

OPTION

I, _____ of Inland Waterways Authority of India, retiring from Central Government Service on _____, opt for payment of my pension and other retirement benefits through Inland Waterways Authority of India, Ministry of Shipping, Government of India.

Date:

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FORM 5
[See Rule 59(1)(c) & 61(1)]

Particulars to be obtained by the Head of Office from the retiring Government servant eight months before the date of his retirement

1. Name :
2. (a) Date of birth :
(b) Date of retirement :
3. Two specimen signatures :
(to be furnished in an separate sheet)
duly attested by a Gazetted
Government servant.
4. Three copies of passport size
joint photograph with wife or husband :
(To be attested by the Head of Office).
5. Two slips showing the particulars of
height and personal identification marks :
duly attested by a Gazetted Govt.
6. Present address :
7. Address after retirement :
8. Name of the Treasury or the Branch :
of Public Sector Bank or the
Pay and Accounts Office through
which the pension is to be drawn
9. Details of the family in Form 3. :
10. Indicate whether family pension is
admissible from any other source – Military :
or State Government and/or a Public Sector
Undertaking/Autonomous body/Local Fund
under the Central or a State Government.

Place:
Date:...../...../2016
India

Signature
Designation: :
Inland Waterways Authority of

Ministry/Department/Office

**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

Sh.

- 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

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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.

FORM 1
[See Rule 53 (1)]

Nomination for Retirement Gratuity / Death Gratuity

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

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

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

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

Note:

- (i) 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.
ii) Strike out which is not applicable.

Dated:...../...../2016

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Witnesses to signature

1.
.....

2.
.....

(To be filled by the Head of Office)

Nomination by: Sh.

Designation:

**Office: Inland Waterways Authority of
India**

Signature of Head of Office

Date.....

Designation.....

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION WHEN APPLICANT DESIRES THAT THE PAYMENT OF THE COMMUTED VALUE OF PENSION SHOULD BE AUTHORISED THROUGH THE PENSION PAYMENT ORDER

(To be submitted in duplicate at least three months before the date of retirement)

PART-I

Subject: Commutation of Pension without Medical Examination

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of the Central Civil Services (Commutation Pension) Rules, 1981. The necessary particulars are furnished below:

1. Name in block letters :
2. Father's Name :
3. Designation :
- 4.
5. Name of Office / Deptt. : **Inland Waterways Authority of India**
Ministry in which employed **Ministry of Shipping**
6. Date of Birth (by Christian ear) :
- 7.
8. Date of retirement on superannuation
Or on the expiry of extension in :
Service granted under FR 56(d)
7. *Fraction of pension proposed to be commuted : **40% (Maximum as under Pension Rule)**
8. **Disbursing authority from which pension is to be drawn after retirement : IWAI
- (a) Treasury /Sub-Treasury(Name and complete address of the treasury/Sub-treasury to be indicated : N.A.

(b) (i) Branch of the nominated :
(c) Nationalized Bank with postal :
address

(ii) Bank account No.to which :
monthly pension is to be :
credited each month :

9. Account office of the Ministry/ : IWAI,
Department/Office

Place:

Date:...../...../2016 : ()

Present Postal address :

Note:

The payment of commuted value off Pension shall be made through the disbursing authority from which pension is to be drawn after retirement. It is not open to an applicant to draw the commuted value of Pension from a disbursing authority other than the disbursing authority from which pension is to be drawn.

*The applicant should indicate the fraction of the amount of monthly pension (Subject to a maximum of 40% thereof which he/she desires to commute and not the amount in rupees.

**Score out which is not applicable.

**UNDERTAKING REGARDING GOVERNMENT OR NON-GOVERNMENT
DUES THAT DETECTED LATER ON**

1. I hereby declare that no Government dues are outstanding against me.
2. I hereby declare that no vigilance cases, departmental proceeding and recoveries as per report are pending against me.
3. I hereby undertake to refund all Government and Non-Government articles due from me if detected in future.

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Inland Waterways Authority of India

Countersigned

UNDERTAKING

I, _____, Inland Waterways Authority of India retiring w.e.f. _____, /o of _____ do hereby give this undertaking that any amount of Government dues still outstanding against me may be recovered from the Death-cum-Retirement Gratuity payable to me.

()

Inland Waterways Authority of India

Attested

DECLARATION UNDER ARTICLE – 911 C.S.R.

I, _____ hereby declare that I have neither applied nor received any pension or gratuity in respect of any pension of the service included in the application; and in respect of which pension or gratuity as claimed herein, nor shall I submit any application hereafter without quoting a reference to this application and to the orders which may be passed thereon.

(_____)

Inland Waterways Authority of India

Attested

Head of Office

DECLARATION UNDER ARTICLE – 920 C.S.R.

I, _____ promise to refund the amount of Pension/Gratuity as may be granted to me, if afterwards found to be in excess of that, to which I am entitled under the Rules & Regulations.

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Inland Waterways Authority of India

FORMAT OF UNDERTAKING

- (1) Sh. _____ a retired employee of Inland Waterways Authority of India, _____, declare that I am residing at _____ indicated in PPO..... which area is not covered under CGHS or any corresponding Health Scheme administered by the Ministry/Department of IWAI, NOIDA(as the case may be) I have also not obtained and to not wish to obtain a CGHS/Corresponding Health Scheme of other Ministries/Departments from any dispensary situated in an adjoining area.
- (2) A certificate from the Medical Authorities of CGHS or from Authority of corresponding Health Scheme of the concerned Ministries/Departments, as the case may be, that the area where the pensioners is not served by any-dispensary under CGHS or the corresponding Health Scheme administered by the Ministry/Department.

(_____)

Inland Waterways Authority of India

PENSION CALCULATION SHEET
(in respect of Sh./Smt IWA I)

1. Name :
2. Designation of the post from which retired :
3. Ministry/Deptt./Office last served :
4. Date of birth :
5. Date of Superannuation /retirement :
6. Date of Joining :
7. Rules under which Pensionary benefits : CCS (Pension) Rules
8. Qualifying service for pension indication separately : Year Month Days
Addition to qualifying service as for example under
rule 8(2) of AIS (DCRB) Rules, 1958 and Period of
Service not counted for pension with the reasons
for not qualifying indicated against each.
9. Emoluments drawn during the last 10 months : From
preceding retirement / superannuation (pay, special
pay, deputation allowance, personal pay, dearness
pay interim relief etc.)
10. (1) Computation of average emoluments on which : Avg. Emol. = Rs. Annexure - I
pension is fixed.
(2) Pension /admissible :
- 11.(1) Emoluments for Gratuity : (Last Basic Pay)+ DA
(as indicated in PPO) Rs.

 $\frac{1}{4} [(Last\ basic\ pay + DA) \times (SMPs)]$

(2) Retirement Gratuity admissible : **(Restricted to Rs.**
- 12.(1) Emoluments for Family Pension : (Last Basic Pay)
(as indicated in PPO) =

(2) Family pension admissible:

- | | | |
|---|-------|-----------|
| (a) Ordinary Family Pension (Rs. *30%) | : Rs. | /- w.e.f. |
| (b) Enhanced Family Pension (50% of last pay drawn) | : Rs. | /- up to |
| (Plus pension relief as admissible from time to time) | | |

(Family pension at ordinary rate as at (a) above x 2, subject to prescribed minimum and maximum as per Rule 54)

:

13. Details of commutation of Pension:

- | | |
|---|--|
| (a) Percentage amount of monthly pension commuted | : 40% |
| (b) Amount of commuted value of pension authorized | : (40% of Rs. /-) Rs. /- |
| | /-x12 x 8.194 =Rs. /- |
| (c) Residuary pension | : Rs. - Rs. /-= Rs. /- |
| (Plus pension relief as admissible from time to time) | |

Head of Office

FORM 7

[See Rules 58, 60, 61(1) and (3) and 65 (1)]

Form for assessing Pension / Family pension and Gratuity

PART 1

1. Name of the retiring Government employee

2. Father's/ Husband's name:

3. Height:

4. Marks of Identification:

5. Date of Birth:

6. Service to which belongs:

General Central Service/IWAI

7. Particulars of post held at the time of retirement:

(a) Name of the office:

**Inland Waterways Authority of India
(Ministry of Shipping)**

(b) Post held:

(c) Whether the appointment mentioned above was under Government or outside the Government on foreign service terms?

**Statutory Body under the
Government of India**

8. Whether declared substantive in any Post under the Central Government?

Yes

9. Date of beginning of service:

From

10. Date of ending of service:

11. Cause of ending of service-----

(a) Voluntary retirement on being declared Surplus (Rule 29)

(b) Permanent absorption in Public Sector Undertaking / Autonomous body (Rule 37-A)

(c) Due to abolition of post (Rule 59)

(d) Superannuation (Rule 35)

Superannuation

(e) Invalidment on medical ground (Rule 38)

(f) Voluntary / premature retirement at the Initiative of the Government servant [under Rules 48, 48-A or FR 56 (k)]

(g) Premature retirement at the initiative of the Government [Rule 48 or FR 56 (j)]

(h) Compulsory retirement (Rule 40)

:

(i) Removal / dismissal from service (Rule 24 and 41)

:

(j) Death	:
12. In the case of compulsory retirement, the orders of the - competent authority, whether pension may be allowed at full rates or at reduced rates and, in case of reduced rates the percentage at which it is to be allowed	:
13. In case of removal / dismissal from service whether orders of competent authority have been obtained for grant - of compassionate allowance and if so, at what rate	:
14. Particulars relating to military service, if any---	
(a) Period of military service	:
(b) Terminal benefits drawn / being drawn for Military service	
(c) Whether opted for counting of military service towards civil pension?	:
(d) If answer to (c) above is in the affirmative whether the terminal benefits have been refunded.	:
(e) In case of ex-servicemen who are eligible for Family pension under the Armed Forces Rules, whether opted to retain family pension under the Armed Forces Rules or to draw family pension	:
15. Particulars relating to service in Autonomous body, if any	
(a) Particulars of Service	
Name of Organisation	: Inland Waterways Authority of India
Post held	:
(b) Whether the above service is to be counted for pension	: Yes
(c) Whether the Autonomous organization has discharged Its pensionary liability to the Central Government?	:
16. Whether any departmental or judicial proceedings are pending against the retiring employee	:

17. Qualifying service-----	Yrs.	Month	days
(a) Details of omission, imperfection or deficiencies in the Service Book which have been ignored [under Rule 59(1)(b)(ii)]	Nil		
(b) Period not counting as qualifying service	Nil		
i) Boy Service (2n proviso to Rule 13)	Nil		
(ii) Extraordinary Leave not counting as qualifying service (Rule 21)	Nil		
(iii) Periods of suspension not treated as qualifying service (Rule 23)	Nil		
(iv) Interruptions in service [Rule 27 (1) (b) and Rule 28 (c)]	Nil		
(v) Periods of foreign service with United Nations bodies for which United Nations pension has been availed	Not Applicable		
(vi) Any other period not treated as qualifying service (give details)	Nil		
(c) Additions to qualifying service----	Nil		
(i) Military service (Rule 19)	Nil		
(ii) War service (Rule 20)			
(iii) Weightage on voluntary retirement on being declared surplus (Rule 29)	Nil		
(iv) Weightage under Rule 30	Nil		
(v) Benefit of service in an Autonomous Body (Rule 37)	Nil		
(vi) Weightage under Rule 48-B	Nil		
(d) Net Qualifying service	Yrs.	Month	days
(e) Qualifying service expressed in terms of completed six monthly periods (Period of three months and over is treated as completed six monthly period)	SMP		

18. Emoluments---

(a) Emoluments drawn during 10 months preceding retirement-

From	To	Rate of Pay	Amount
------	----	-------------	--------

Total

Rs.

Annexure - 1

(b) If the officer was on foreign service immediately preceding retirement, the notional emoluments which he would have drawn under Government but for being on foreign service

No

(c) Average emoluments reckoned for pension

Rs.

(d) Emoluments reckoned for retirement gratuity/death gratuity

= Rs.

19. Date on which the retiring employee submitted his application for pension in Form 5.

20. Complete and up to date details of the family as given in Form 3

Sl.No.	Name of the member of the Family	Date of Birth	Relation with the Government servant
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21. Whether nomination made for death gratuity/retirement gratuity? : yes

22. The date on which action initiated to -----

(a) Obtain the 'No demand' certificate from the Directorate of Estates as provided in Rule 57. : NA

(b) Assess the service and emoluments qualifying for :

(c) pension as provided in Rule 59

(d) Assess the Government dues other than the dues relating to the allotment of Government accommodation as provided in Rule 73(1) :

23. Details of Government dues recoverable out of Gratuity--- :

a) Licence fee for Government accommodation :

(b) Dues referred to in Rule 73 :

24.(a) Proposed pension :

(b) Proposed dearness relief on pension :
(as on date of retirement)

(c) Date from which pension is to commence :

25. Rate of Family pension:

(a) Enhanced rate : **Rs.**

(b) Period for which family pension will : **Up to**
be payable at enhanced rate

(c) Ordinary rate : **Rs.**

(d) Date from which ordinary rate of family pension :
will be payable

26. Amount of retirement gratuity / : **Rs.**

27. Commutation of Pension:

(a) Whether simultaneously applied for commutation : **Yes**
of pension with the pension application (applicable only
in the case of those who retire on Superannuation pension.)

(b) The portion of pension commuted : **40% (Rs.**

(c) Commuted value of pension : **Rs.**

(d) Amount of residuary pension after : **Rs.**
deducting commuted portion

(e) Date from which reduced pension is payable. : **w.e.f**

28. Name and address of Bank/ Pension
accounting office from where pension is
to be drawn

29. Head of account to which pension and gratuity are debitable

30. Post retirement address of the retiree

Signature of the Head of Office

FORM 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

LIC OF INDIA P&GS DEPTT

Gratuity Claim Form For Maturity and Resignation

GGCA/GGPE

POLICY NO.....

POLICY NO GGCA

GRATUITY CLAIMS FOR THE PERIOD

S.NO	LICD	NAME	DOB	DOJ	DOL	BASIC	MODE OF EXIT RESIGNATION/RETIRE	GRATUITY
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
TOTAL								

For any clarification, please contact Mr./Ms.....

Mobile no.

email id

Witness

Designation

Address

revenue stamp

Signature of the Trustee/authorised signatory only
with office stamp with Name Designation & address

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) :