## ANNEXURE-K FORM OF APPLICATION FOR THE GRANT OF FAMILY PENSION ON THE DEATH OF A GOVERNMENT SERVANT/PENSIONER

- 1. Name of the Applicant:
- 2. (i) Widow/Widower:
- (ii) Guardian if the deceased person is survived by child or children

Name and age of surviving widow/widower and children of deceased Govt servant/pensioner

SL	Name	Relation with the deceased person	Date of Birth
		Wife*	

- \*indicate date of birth of family Pensioner invariably
- 3. Name and No of PPO of the deceased pensioner:
- 4. CBS Account no of the deceased pensioner
- 5. Date of death of the Government servant/Pensioner:
- 6. Office/ Department/Ministry in which the deceased Government:

6a.If the applicant is a guardian, his date of birth and relationship with the deceased Govt Servant/pensioner:

- 7. If the applicant is a widow/widower the amount of service pension which she/he may be receipt on the death of the husband/wife:
- 8. Full address of the applicant:
- 9. Place of payment of pension and gratuity:

(Post office or public sector bank with full address)

10. CBS Account no.&copy of passbookof family pensioner:

## 11. Enclosure:

- (i)Descriptive scroll of the applicant dully attested, indicating (a) height and (b) personal marks if any on the hand face etc (specially a few conspicuous marks and not less than two, if possible)
- (ii) Two specimen signatures of the applicant duly attested (to be furnished in two separate sheets)
- (iii)2 copies of passport size photograph of the applicant duly attested
- (iv)2separate sheet affixing "left hand thumb and finger impression of the applicant duly attested.

(v)Copy of pensioner death certificate&pensioner's portion of PPO duly attested (vi)Letter of undertaking & life certificate, KYC, from family pensioner

12.	_	or	left	hand	thumb	impression	of	the	
	applicant:								
									Signature or left hand thumb impression

	Attested by		
	Name Full	Address	Signature
1)			
2)			
	Witness by		
	Name Full	Address	Signature
1)			
2)			

Note: Attestation should be done by two gazetted Government servant or two or more persons residing in the town or parganas in which the applicant resides

(i)[	(i)Descriptive scroll		Per	Pensioner/family		ensioner	Shri/Smt	
Wi	dow/husband of	late Sri/Smt :						
2. \ 3. \	Height: Weight: Colour: dentification ma	rk:						
(ii)	Specimen signa	ture/ Thumb Imp	ression of	pensione	r/ family/wido	wpensioner:		
	(1)	(	2)	(3)				
			,					
			Verify			ifying Official signature & stamp		
					Name of official : S.S. No. :			
/iii\	Latest Photogra	aph of pensioner	family nen	sioner				
	Verifying Official signature & stamp Name of official: S.S. No.							
(iv)	Hand Impression	n						
	Right Hand							
	Thumb finger	Index finger	Middle fi	nger F	Ring finger	Little finger		
	Left Hand							
	Little finger	Ring finger	Middle fi	nger I	ndex finger	Thumb fing	ger	
Ve	rified	1	1			1		

Signature Name S.S.No. То

The Regional Commissioner Nodal Branch/Paying branch

Signature: Name: Address:

Dear Sir,
Payment of pension under Coal Mines Pension Scheme 1998 undertaking
I. In consideration of your having, at my request agreed to make payment of pension due to every month by credit to My saving bank account number
the undersigned agree and undertake to refund or make good my account to which am entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to find myself found my heirs, successors executors and administrators to indemnity the authorised officer from and against any loss suffered or incurred by the scheme and to forthwith pay the same to the authorised office and also irrevocable authorised the authorised Officer to recover the amount due to debit my said account or any other deposits belonging to me in the possession of the said bank.  Yours faithfully
Signature and Date
CMPF No:
Address:
1) Witness
Signature:
Name: Address:
2) Witness