**ANNEXURE-II**

(as per rules in Punjab CSR Vol.II Family Pension Scheme)

**FORM OF APPLICATION FOR GRANT OF FAMILY PENSION ON THE**

**DEATH OF A UNIVERSITY EMPLOYEE AFTER RETIREMENT AS A**

 **PENSIONER**

1. Name of the applicant :
2. Widow / widower :
3. Guardian, if the deceased person (s) is child

Or children survived by

1. Name and age of surviving widow / widower and children of the deceased Govt. employee / pensioner.

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Name | Relationship with the deceased person | Date of birth by Christain era (to be Attested by the Head of Office) |
| 01 |  |  |  |
| 02 |  |  |  |
| 03 |  |  |  |
| 04 |  |  |  |

1. Date of death of the University :

Employee / **pensioner.**

1. Office / Department in which the :

Deceased University employee /

Pensioner served last.

1. If the applicant is guardian his date:

Of birth and relationship with the

Deceased Govt. Employee pensioner

1. If the applicant is a widow/ widower **-**

the amount of service pension

which she/he may be in receipt on

the date of death of the husband/ wife.

1. Full address of the applicant :
2. Place of payment of pension

Public sector Bank / Branch

1. Enclosures
2. Two specimen signatures of the applicant, duly attested (to be furnished in two separates Sheets)
3. Two copies of passport size photograph of the applicant, duly attested.
4. Two slips each bearing left hand thumb and finger impressions of the applicant, duly attested.
5. Descriptive Roll of the applicant, duly attested, indicating (a) height and (b) personal marks, if any, on the hand, face, etc. (To be furnished in duplicate)
6. Death Certificate.
7. An affidavit to the effect that after the death of husband / wife the applicant has not re-married and in case of re-marriage he / she will inform the University.
8. Copy of Aadhar Card of applicant.
9. Signatures or left-hand thumb impression of the applicant.
10. Attested By:

Name Full Address Signature

(i)

(ii)

1. Witnesses:-

(i)

(ii)

Note: Attestation should be done by two gazette employees or two or more persons of respectability in the town, village or Pargana, in which the applicant not literate enough to sign his name.

**DESCRIPTIVE ROLL**

Submitted by the ……….

**Description of the claimant**

1. Name and residence showing :

Village, Tehsil and District

1. Age
2. Height
3. Race, caste or tribe
4. Marks for identification
5. Present occupation and

Pecuniary Circumstances

1. Degree of relationship to

 Deceased

**Description of the deceased**

1. Name
2. Occupation
3. Income of the deceased
4. Name of injury causing death
5. Aadhaar Card No.
6. Mobile No.

Signature of the applicant

**DESCRIPTIVE ROLL**

Submitted by the …………………………………………….............................................

**Description of the claimant**

1. Name and residence showing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Village, Tehsil and District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Height \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Race, caste or tribe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Marks for identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Present occupation and

Pecuniary Circumstances \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Degree of relationship to

 Deceased \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of the deceased**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Income of the deceased \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name of injury causing death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Aadhaar Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the applicant

**Department………………………….., LUVAS Hisar**

SPECIMEN SIGNATURE OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attested

**Department……………………………, LUVAS Hisar**

SPECIMEN SIGNATURE OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attested

Left hand thumb and finger impressions of the applicant, duly attested.