiving Authority
Whether the service claimed is established
and should be admitted or not.
(See Rule 115 (c) (ii) of Part III)
6. Whether any departmental or judicial proceedings
has been instituted / and is continuing now.

Station:

Signature of head of office

Date:

Designation.....

Countersigned

Dy.C.E / E.E.

(C) Audit Enforcement

1. Total period of qualifying service which has been accepted for the grant of Superannuation / Retiring / invalid / Compensation Pension / Death-cum-retirement gratuity. With reason for disallowances, if any, other than disallowances, if any, of service, the reasons for which are recorded by the Audit Officer in the second page. Y. M. D.

Note:-

Date of the retirement has not yet have been verified, this should be done before the pension Payment Order is issued.

2. Amount of Superannuation / Retiring / Invalid / Compensation Pension / Death-cum - retirement gratuity that has been admitted. Rs. P.
3. Amount of the Superannuation / Retiring / Invalid / Compensation Pension / Death-cum - retirement gratuity admissible after taking into account the reduction in pension and gratuity made by the Authority sanctioning pension. Rs. P.
4. The date from which the Superannuation / Retiring / Invalid Pension / Death-cum-retirement gratuity is admissible.
5. Head of account to which the Superannuation / Retiring / and Invalid Pension / Death-cum-retirement gratuity is chargeable.

44-1 20
Pension Fund.

APPLICATION FOR PENSION OR GRATUITY AND DEATH-CUM-RETIREMENT-GRATUITY

Date of application :

Name of applicant :

Class of Pension or gratuity :

Sanctioning Authority :

Amount of pension sanctioned :

Amount of gratuity sanctioned :

Amount of death-cum-retirement gratuity sanctioned :

Date of commencement :

Date of sanction

Annexure III
FORM OF ENQUIRY REPORT
(Referred to in Rule 118 (2) of Part III, Kerala Service Rules)

I hereby certify that I have made personal enquiries regarding the surviving members of the family of late.

.....
(Designation) as per rules 67 and 71 of Part III of K.S.R. and I am satisfied that the persons whose particulars mentioned below are the only claimants who are eligible for the death-cum-retirement gratuity.

	Name	Age
1.	Wife/husband	
2.	Sons	
3.	Unmarried daughters (Unmarried as on the date of death of the deceased employee)	
4.	Widowed /divorced daughters (Widowed /divorced as on the death of the deceased employee)	
5.	Brothers below the age of a 18 years and unmarried or widowed or divorced sisters (as on date of death of the deceased employee)	
6.	Father	
7.		
8.	Married daughters	
9.	Children or pre-deceased son.	

Signature.....

Designation.....

Office.....

Countersigned

EXECUTIVE ENGINEER/ DY.CHIEF ENGINEER

Place:

Date:

Certificate of Marital Status

Place:
Date:

Name and designation of
the certifying Officer

Office Seal

**KERALA STATE ELECTRICITY BOARD
WORKMEN'S COMPENSATION CERTIFICATE**

..... is not eligible for
any compensation as per workmen compensation Act.

Place:
Date:

Asst. Exe. Engineer

Countersigned

Dy. Chief Engineer / Exe. Engineer.

**KERALA STATE ELECTRICITY BOARD
NON LIABILITY CERTIFICATE**

Certified that no liabilities to the Board and Government are outstanding against Sri/
has retired from service / died while in service on.....

Place: Asst. Executive Engineer
Date: Electrical Major Section

(Office Seal)

Countersigned
Dy. Chief Engineer/Exe. Engineer.

OR

**KERALA STATE ELECTRICITY BOARD
NON LIABILITY CERTIFICATE**

Certified that the following liabilities are outstanding against Sri/Smt.....
..... (Name &

and the liabilities specified may be recovered from his/her D.C.R. gratuity.

Name of Liability	Amount in words and figures	Head of account to be credited
-------------------	--------------------------------	-----------------------------------

Certified further that there are no other liabilities to Board and Government outstanding against him/her

Place: Asst. Exe. Engineer
Date: (Office Seal) Electrical Major Section

Countersigned

Dy. Chief Engineer/Executive Engineer

KERALA STATE ELECTRICITY BOARD

Funeral Advance Certificate

Certified that no funeral advance has been paid to the family of the late
Sri/Smt.....
.....who expired while in service on.....

Place:

Date:

Asst. Exe. Engineer

Counter signed

Dy. Chief Engineer/Exe. Engineer

OR

KERALA STATE ELECTRICITY BOARD

Funeral Advance Certificate

Certified that an Amount of Rs.....
(Rs.....)

the LPC and NLC of the incumbent.

Place:

Date:

Asst. Exe. Engineer

Counter signed

Dy. Chief Engineer/Exe. Engineer

Form 5A
(See rule 90 (3) Part III K.S.R)
DETAILS OF FAMILY

Name of Board employee

Designation

Date of birth

Date of appointment

Details of the members of

Sl. No.	Name of the members of family	Date of birth	Relationship with the employee	Initial of the head of office	Remarks and Marital status
---------	-------------------------------	---------------	--------------------------------	-------------------------------	----------------------------

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

Place:

Date:

Signature of the beneficiary

Family for the purpose means:

- a) Wife in the case of a male employee
- b) Husband in the case of a female employee
- c) Son below 25. years of age and unmarried daughter below 25 years of age, including such son or daughter adopted legally before retirement.

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

COUNTER SIGNED

EXECUTIVE ENGINEER

KERALA STATE ELECTRICITY BOARD

.....
.....
Date of birth :

Height :

Identification marks:

- 1.
- 2.

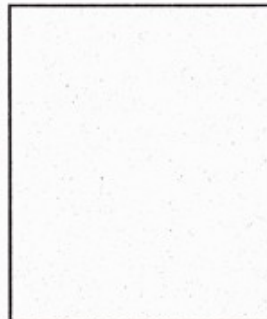
ATTESTED

Counter signed
Executive Engineer

KERALA STATE ELECTRICITY BOARD

.....
.....
Note: Attestation should be made on the photograph itself. The name and status of the Officer attesting the photograph should also be furnished

Space for photograph
of the beneficiary



Countersigned

Executive Engineer

KERALA STATE ELECTRICITY BOARD

Permanent address of Sri./Smt.....

.....

.....

.....

.....

Attested

Signature of the beneficiary

Countersigned

Executive Engineer

KERALA STATE ELECTRICITY BOARD

ATTESTED

Countersigned

Executive Engineer

KERALA STATE ELECTRICITY BOARD

Form No.1 0

(Referred to in Rule 144 of Part III)

(to be signed by the legal heirs or members of the family of the deceased officer)

(here state the designation of the officers sanctioning the family pension / death-cum-retirement gratuity/

being the amount of death-cum retirement gratuity /arrears of pension or gratuity due to Sri/Smt.....

of the deceased officer). I hereby acknowledge that in accepting the amount (s) indicated above, I fully understand that the family pension due to me and the death-cum-retirement gratuity/arrears of pension

subject to revision on the same being found to be in excess of that to what I am entitled under the rules and I promise to raise no objection to such revision. I further promise to refund any amount paid to me in excess of that to which I may be eventually found entitled.

SIGNATURE OF THE BENEFICIARY

1. Signature:

Address and occupation of witness:

2. Signature:

Address and occupation of witness:

Separate declaration should be filled in by each beneficiary:

Declaration should be witnessed by two persons of respectability in the town, village or pakuthy in which the applicant resides.

COUNTER SIGNED

CHECKLIST

1. Formal application for family pension in Annexure II
2. Form No.2 with full bio-data of the deceased employee.
The calculation and remarks as required in the form should be furnished.
3. Original Death Certificate
4. Enquiry Certificate in Annexure III of the Executive Engineer/Dy. Chief Engineer.
5. Workmen's compensation Certificate
6. Final LPC
7. Final NLC incorporating the liabilities if any.
8. Funeral Advance Certificate
9. Certificate of Martial status
10. Details of the family of the deceased in Form 5A
11. 2 Nos. of photograph
12. Address, Specimen signature or thumb impression, descriptive roll and declaration in Form No.10 in respect of each of the legal heirs (major) has to be furnished in duplicate in the prescribed forms.
13. Service book.

All forms and documents should be signed or countersigned by Executive Engineer.