

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY & ANIMAL
SCIENCES, HISAR**

FAMILY PENSION FILE

1.	Name of the Deceased Employee(while in service)	
2.	Father's/Husband's Name	
3.	Husband's Name(in case of Female)	
4.	Designation	
5.	Office	
6.	Date of Birth	
7.	Date of Beginning Service	
8.	Date of Death	
9.	Name of the Claimant for family pension	
10.	Address	
11.	Relationship with deceased	

Signature of Family Pension Claimant

Signature of HOD of the deceased employee

(This form is based on Form Pen-2 referred to in Rule 71 of Haryana Civil Services Pension Rules 2016)

Form VU 10/1(a)
Referred to in Rule 10.6

LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

Particulars to be obtained by the Head of office from the retiring University employee one year before his retirement on superannuation or from the family of deceased University employee within one month from the date of death.

Paste one passport size joint photograph of employee or photograph of widow/widower, as the case may be, duly attested by head of the office

1.	Name of the University employee	
2.	Designation	
3.	Department/Office	
4.	Date of birth	
5.	Date of retirement OR Date of death in case of death while in service	
6.	Present address	
7.	Address after retirement along with mobile Phone No.	

Any subsequent change of address should be informed to the Head of Office & Comptroller LUVAS, Hisar

8.	Details of the members of the family as on				
Sr. No.	Name of the members of family	Date of birth	Relationship with the University employee	Aadhaar Card No.	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
9.	Name of the Branch Public Sector Bank through which the employee wants to draw his pension				
10.	Enclose the following documents:- (i) Two slips of specimen signature to be attested by Head of Office or any other officer authorized by him (ii) Four copies of passport size joint photographs of the University employee with spouse (to be attested by Head of office or any officer authorized by him) (iii) Form regarding detail of family members.				
11.	Option for commutation of pension and fraction of pension proposed to be commuted:				

Name _____

Dated the _____

Signature of University employee
Or
Family member of the deceased University
employee

Acknowledgement

Received from Shri/Smt_____ (Name and Former Designation) application in Form VU 10/2-3 complete in all respects for the calculation of pension/DCRG/Commutation of Pension etc.

Place: _____

Signature of Head of Office
(With Stamp)

Date: _____

This form is based on Govt. Form Pen-5 referred to in Govt. Rule 82(A) Form VU 10/4 of Haryana Civil Service Pension Rules 2016)

LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

Specimen of Letter to be sent to the member(s) of the family of a deceased University employee for the grant of the Death –cum- retirement gratuity where valid nomination subsists or not.

From

HOD/Controlling Officer
LUVAS, Hisar

To

The Comptroller
LUVAS, Hisar

Memo No- VCC/2023/
Dated-

Subject: Payment of death-cum retirement gratuity in respect of the_____.

Sir/Madam,

I am directed to state that in terms of the nomination, which is valid under the rules, made by _____ in the office/Department of _____ a death-cum-retirement gratuity is payable to his/her nominee(s). A copy of the said nomination is enclosed herewith. If any contingency has happened after the date of making the nomination, so as to render the nomination invalid, in whole or in part, precise details of the contingency may kindly be stated.

DCRG amounting to Rs. _____ - has already been paid to Smt. _____

OR

I am directed to say that in term of Rule 45 of Haryana Civil Services (Pension) Rules 2016, as applicable to LUVAS, a death-cum-retirement gratuity is payable to the following members of the family of deceased university employee.....

In the office/Department of Vety. Clinical Complex in equal share:-

I	Wife/Husband (including judicially separated wife/husband)	
ii	Children(married or unmarried) including legally adopted children and widowed/divorced daughter(s)	
iii	Widow of predeceased son, if not remarried, otherwise the children of predeceased son in equal share;	

2. In the event of there being no surviving member of the family as indicated above, the death-cum-retirement gratuity shall be payable to the following members of the family in equal share:-

I	Brother(s) below the age of 18 years, dependent unmarried/widowed/divorced/sister(s);	
ii	Mother, including adoptive/step mother in case of individuals whose personal law permits adoption.	
iii	Father including adoptive/step father in case of individuals whose personal law permits adoption	

3. It is requested that a claim for the payment of death cum retirement gratuity may be submitted in the enclosed form VU 10/6 as soon as possible.

Yours faithfully,

Head of Office
(with date and stamp)

This form is based on Govt. Form Pen-6 referred to in Govt. Rule 82(A) Form VU 10/6 of Haryana Civil Service Pension Rules 2016) Referred to in Rule 10.9(2)

LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

Form of Application to be submitted by the family member or Nominee for grant of DCRG in case of death of University employee before the receipt of DCRG.

To be filled in separately by each claimant and in case the claimant is minor, the form should be filled in by the guardian on his/her behalf. Where there are more than one minor, the guardian should claim gratuity in one form on their behalf.

Part-I (To be filled by deceased University employee)		
1	Name of the Claimant	-
2	Date of Birth of the Claimant	-
3	Name of the guardian in case the claimants are minor	-
4	Date of Birth of Guardian	-
5	Name of the deceased University employee in respect of whom DCRG is being claimed	-
6	Date of Death of University employee	-
7	Office/Department in which the deceased University employee served last	-
8	Relationship of the claimant/guardian with the deceased university employee	-
9	Full postal address of the claimant/guardian along with Mobile phone number	-

10. Where gratuity is claimed by the guardian on behalf of minors, the name of the minors, the names of the minors, their age, relationship with the deceased University employee, etc.

Sr. No	Name	Age	Relationship with the deceased University employee	Relationship of the guardian with minors	Aadhar Card No.	Postal address
NOT APPLICABLE						

11. Place of payment of Death Gratuity

(Public Sector Bank Branch)

12. Enclose two slips of specimen signatures of Claimant/guardian duly attested

13. Name, address signatures of the two persons/gazette officers who attested the specimen signatures:

Sr. No	Name	Full Address	Signature
I	Not applicable	-	-
Ii	Not applicable	-	-

Note:- Attestation shall be done by two gazette officers or two persons of respectability in the town, village or Pargana in which the claimant resides.

14. Witness:-

Sr. No	Name	Full Address	Signature
1	Not applicable	-	-
2	Not applicable	-	-

Place: Hisar

Date:-

claimant/guardian

Signature/Thumb impression of the

Part-II
(To be filled by the Pension Sanctioning Authority (HOD)

15. Name of the Deceased University Employee:

16. Father's/ Husband's Name:

17. Date of birth:

18. Date of Death:

19. Name of the office/Department where
Working at the time of death:

20. Post held at the time of death:

21. Date of Beginning Service:

22. Date of ending of service on death:

23. Particulars relation to benefit of military service/past service if any, allowed by the competent authority to count towards pension:

A	Period of past service for which benefit has been allowed	
B	Whether terminal benefits have been deposited or not	
C	Order No. and date	

24. Total Length of Service:

25. Period of non-qualifying service:

		From	To	YY	MM	DD
A	Interruption in service condoned under Rule 14(2)					
B	Extraordinary leave not qualifying for pension					
C	Period of suspension not treated as qualifying service for pension					
D	Any other service not treated as qualifying service for pension					
E	Total period of non-qualifying service					

26. .Net qualifying service(Column 24-25)

In term of completed six monthly periods
i.e, period of three months and above is
treated as completed six monthly periods.

Note:- Details of qualifying service is attached

27. Detail of period, if any, treated as duty in case of a University employee who has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service.
28. Emoluments for DCRG(Actual/Notional)
29. Amount of death-cum-retirement gratuity
30. Detail of University dues recoverable out
 - (a) License fee of University accommodation
 - (b) Other dues, if any.
31. Weather valid nomination for death-cum-Retirement Gratuity subsists or not
32. Date on which claim received from the Claimants-
33. Name and address of guardian who will receive payment Of DCRG in the case of minor along Mobile Phone No.
34. (I) Place of payment of pension:
(Branch of Public Sector Bank)
(II)- Bank Account No.
(III) Unique Payee Code:
35. (I)Enclose the legal guardianship Certificate, where natural guardian is not alive, Issued by the court of Law.

(II) Enclosed indemnity Bond.

Date:

Place:

Signature of Head of Office

This form is based on Govt. Form Pen-7 referred
to in Govt. Rule 82(B) of Haryana Civil Service
Pension Rules 2016) Referred to in Rule10.9(I)

Form VU 10/4(a)

LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

Specimen of Letter to be sent to the widow/widower or other eligible family member of a deceased University employee six months before the cessation of compassionate financial assistance for grant of Family Pension.

From

HOD/Controlling Officer
LUVAS, Hisar

To

The Comptroller
LUVAS, Hisar

Memo No- VPHE/2020

Dated-

Subject: Payment of Family Pension in respect of **Late Sh.** _____

Sir/Madam,

I am directed to state that in terms of the rules, of the Haryana Civil Service(Pension) Rules, 2016 as applicable to University employees, a family pension is payable to the eligible family member of the **Late. Sh.** _____ working in the office/department of

You are advised that a claim for the grant of family pension may be submitted in the enclosed Form VU 10/5.

The family pension shall be payable to the widow/widower till death or remarriage, whichever is earlier and thereafter to other eligible family member, if any, as per provision laid down in Haryana Civil Services(Pension) Rules, 2016.

Yours Faithfully

Head of Office
(with date and stamp)

This form is based on Govt. Form Pen-8 referred to in Govt. Rule 82(B) of Haryana Civil Service Pension Rules 2016)

Form VU 10/5

Referred to in Rule 10.9(2)

LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

Form of Application for the grant of Family pension in case of death of a University employee while in service.

Part-1

(To be filled by the family of deceased University employee)

1. Name

[widow or widower, if any, otherwise
Dependent son/daughter or Guardian,
if the deceased person(s) is survived by
minor children

Smt. _____

2. Detail of surviving widow/widower and children of the deceased University employee eligible for family pension:

Sr. No	Name	Date of Birth	Occupation if any	Relationship with the deceased person	Aadhar card no

3.

3.	Date of death of University employee	
4.	Office/Department in which the deceased University employee served last	
5.	If the applicant is guardian, his date of birth and relationship with the deceased University employee	-
6.	Full address of the applicant alongwith Mobile Phone Number	
7.	(I) Place of payment of family pension (Branch of Public sector Bank)	
	(II) Bank Account No.	
	Unique Payee Code	

8.	Date of cessation of compassionate financial assistance, if any	
----	---	--

9. Name, address and signatures of two reputed persons/officers who attested the specimen signatures:

Sr. No	Name	Full Address	Signature
(I)			
(II)			

Note:- Attestation shall be done by two gazette officers or two person of respectability in the town, Village or Pargana in which the claimant resides.

10. Enclose the following documents:-

I	Two slips of specimen signatures of the applicant, duly attested (attached)
II	Four copies of passport size photograph of the applicant to be attested by the Head of Office across the photograph itself instead of paper. (Pasted at appropriate place)
III	Birth Certificate or any other documentary evidence for age of child/children(No need)
IV	Death Certificate of the deceased University employee(attached)
V	Certificate of Guardianship issued by the Court of Law in case of other than natural guardian (No Need)

11. Witness:-

Sr. No	Name	Full Address	Signature
1.			
2.			

Place:

Date:

Signature of applicant

Part-II

[(To be filled by the Pension sanctioning Authority (HOD)]

12.	Name of the Deceased University Employee	
13.	Father's/Husband Name	
14.	Date of Birth	
15.	Date of Death	
16.	Name of the office/Department where working at the time of death	
17.	Post held at the time of death	
18.	Emoluments for family pension (Actual/Notional) pay in the Basic pay	
19.	(a) Date of beginning of service of regular basis. (b) If any service prior to appointment on regular basis.	
20.	Date of ending of service on death	
21.	Total Length of service	
22.	Family pension proposed (I) Normal family pension (II) Enhanced family pension (if service rendered at the time of death is more than seven years as in the rule 49 (I) of Pension Rule	
23.	Period of tenability of Family pension (a) At ordinary rate (b) At enhanced rate	
24.	Name of family member eligible for family pension	
25.	Relationship with the deceased University employee	

26	Full postal address alongwith Mobile Phone Numer	
27	Date on which claim received from the claimant	

28.	Name and address of guardian who shall receive payment of family pension in the case of minor	
29	(I) Place of payment of family pension	
	(Branch of Public Sector Bank)	
	Bank Account No	
	Unique Payee Code	

It is certified that compassionate financial assistance is admissible upto ----- which has been paid to **Smt.** _____ an eligible family member of the deceased University employee.

Date:-
Place:-

Signature of pension Sanctioning Authority
(With stamp)

(This form is based on Govt. Form Pen-9 referred to in
Rule, 83 of Haryana Civil Services Pension Rules 2016)

Form VU 10/8
Referred to in Rule 10.9(2)

LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

Specimen of Letter for forwarding Papers to the Comptroller, LUVAS, Hisar, for the grant of Death-cum-retirement gratuity to be sent within a month in case of death while in service and for grant of Family Pension to be sent three months before cessation of compassionate financial assistance. .

From

HOD/Controlling Officer,
LUVAS, Hisar

To The Comptroller
LUVAS, Hisar

No.: _____
Dated the _____

Subject: Grant of Death-cum-retirement gratuity and/or Family Pension.

Sir,

I am directed to say that **Sh.** _____ Designation _____ died on _____ . His family has become eligible for the grant of Death-cum-retirement gratuity and/or Family Pension. The detailed information in the prescribed form duly completed in all respects is forwarded herewith for further necessary action.

2. The details of University dues which shall remain outstanding on the date of retirement of the University employee and which need to be recovered out of the amount of DCRG are indicated below:-

a)	Balance of outstanding Loans and Advances	
	1. HBA	
	2. Motor Car Advance	
	3. Marriage Loan	
	4. Computer Loan	
	5. Any other Loan	
	Total	

b)	Over payment of pay and allowances including leave salary, if any	
c)	Income tax deductible at source under the Income Tax Act 1961 (43 of 1961)	
d)	Arrears of licence fee for occupation of University accommodation	
e)	The amount of licence fee for the retention of University accommodation for the permissible period of six months beyond the date of retirement.	
f)	Any other assessed dues and the nature thereof	
g)	The amount of gratuity to be withheld for adjustment of un-assessed dues, if any	
Total		

3. Your attention is invited to the list of enclosures which are being forwarded herewith. It is requested that authorization of DCRG, and/or Family Pension may please be made at the earliest.

4. The receipt of this letter may please be acknowledged and this department/office be informed.

Yours faithfully

Head of Office/Department
(with date and stamp)

List of Enclosures:

- 1.
- 2.
- 3.

Calculation Sheet for Family Pension/ Death-cum-retirement gratuity

1. Name of Deceased :
2. Post held at the time of death :
3. Date of Birth :
4. Date of Death :
5. Date of Joining Govt. Service :
6. Total Gross Service: :
- Less Non Qualifying Service: :
- Balance Service Qualifying for Pension: :

- Total for Pension :
7. Pay drawn at the time of death Basic Pay=Rs.
8. Amount of Family Pension : Rs.
(30% of pay last drawn)
Subject to minimum of Rs. 9000/-
9. Amount of enhanced Family Pension Rs.
To being admissible for first ten years on
Completion of monthly financial assistance.

Statement of Qualifying and Non-qualifying service :-

Sr. No.	Period (From-To)	Period in YY/MM/DD	Post held	Qualifying service YY/MM/DD	Non-qualifying service YY/MM/DD	Document(s) on the basis of which the entry is made in Column 5
1	2	3	4	5	6	7
1.						
2.						
3.						
4.						
Total Service						

Signature of the Competent Officer
(with date and stamp)

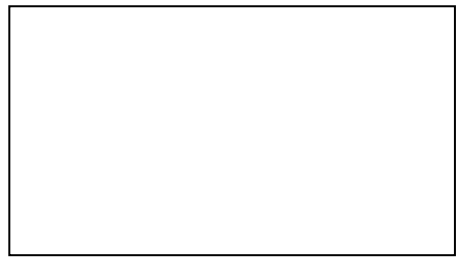
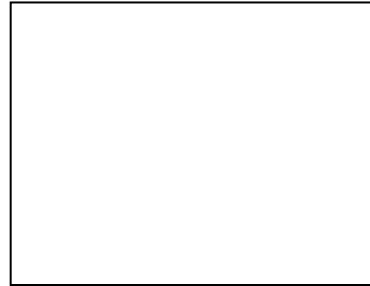
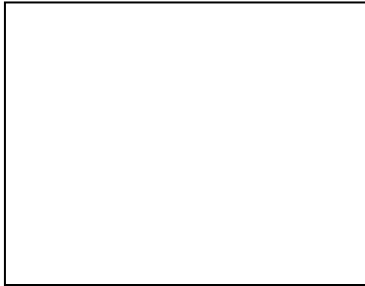
PHOTOGRAPHS OF THE CLAIMANT

Name of the Claimant: Smt. _____

Name of deceased University employees: Late Sh. _____ Designation:

Date of Death _____ Last Place of Posting:- _____

Four copies of passport size photograph of the applicant to be attested by the Head of Office across the photograph itself instead of paper



SPECIMEN SIGNATURE/THUMB IMPRESSION OF THE CLAIMANT

Name of the Claimant: **Smt.** _____

Name of deceased University employee: **Late Sh.** _____ Designation: _____

Date of Death _____ Last Place of Posting _____

1.



2.



ATTESTED

(Head of Office/Pension Sanction Authority)

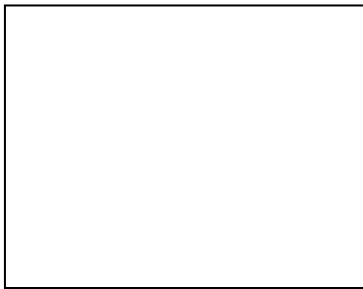
SPECIMEN SIGNATURE/THUMB IMPRESSION OF THE CLAIMANT

Name of the Claimant: **Smt.** _____

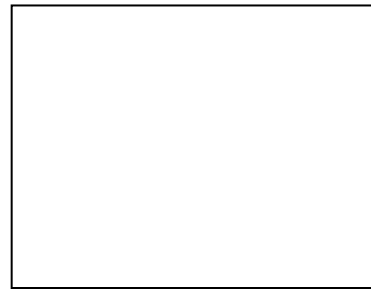
Name of deceased University employees: **Late Sh.** _____ Designation. _____

Date of Death _____ Last Place of Posting _____

1



2.



ATTESTED

(Head of Office/Pension Sanction Authority)

Details of the Family

Name of the deceased University employee:

Designation:

Date of birth:

Date of appointment:

Date of death:

Sr.No.	Name	Date of birth	Occupation, if any	Relationship with the deceased person	Aadhaar Card No.
1					
2					
3					
4					
5					
6					

 (Head of Office/Pension Sanctioning Authority)

UNDERTAKING to refund of Excess Amount

I hereby undertake that in any excess payment may be found to have been made as a result of incorrect fixation of pension/family pension or any excess payment detected in the light of discrepancies noticed subsequently shall be refunded by me to the University either by adjustment against future payments due to me or from the arrears, if any due to me.

Date _____

Signature _____

Name of Claimant-

SPECIMEN SIGNATURES AND PARTICULARS OF HEIGHT & IDENTIFICATION MARKS

Specimen Signatures of
Designation:

Smt.

1.....

2.

Attested

(Signature of HOD)
Designation with Stamp

Smt.

Designation:

Particulars of Height.....

Personal marks of Identification:.....

Attested

(Signature of HOD)
Designation with Stamp