

**Specimen signatures of Sh. _____, Inland
Waterways Authority of India, Under Ministry of Shipping)**

1.

2.

3.

Attested

**Attached Photograph of Sh. _____, Inland
Waterways Authority of India, (Under Ministry of Shipping).**

Particular showing height and personal identification of

Family Pensioner

- 1. Height -**
- 2.**
- 3. Identification marks – (a)**

Dated:/...../2017

Name	:	Sh.
Designation	:	
Name of Deptt.	:	Inland Waterways Authority of India (Ministry of Shipping)

FORM 3

Details of Family

Name of the Government Servant :
Designation :
Date of Birth :
Date of Appointment :
Details of the Members of my family as on :

Sl. No.	Name of the Member's of the Family	Date of Birth	Relationship with the officer	Initials of the Head of Office	Remarks
1.					
2.					
3.					
4.					

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

Place: _____
Date: _____
Servant _____

()
Signature of Government

Family for this purpose means:

- (a) Wife in the case of a male Government servant.
- (b) Husband in the case of a female Government Servant.
- (c) Sons below eighteen years of age and un-married daughters below twenty-one years of age including such son or daughter adopted legally before retirement.

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

14 -A

Form for application of family pension in respect of pensioners who have retired on or after 01.04.1965 and have a wife/husband living

1. Name of pensioner
2. Father's name and also husbands name in Case of Female pensioner)
3. Date of Birth by Christian ear
4. Religion and Nationality **Hindu, Indian**
5. Permanent residential address
6. Date of beginning of service
7. Date of retirement
8. Total period of qualifying service for which Death-cum Retirement gratuity and pension Allowed **Yrs. month days**
9. Last appointment held including name of Establishment **Inland Waterways Authority of India KOLKATA, (Ministry of Shipping)**
10. Department & Office from which retired **Inland Waterways Authority of India (Ministry of Shipping)**
11. Class of pension **Superannuation**
12. Amount of pension (Original pension, excluding pension, if any, commuted) **Rs /-
Rs /- commuted**
13. No. of pension payment Order
14. Pay last drawn substantive pay, officiating pay, Special pay, personal pay **Rs. (GP)**
15. Name of treasury on which P.P.O. issued **NA**
16. Whether nomination made for family pension, If so state the name of nominee
17. Name of Wife to whom family pension Is payable after the death of the pensioner

18. Description roll of the recipient of family pension as per 17 above duly attested to be furnished in duplicate:-

(i) Height

ii) Identification marks

(a)

(b)

iii) Specimen signature or left hand thumb and finger impression (if illiterate)

19. The copies of passport size photograph duly attested

Pensioner

P.P.O No.

Certified that the entries contained above the correct date of pay last drawn at item 14 have been verified from the LPC issued to the pensioner after his retirement or pay acquaintance roll etc., on service book or history of his service.

Head of Office/Department
Where from the pensioner retired

Forwarded to the Accountant General with necessary enclosures listed above for authorizing family pension to the wife/husband of pensioner as may be admissible under rules.

Authority who sanction the service pension

INLAND WATERWAYS AUTHORITY OF INDIA
A-13, Sector-1, Noida.

To
The Secretary
I.W.A.I
Noida

Sub: Payment of benefit admissible under Group Savings Life Insurance Scheme in case of retirement.

Sir,

In accordance with Rule of GSLIS sanction is hereby accorded for payment of benefit admissible in case of retirement/death, payable to Sri -----
---- retired on ----- amounting to Rs. _____ as detailed below :-

Month of entry into the scheme	Month of cessation/death surance fund	Group payable under In-saving fund	Amount payable under	Amount payable	Total
-----	-----	-----	-----	-----	-----

The expenditure on the above head is debitable to :-
Bill Insurance and Pension Funds
Central Govt. Employee's Group
Insurance Scheme (New Minor head)
Insurance Fund (Sub-Head)
Saving Fund (Sub-head)

Yours faithfully,

ANNEXURE - 6

R E C E I P T E D B I L L

Received the sum of Rs. ----- (Rupees -----
) only being the total of entitlement of Rs. _____ from the Insurance Fund and/or Rs.
from the saving fund accrued to Name -----
, Designation -----
Group under the Central Govt. Employees' Group Savings Life Insurance Scheme.

Dated:

Signature(s) of Recipient(s)

(Name in block letters)

We declare that the above particulars are true and correct & the above Member was an Insured Member covered under the scheme on the date of his exit and that all premiums have been paid to the Corporation on his behalf.

We confirm that the beneficiary mentioned above is the person appointed by the Member to receive the benefit under the Scheme.

Dated at _____ this _____ day of _____ 2012

Signature of the Master
Policy Holder

WITNESS:

Signature : _____

Name : _____

Address : _____

OFFICIAL SEAL

DISCHARGE RECEIPT

Received a sum of Rs. _____ (Rupees _____) from the Life Insurance Corporation of India in full and final settlement of all our claims and demands in respect of Sh. _____ Assurance no. _____ under Master Policy no. _____ who expired/left services/Retired on _____.

Dated at _____ on this _____ day of _____ 2012.

Across
20p.
Revenue
Stamp

Signature of the
Authorized signatory

WITNESS:

Signature : _____

Name : _____

Designation : _____

Address : _____

Name : _____

Designation : _____

(Office Stamp)

LIFE INSURANCE CORPORATION OF INDIA
CLAIM FORM FOR
CLAIMING BENEFITS PAYABLE UNDER THE GROUP SAVING LINKED
Insurance Scheme
Master Policy Number GSLI/

(To be completed by the Grantee)

1. Name of the Institution :
2. Master Policy No. GSLI/ :
3. Name of the Insured Member :
4. Employee no. / Sr. no. in the list :
5. Category / Salary Grade :
6. Amount of Insurance Cover :
7. Date of Birth :
8. Date of entry into the Scheme :
9. Amount of monthly contribution
recovered from the Insured Member :
10. If there has been a change in the
Monthly contribution during his
Membership indicate date of change
and the revised contribution :
11. Due date for payment of the first
Contribution (indicate day, month
& year) :
12. Date of exit from scheme :
13. Due date for payment of the last
Contribution (indicate day, month
& year) :
14. The date on which the last contribution
Was paid to the Corporation :
15. Mode of exit (Death/retirement/resig-
Nation, termination of service) :
16. Cause of death (in case of exit by death):
17. Was the member absent on grounds of
ill-health on the date of entry into the
Scheme (If so give details of leave) :
18. Name of the beneficiary and relationship
to the Member (In case of death) :
19. Nature of Proof of death (Please enclose
Original Death Certificate) :
20. Whether any premium remains unpaid
During Membership (If so, give details) :