

**FORM 14**  
**[See rules 77 (3) and 81 (2)]**

Form of application for family pension on death of a Government servant/pensioner/family pensioner

1. (i) Name of the Government servant in respect of whom family pension is being claimed
  - (ii) Office/Department/Ministry served last
  - (iii) Date of retirement of Government servant
  - (iv) Date of death of Government servant/pensioner/ family pensioner
  - (v) PPO No. of Government servant/pensioner/ family pensioner
2. Name and other details of claimant-

Name	Date of birth	Relationship with the deceased Government servant	Postal Address

3. In case the claimant is minor or suffering from disorder or disability of mind, including mental retardation, details of guardian/nominee, wherever applicable-

Name	Date of birth	Relationship with the minor/ mentally disabled claimant	Relationship with the deceased Government servant	Postal Address

4. Details of surviving widow/widower, children, dependent parents and disabled siblings of the deceased Government servant / pensioner are enclosed in Form .3.

5. Account No., name and BSR code of Branch of Bank to which family pension is to be credited:

6. Other source of family pension - Military or State Government and/or a Public Sector Undertaking/ Autonomous body/Local Fund under the Central or a State Government, if any -

I am aware that future good conduct of the claimant/family pensioner shall be an implied condition for every grant of family pension and its continuance.

Encl: As per the check-list.

Signature or left hand thumb impression of the claimant/guardian

Mobile/Telephone No.....

Permanent Account Number for Income Tax (PAN).....

Aadhar No., if available - .....

Signatures of two Witnesses with names and full addresses:

(i)

(ii)

Note: Form 14 is not to be filled if the spouse had a joint account with the deceased pensioner. In such cases, family pension shall be allowed by the Pension Disbursing Authority on the basis of an application on plain paper. The permanently disabled children/siblings and dependent parents to whom family pension has been authorised in the PPO of the pensioner will submit this Form to the Pension Disbursing Authority.

Check List of Documents to be submitted with Form 14

1.	Two specimen signatures of claimant (to be furnished in a separate sheet) duly attested by a Gazetted Government servant.  (Two slips each bearing the left hand thumb and finger impressions duly attested may be furnished by a person who is not literate to sign his name. If such an on account of physical disability is unable to give left hand thumb and finger impressions he/she may give thumb and finger impressions of the right hand. Where a Government servant has lost both the hands, he/she may give toe impressions. Impressions should be duly attested by a Gazetted Government servant.)	
2.	Two copies of passport size photographs of the claimant, duly attested	
3.	Two slips showing the particulars of height and personal identification marks duly attested by a Gazetted Govt. Servant.	
4.	Details of the family in Form 3.	
5.	Certificate(s) of age showing the dates of birth of the children. The certificates should be from the Municipal authorities or from the local panchayat or from the head of a recognized school or Central/State Board of Education.	
6.	Undertaking for refunding any excess payment made by the pension disbursing Bank	

7.	Specimen signature or left hand thumb and finger impressions of guardian duly attested, in the case of the guardian who is not literate enough to sign his or her name	
8.	Two attested copies of passport size photograph of the guardian/nominee	
9.	Descriptive roll of the guardian/nominee, Showing the particulars of height and identification marks, duly attested.	
10.	Copy of PPO of previous pensioner/family pensioner	
11.	Proof of permanent address of the guardian.	
12.	Copy of death certificate of the deceased employee or pensioner/previous family pensioner, if applicable.	
13.	Copy of document regarding ineligibility of previous family pensioner, if applicable.	



CSIR- CENTRAL ELECTROCHEMICAL RESEARCH INSTITUTE  
(Council of scientific and Industrial Research)  
Karaikudi-630 006.

Specimen signature/left hand thumb impression of Shri / Mrs.

1)

2)

Attested by

Witness by

1)

1)

2)

2)

Note: The specimen signature should be in triplicate (in a separate sheet)  
attested by the azetted Officer or person respectability in the town/village  
in which the Applicant resides.



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Descriptive roll of Shri / Mrs.

- a) Height :
- b) Colour :
- c) Age :
- d) Personal marks of identification, if any;
  - 1)
  - 2)
- e) Finger impressions:

Small finger

Ringer finger

Middle finger

Thumb

Index finger

Attested by

Witness by

1)

1)

2)

2)

Note: The descriptive roll should be in triplicate (in a separate sheet) attested by the Gazetted Officer or person of respectability in the town/ village in which the applicant resides.



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- a) Height :
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Attested by

Witness by

1)

1)

2)

2)

Note: The descriptive roll should be in triplicate (in a separate sheet) attested by the Gazetted Officer or person of respectability in the town/ village in which the applicant resides.

FORM 3

[See rule 54 (12)]

Details of Family

1. Name of the Government servant
2. Designation
3. Date of birth
4. Details of the members of family as on----- :

S. No	Names of the members of family	Date of birth	Relationship with the officer	Marital status	Remarks	Dated signature of Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						

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

Signature of Government servant

Place :

Date :

Note 1. – The original Form submitted by the Government servant is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Government servant should submit the details of family afresh along with Form 5.

Note 2. – The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

Note 3. – The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.

Note 4. - Wife and husband shall include judicially separated wife and husband.

**ANNEXURE "B"**

(To be signed by the legal heirs of members of the family of the deceased council servant)

Whereas the \_\_\_\_\_ (here state the designation of the officer sanctioning the family pension/death-cum-retirement gratuity/arrears of pension or gratuity) has consented grant me the sum of Rs. \_\_\_\_\_ being the amount of family pension due to me and/or the sum of Rs. \_\_\_\_\_ being the amount of death-cum-retirement gratuity/arrears of pension or gratuity due to shri/shrimathi \_\_\_\_\_ (here give the name & designation of the deceased council servant) hereby acknowledge that in accepting the said amount(s), indicated above, I fully understand that the family pension due to me and death-cum-retirement gratuity/arrears of pension or gratuity due to shri/shrimathi \_\_\_\_\_ is subject to 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 & occupation  
       of witness

The declaration should be witnessed by two persons of respectability in town, village or district in which the applicant resides.

I, \_\_\_\_\_ hereby declare that  
I am not remarried.

Date:

Signature

Attested by:

I, \_\_\_\_\_ hereby declare that  
I am not in receipt of any pensionary benefits from any source other than CSIR.

Date:

Signature

Attested by:

APPLICATION FOR DRAWAL OF PENSION THROUGH STATE BANK OF INDIA  
(To be submitted in Duplicate)

To

The Finance and Accounts Officer  
CECRI, Karaikudi - 630 006.

Sir,

I opt to draw my pension through State Bank of India and necessary particulars are furnished below to enable you to make arrangement in this regard.

I. PARTICULARS OF PENSIONER

(a) Name :

(b) P.P.O. Number :

(c) Present Address :

II. PARTICULARS OF PAYING BRANCH

(a) Name of the Bank :

(b) Branch where payment desired :

III \*Pensioner's Savings Bank Account No :  
at the Branch to which Pension is to be credited.

Yours faithfully,