

- (b) The portion of pension commuted
 - (c) Commuted value of pension
 - (d) Amount of residuary pension after deducting commuted portion
 - (e) Date from which reduced pension is payable
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

PART II

1. Date of receipt of pension papers by the Accounts Officer from Head of Office
2. Entitlement admitted
- A. Length of Qualifying Service
 - B. Pension—
 - (i) Class of Pension
 - (ii) Amount of monthly pension
 - (iii) Date of commencement
 - C. Commutation of Pension—
 - (i) Commuted value of portion of pension commuted, if any
 - (ii) Residuary pension after commutation
 - (iii) Date from which reduced pension is payable
 - (iv) Date of restoration of commuted portion of pension subject to the pensioner continuing to live
 - D. Retirement/Death Gratuity—
 - (i) Total amount payable
 - (ii) Amount to be adjusted towards Government dues
 - (iii) Amount to be withheld for adjustment of unassessed dues
 - (iv) Net amount to be released immediately
 - E. Family Pension—
 - (i) At enhanced rates
 - (ii) Period for which Family Pension at enhanced rate is payable
 - (iii) At normal rate
3. Head of account to which the amount of pension, retirement/death gratuity and family pension are to be debited

Accounts Officer

CALCULATION SHEET

(Important document to be preserved carefully)

Name of the Ministry/Deptt./Office

No.

1. Name of the pensioner
2. Designation
3. Date of birth
4. Date of entry in the Govt. service
5. Date of retirement
6. Length of qualifying service reckoned for pension gratuity (as indicated in PPO)
8. (1) Average emoluments for pension (as indicated in PPO)
- (2) Pension admissible

Calculations to be shown as follows :

$$\begin{array}{r} \text{Avg. Emo.} \\ \hline 2 \end{array} \times \begin{array}{r} \text{Q.S. (in completed 6 monthly} \\ \text{period not exceeding 66)} \\ \hline 66 \end{array}$$

- 8A. Whether opted for commutation of 100% pension in case of permanent absorption in PSU/AB Yes/No

9. (i) Emoluments for gratuity (as indicated in PPO)
- (ii) Retirement gratuity admissible

Calculation to be shown as follows :—

$$\begin{array}{r} \text{Emoluments} \\ \hline 4 \end{array} \times \begin{array}{r} \text{Q.S. (in completed 6 monthly} \\ \text{period not exceeding 66)} \\ \hline 66 \end{array}$$

10. (1) Emoluments for Family Pension (as indicated in PPO)
- (2) Family Pension admissible

Calculations to be shown as follows :

*(a) Ord. Family Pension pay last drawn x Prescribed %, subject to prescribed min. and max.

*(b) Enhanced Family Pension :
Family Pension at ordinary rate as at
(a) above x 2, subject to prescribed minimum and maximum as per Rule 54.

11. PPO No.
- Place
- Date

Head of Office

Countersigned

Pay & Accounts Officer

Place

Date

* **Explanation :** In case of permanent absorption in Public Sector Undertakings/Autonomous Bodies, whether the retiree opts for pro rata Pension or commutation of 100% pension, the above-mentioned entitlement to family pension will be subject to the fulfilment of the following conditions, namely :—

- (a) The employee seeking permanent absorption is not entitled to family pension benefit from the Public Sector Undertakings/Autonomous Bodies or under the Employees' Provident Fund and Miscellaneous Provisions Act, and
- (b) Where the employee concerned is governed by the Family Pension Scheme under the Employees' Provident Fund and Miscellaneous Provisions Act, he opts to be governed by the Family Pension Scheme of the Central Government after obtaining exemption from the provision of Employees' Provident Fund and Miscellaneous Provisions Act from the Regional Provident Fund Commissioner concerned.

SHEET FOR PHOTOGRAPH

Joint Photograph of Sh./Smt.....

Designation

Particulars of Sh./Smt.

Designation

Height

Identification-till in left hand of second finger

SPECIMEN SIGNATURE SHEET

Permanent Residential Address of Sh./Smt.....

Designation

Specimen Signature of Sh./Smt.

Designation

- 1.
- 2.
- 3.

Thumb/fingers impression of Sh./Smt.....

Designation

Attested

Name of Attesting Gazetted Officer.....

Designation.....

Name of Office.....

SHEET FOR HEIGHT AND PERSONAL IDENTIFICATION PARTICULARS

Particulars of Sh./Smt.

Designation

Height

Identification Marks.....