

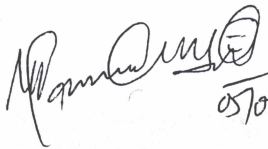
ESTABLISHMENT SECTION

Dated: 05th February, 2019


The lists of Retiring Official/Officers up to December, 2019, at CSIR-NISCAIR are attached herewith along with the Forms-1 for Nomination for retirement Gratuity/Death Gratuity etc.(26 Pages) to fill the same by the retiring officials/officers.

Therefore, Head, IT Section may kindly upload the on the CSIR-NISCAIR website please.

SO (Estt)

com learn for  05/02/2019

Sr. C.O.A.


05/2/19

**NATIONAL INSTITUTE OF SCIENCE COMMUNICATION AND INFORMATION
RESOURCES**

Dr K S KRISHNAN MARG NEW DELHI-110012

&

14 SATSANG VIHAR MARG, NEW DELHI-110067

No.1(1)Pension-2018

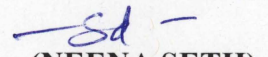
Dated:14th November, 2018

OFFICE MEMORANDUM

The following staff-members of this Institute are due for retire on superannuation during the Calendar year **2019**.

| Sl.No. | Name & Designation | Date of Birth | Date of Superannuation |
|--------|--|---------------|------------------------|
| 1. | Dr. J.Sundaresan Pillai, Sr. Principal Scientist | 16-01-1959 | 31-01-2019 |
| 2. | Sh. Durga Dutt Tiwari, Lab. Asstt. | 20-01-1959 | 31-01-2019 |
| 3. | Mrs. Meera Devi, Asstt. Section Officer | 23-01-1959 | 31-01-2019 |
| 4. | Sh. Balwant Singh, Sr. Technician-2 | 10-04-1959 | 30-04-2019 |
| 5. | Sh. Pankaj Gupta, Principal Technical Officer | 25-04-1959 | 30-04-2019 |
| 6. | Sh. Rattan Lal, Sr. Technician-2 | 12-05-1959 | 31-05-2019 |
| 7. | Sh. D.K. Salone, Section Officer G) | 01-07-1959 | 30-06-2019 |
| 8. | Dr. Radhey Shyam Beniwal, Chief Scientist | 01-07-1959 | 31-06-2019 |
| 9. | Sh. Shakti Ram, Lab.Asstt. | 01-08-1959 | 31-07-2019 |
| 10. | Mrs Neeru Sharma, Principal Technical Officer | 14-08-1959 | 31-08-2019 |
| 11. | Sh. L.K. Chopra, Principal Technical Officer | 18-10-1959 | 31-10-2019 |
| 12. | Smt. Rajini Bhatnagar, Asstt. Section Officer | 11-11-1959 | 30-11-2019 |
| 13. | Sh. Jagat Singh Bhati, Asstt. Section Officer | 11-12-1959 | 31-12-2019 |
| 14. | Sh. B.S. Singh, Sr. Technician 2 | 01-01-1960 | 31-12-2019 |
| 15. | Sh. Ishwar Singh, Lab.Asstt. | 01-01-1960 | 31-12-2019 |
| 16. | Sh. Sukhbir Singh, Lab.Asstt. | 01-01-1960 | 31-12-2019 |

If there is any discrepancy in the above mentioned list, the individual concerned may please inform the same to the undersigned within a period of 15 days from the issue of this Office Memorandum. Names of persons left out in-advertently but not pointed out by the individuals concerned will not be allowed for the probable undue benefits likely to accrue in such a situation.


(NEENA SETH)
Section Officer

Copy to:

1. All Notice Boards, NISCAIR, Dr K S Krishnan Marg and S V Marg, New Delhi
2. All Sectional/Divisional Heads.
3. PS to COA, NISCAIR.
4. PS to Director, NISCAIR.
5. Office copy. 6. Head I.T. -To be placed on CSIR-NISCAIR website

**NATIONAL INSTITUTE OF SCIENCE COMMUNICATION AND INFORMATION
RESOURCES**

Dr K S KRISHNAN MARG NEW DELHI-110012

&

14 SATSANG VIHAR MARG, NEW DELHI-110067

No.1(1)Pension-2018

Dated:29th November, 2018

OFFICE MEMORANDUM

In continuation Office Memorandum of even number dated 14th November, 2018, the following changes may kindly be noted :-

| Sl.No. | Name & Designation | Date of Birth | Date of Superannuation |
|---------------|--|----------------------|---|
| 1. | Dr. Radhey Shyam Beniwal, Chief Scientist | 01-07-1959 | May kindly be read as 30 th June, 2019 instead on 31-07-2019 |
| 2. | Sh. Lokesh Kumar Chopra, Principal Technical Officer instead of Sh. L.K. Chopra, Principal Technical Officer | 18-10-1959 | 31-10-2019 |

If there is any discrepancy in the above mentioned list, the individual concerned may please inform the same to the undersigned within a period of 15 days from the issue of this Office Memorandum. Names of persons left out in-advertently but not pointed out by the individuals concerned will not be allowed for the probable undue benefits likely to accrue in such a situation.

-sd-
(NEENA SETH)
Section Officer

Copy to:

1. All Notice Boards, NISCAIR, Dr K S Krishnan Marg and S V Marg, New Delhi
2. above mentioned officers/officials
3. All Sectional/Divisional Heads.
4. PS to COA, NISCAIR.
5. PS to Director, NISCAIR.
6. Office copy. 6. Head I.T. -To be placed on CSIR-NISCAIR website

FORMS

FORMS 1

[See Rule 53(1)]

NOMINATION FOR RETIREMENT GRATUITY/DEATH GRATUITY

When the Government servant has a family and wishes to nominate one member, or more than one member, there of.

I, hereby nominate the person/persons mentioned below who is/are member(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity the payment of which may be authorized by the Central Government in the event of my death while in service and the right to receive on my death, the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death.

| Original Nominee (s) | | | | Alternative Nominee(s) | |
|---------------------------------------|--|-----|--|---|---|
| Names and address of nominee/nominees | Relationship with the Government Servant | Age | Amount of share of gratuity payable to each* | Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity | Amount or share of gratuity payable to each** |
| (1) | (2) | (3) | (4) | (5) | (6) |
| | | | | | |

This nomination supersedes the nomination made by me earlier on Which stands cancelled.

NOTE: (i) The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

(ii) Strike out which is not applicable.

* This column should be filled in so as to cover the whole amount of the gratuity.

** The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s)

CCS (PENSION) RULES

Dated this day of at New Delhi

Witness to signature:

1.

2.

Signature of the Government Servant

(To be filled by the Head of Office)

Nomination by

Signature of Head of Office

Designation.....

Date.....

Office.....

Designation

Pro forma for acknowledging the receipt of the nomination form by the Head of Office

To

Sir,

In acknowledging the receipt of your nomination, dated the/cancellation, dated the of the nomination made earlier in respect of gratuity in form..... I am to state that it has been duly placed on record.

Signature of Head of Office

Place **NEW DELHI**

Date the

Designation.....

Note: The Government servant is advised that it would be in the interest of his nominees if copies of the nominations and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death.

फार्म - १

(नियम ५३(१) देखें)

यदि सरकारी कर्मचारी का परिवार है और वह परिवार के एक या एक से अधिक सदस्य को मनोनीत करना चाहता है मैं एतव् द्वारा निम्नलिखित व्यक्ति /व्यक्तियों को अपने परिवार के सदस्य के रूप में नामांकित करता हूँ और सेवाकाल में ही मृत्यु हो जाने की स्थिति में केन्द्र सरकार द्वारा मंजूर किए जाने वाले किसी भी उपदान को प्राप्त करने का अधिकार निम्न निर्दिष्ट सीमा तथा ऐसा कोई भी उपदान जो सेवानिवृत्ति पर मुझे स्वीकार्य हो जाता है व मेरी मृत्यु पर अदत्त ही रहता है, उसे करने के अधिकार को निम्न निर्दिष्ट सीमा तक उन्हें सौंपता सौंपती हूँ :-

| वास्तविक नामिती | | | | वैकल्पिक नामिती | |
|--|------------------------------|-----|-----------------------------------|---|----------------------------------|
| नामित व्यक्ति / व्यक्तियों के नाम व पाते | सरकारी कर्मचारी के साथ संबंध | आयु | प्रत्येक को देय उपदान राशि या अंश | नामिती की मृत्यु सरकारी कर्मचारी की मृत्यु से पूर्व अथवा सरकारी कर्मचारी की मृत्यु के पश्चात परन्तु उपदान का भुगतान प्राप्त करने से पूर्व हो जाने की स्थिति में उन व्यक्ति या व्यक्तियों के नाम, पते और आयु, यदि कोई हो, जिन्हें नामिती के अधिकार हस्तांतरित किए गए हैं | प्रत्येक को उपदान की राशि या अंश |
| (1) | (2) | (3) | 4(4) | (5) | (6) |
| | | | | | |

- इस कॉलम को इस प्रकार भरा जाना चाहिए जिससे उपदान की संपूर्ण राशि आवृत हो सके।
- इस कॉलम में दर्शायी गई उपदान की राशि / अंश में भूल नामिती को देय संपूर्ण राशि / अंश आ जाना चाहिए।

कार्यालय प्रमुख / लेखा अधिकारी द्वारा नामांकन प्राप्त
की प्राप्ति की सूचना देने की लिए प्रोफार्मा

सेवा में.

.....
.....
.....

महोदय,

आपके नामांकन दिनांक.....पूर्व में फॉर्म पर उपदान के संबंध में किये गए नामांकन के निरसन दिनांक.....को प्राप्ति की सूचना देते हुए मुझे यह स्पष्ट करना है की इसे विधिवत रिकार्ड में दिखाया जा चुका है।

कार्यालय प्रमुख लेखाधिकारी के हस्ताक्षर

पदनाम.....

स्थान

दिनांक

यह नामांकन पूर्व में द्वारा को किये गए नामांकन जो, अब निरस्त है, के स्थान पर माना जायेगा।

टिप्पणी :

1. सरकारी कर्मचारी अपने हस्ताक्षर के बाद किसी और के नाम के निवेशन को रोकने के लिए अपनी अंतिम प्रविष्टि के नीचे रिक्त स्थान रेखा खींच दें।
2. जो लागू नहीं होता उसे काट दें।
- 3.

.....मैं..... 2019 के..... दिन, दिनांक.....

गवाहों के हस्ताक्षर

1.....

2.....

सरकारी कर्मचारी के हस्ताक्षर

(कार्यालय प्रमुख / लेखा अधिकारी द्वारा भरा जाना है)

द्वारा नामांकन कार्यालय प्रमुख / लेखा अधिकारी के हस्ताक्षर

पदनाम दिनांक

कार्यालय पदनाम

प्रपत्र -३

FORMS – 3

(नियम ५४ (२) देखें)

[See Rule 54(12)]

परिवार का विवरण

Details of Family

सरकारी कर्मचारि का नाम

Name of the Govt. Servant

पदनाम

Designation

जन्म तिथि

Date of Birth

नियुक्ति तिथि

Date of Appointment

मेरे परिवार के सदस्यों का विवरण दिनांक को

Details of the members of my family* as on

| Sr.No. | परिवार के सदस्यों के नाम Name of the member of family | जन्म तिथि Date of Birth | अधिकारी के साथ संबंध Relationship with the Officer | कार्यालय प्रमुख के आद्यक्षर Initial of the Head of Office | अभियुक्तियाँ Remarks |
|--------|--|----------------------------|---|--|-------------------------|
| | | | | | |

मैं एतद्द्वारा किसी भी जोड़ों गए तथ्य या परिवर्तन से लेखा - परीक्षा अधिकारी कार्यालय प्रमुख को

अधिसूचित करते हुए उपरोक्त विवरणों को उद्यतन रखने का वचन देता हूँ।

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

सरकारी कर्मचारी के हस्ताक्षर

Signature of Govt. Servant

स्थान:

Place:

दिनांक:

Date:

*इस उद्देश्य के लिए परिवार का तात्पर्य है

*Family for this purpose means

क) पुरुष सरकारी कर्मचारी के मामले में - पत्नी

a) Wife, in the case of a male Govt. Servant

ख) महिला सरकारी कर्मचारी के मामले में - पति

b) Husband, in the case of a Female Govt. Servant

ग) सेवा नवृत्ति से पूर्व वैधानिक ढंग से गोद लिए गए पुत्र या पुत्रियों सहित अठारह वर्ष से कम

आयु के पुत्र और इक्कीस वर्ष से कम आयु की अविवाहित पुत्रियाँ।

c) Sons below eighteen years of age and unmarried daughter below twenty one years of age, including such son or daughter adopted legally before retirement.

टिप्पणी : कानूनी रूप से अलग हुए पति और पत्नी क्रमशः पति और पत्नी में शामिल किये जायेंगे।

Note: Wife and husband shall include respectively judicially separated wife and husband.

FORM 5

[See rules 59(1) © & 61(1)]

[Also see rules 5(2), 12,13(3), 14(1) and15(3) of Central Civil Services (Commutation of Pension) Rules, 1981]

Particulars to be obtained by the Head of Office from the retiring Government servant eight months before the date of his retirement.

- 1 Name
- 2 (a) Permanent Account Number for Income Tax (PAN)
(b) Aadhaar No., if available
- 3 Specify a few marks of identification, not less than two, if possible
 - (i)
 - (ii)
- 4 Height
- 5 Address after retirement/permanent address for future correspondence:
- 6 Bank Account No. to which pension is to be credited:
(Joint account, either or survivor , with the spouse)
(In case the Head of Office is satisfied that it is not possible for the retiring Government servant to open a joint account for reasons beyond his/her control, this requirement may be relaxed).
- 7 Name of the Branch of Bank through which pension is to be drawn
 - a BSR code of the branch
 - b IFSC code of the branch
- 8 Indicate whether family pension is also admissible from any other source – Military or State Government and/or a Public Sector Undertaking / Autonomous body/ Local Fund under the Central or a State Government
- 9 I desire to commute....% (upto 40%) of my superannuation pension in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 981.

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

Enclosures as per check-list are enclose

Signature:

Designation:

Place: **NEW DELHI**

Ministry/Department/Office:

Mobile No.:

Date:

Email ID:

- Note 1. Commutation of pension is optional. Item 9 may be stuck off if the retiring Government servant does not desire to commute a percentage of pensions.
- Note 2: A separate application for commutation of superannuation pension in Form 1-A of Central Civil Services (Commutation of Pension) Rules, 1981 is required to be submitted in case the retiring Government servant desires to apply for Commutation of Pension after submission of this form but three months before retirement.
- Note 3: It is in the interest of the Government servant to provide E-mail ID and Mobile number which facilitates future correspondence.

CHECK LIST OF DOCUMENTS TO BE SUBMITTED ALONG WITH FORM 5

| S.No. | Description of Documents to be Enclosed | Whether enclosed |
|--------|---|------------------|
| 1. (a) | Two specimen signatures (to be furnished in a separate sheet) | √ |
| (b) | <p>Additional information (Only in case of an illiterate or disabled Government servant):-</p> <p>Two slips each bearing the left hand thumb and finger impressions duly attested may be furnished by a person who is not literate and cannot sign his name. If such a Government servant on account of physical disability is unable to give left hand thumb and finger impressions he may give thumb and finger impressions of the right hand. Where a Government servant has lost both the hands, he may give his toe impressions. Impressions should be duly attested by a Gazetted Government servant.</p> | √ |
| 2. | <p>Three copies of passport size joint photograph with wife or husband. Where it is not possible for a Government servant to submit a photograph with his wife or her husband, he or she may submit separate photographs. The photograph shall be attested by the Head of Office. Three copies of passport size photograph of disabled child/siblings/dependent parents, if applicable. (To be attested by the Head of Office)</p> | √ |
| 3. | Details of the family in Form 3. | √ |
| 4. | Undertaking in Form 26, for those who served in Security-related or Intelligence Organizations referred to in rule 8 of the CCS (pension) Rules, 1972 | √ |
| 5. | Written statement for counting of period of service under rule 59(1)(a), if any | √ |
| 6. | Undertaking for refunding any excess payment made by the pension disbursing Bank | √ |
| 7. | Nomination for gratuity, CGEGIS and GPF in Common Nomination Form | √ |
| 8. | Nomination for arrears of pension and commuted value of pension (if applied for commutation of pension) in Common Nomination Form | √ |

FORM 7

[See rules 58, 60, 61 (1) & (3) and rule 65(1)]

Form for assessing Pension/Family Pension and Gratuity

[To be sent six months before the Date of Retirement to the PAO]

PART - I

- | | | | |
|-----|---|-----|--------------------------------|
| 1. | Name of the retiring Government employee | ... | ... |
| 2. | Father's/Husband's name | ... | ... |
| 3. | PAN No. | ... | ... |
| 4. | Height & Marks of Identification | ... | ... |
| 5. | Date of Birth | ... | ... |
| 6. | Service to which he/she belongs (indicate name of organised service, if any, otherwise say, General Central ... | ... | CSIR-NISCAIR, NEW DELHI |
| 7. | Particulars of post held at the time of retirement - | | |
| | (a) Name of the Office | ... | ... CSIR-NISCAIR |
| | (b) Post held | ... | ... |
| | (c) Scale of pay/Pay Band & Grade pay of the post | | |
| | (e) Whether the appointment mentioned above was under Government or outside the Government on | | N/A |
| | (f) If on foreign service, scale of pay/ pay band, pay in the pay band & grade pay of the post in the present department | | N/A |
| 8. | Whether declared substantive in any post under the Central Government | | SUBSTANTIVE |
| 9. | Date of beginning of service | ... | ... |
| 10. | Date of ending of service | ... | ... |
| 11. | Cause of ending of service (please tick one)- | ... | ... |
| | a) Superannuation (Rule 35) | ... | ... SUPERANNUATION |
| | b) Voluntary retirement on being declared surplus | ... | ... N/A |
| | c) Voluntary/premature retirement at the initiative of | ... | ... N/A |
| | d) Premature retirement at the initiative of the | ... | ... N/A |
| | e) Permanent absorption in public sector | ... | ... N/A |
| | f) Invalidment on medical ground (Rule 38) | ... | ... N/A |
| | g) Due to abolition of post (Rule 39) | ... | ... N/A |
| | h) Compulsory retirement (Rule 40) | ... | ... N/A |
| | i) Removal/dismissal from service (Rule 24 and 41) | | N/A |
| | j) Death | | N/A |
| 12. | In the case of compulsory retirement, the orders of the competent authority whether pension may be allowed at full rates or at reduced rates and in case of | | N/A |
| 13. | reduced rates, the percentage at which it is to be allowed In case of removal/dismissal from service whether orders of competent authority have been obtained for grant of compassionate allowance and if so, at what rate (Please see Rule 41) | ... | N/A |

14. Particulars relating to military service, if any -
- a) Period of military service
 - b) Terminal benefits drawn/being drawn for military
 - c) Whether opted for counting of military service
 - d) If answer to (c) above is in the affirmative,

15. whether the terminal benefits have been refunded
 Particulars relating to service in autonomous body/State Government, if any

a) Particulars of service:

| Name of Organisation | Post held | Period of Service | | |
|----------------------|-----------|-------------------|-----|--------|
| | | From | To | Period |
| N/A | N/A | N/A | N/A | N/A |

- a) Particulars of service:
- b) Whether the above service is to be counted for pension in the Government **N/A**
- c) Whether the autonomous organisation has discharged its pensionary liability to the Central Government **yes**

16. Whether any departmental or judicial proceedings in terms of rule 9 of the CCS (Pension) Rules, 1972 are pending against the retiring employee. (If yes, in terms of Rule 69, provisional pension will be admissible and gratuity will be withheld till the conclusion of departmental or judicial proceedings and issue of final orders.) **NO**

17. Qualifying service -

- a) Details of omission, imperfection or deficiencies in the Service Book which have been ignored [under Rule 59 (1) (b) (ii)] **N/A**
- b) Period not counting as qualifying service **N/A**
 - i) Boy service (2nd proviso to Rule 13) **N/A**
 - ii) Extraordinary leave not counting as qualifying service (Rule 21) **N/A**
 - iii) Periods of suspension not treated as **N/A**
 - iv) Interruptions in service [Rule 27 (1) (b) and Rule 28 (c)] **N/A**
 - v) Periods of foreign service with United Nations bodies for which United Nations pension has been availed (Rule 31) **N/A**
 - vi) Any other period not treated as qualifying service (give details) **N/A**

- c) Additions to qualifying service N/A
 - i) Civil service (Rule 18) N/A
 - ii) Military service (Rule 19) N/A
 - iii) Benefit of service in an autonomous body N/A

d) Net qualifying service

e) Qualifying service expressed in terms of completed six monthly periods (Period of three months & above is to be treated as completed)

18 Emoluments -

- a) Emoluments in terms of Rule 33
- b) Emoluments drawn during ten months preceding retirement-

| From | To | Rate of Pay (including NPA) | Amount |
|------|----|--------------------------------|--------|
| | | | |

Note: If the officer was on foreign service immediately preceding retirement, the notional emoluments which he would have drawn under Government but for being on foreign service may be mentioned in items (a) and (b) above (Note 7 below Rule 33)

- c) Average emoluments (Rule 34)
- d) Emoluments or average emoluments (whichever is higher) to be reckoned for pension (Rule 49)
- e) Emoluments reckoned for retirement gratuity/death gratuity (Rule 50)
- f) Pay reckoned for family pension (Rule 54)

19 Amount of retirement gratuity/death gratuity (Rule 50)

(Refer S. No.9 of Calculation Sheet)

20 Details of Government dues recoverable out of gratuity

- a) Licence fee for Government accommodation [see sub-rule (2), (3) and (4) of Rule 72]
- b) Dues referred to in Rule 73
- c) Amount indicated by Directorate of Estates to be withheld under sub-rule (5) of Rule 72

21 a) Proposed pension/service gratuity (Rule 49)

- b) Proposed dearness relief on pension (as on the date of retirement)
- c) Date from which pension is to commence (Rule 83)

22 Rate of Family Pension

- a) Enhanced rate [Rule 54(3)]
- b) Period for which family pension will be payable at enhanced rate
- c) Ordinary rate [Rule 54(2)]
- d) Date from which ordinary rate of family pension will be payable

- 23 Commutation of pension - **40% as per Rule**
- a) Whether simultaneously applied for commutation of pension with the pension application (applicable only in the case of those who retire on superannuation pension) **YES**
 - b) The percentage of pension commuted **40% as per Rule**
 - c) Amount of monthly pension commuted
 - d) Commuted value of pension
 - e) Amount of residuary pension after deducting Commuted portion
 - f) Date from which reduced pension is payable
 - g) Date from which commuted pension is to be restored **After 15 Years**
- 24 Post-retirement address of the retiree
- 25 e-mail ID, if any
- 26 Mobile number, if any

Signature of the
Head of Office

**FORM 7 CHECK LIST FOR HEAD OF OFFICE FOR TIMELY
PROCESSING OF RETIREMENT DUES**

| | | |
|-----|---|----|
| 1. | Whether retiring employee is an allottee of Government accommodation | NO |
| 2. | If retiring employee is not an allottee of Government accommodation, date on which | |
| 3. | The date on which action initiated to obtain the 'No demand certificate' from the | |
| 4. | Date of receipt of 'No demand certificate' from Directorate of Estates | |
| 5. | Date on which intimation regarding any recovery/withholding of amount from gratuity | |
| 6. | Date on which action initiated to assess the service and emoluments qualifying for | |
| 7. | Date on which action initiated to assess the Government dues other than the dues | |
| 8. | Date on which the retiring Government servant was furnished blank Form 5 along with a certificate regarding the length of qualifying service and the emoluments/ average emoluments | |
| 9. | Whether any objection received from the employee on the above certificate | |
| 10. | Date on which the employee submitted his application for pension in Form 5 | |
| 11. | Whether nominations made in Common Nomination Forms for <ul style="list-style-type: none"> (i) death gratuity/retirement gratuity (ii) payment under CGEGIS (iii) amount of GPF, if applicable | |
| 12. | (i) Has the retiring Government servant worked in any of the organisations mentioned in sub-rule 3A of rule 8 of the CCS (Pension) Rules, 1972 | |
| 13. | Whether Details of family in Form 3 attached | |
| 14. | Whether Medical certificate of incapacity (for invalid pension) attached. | |
| 15. | Whether Statement of the savings effected and the reasons why employment could not | |
| 16. | Whether the Orders of the competent authority regarding grant of pension in the cases | |
| 17. | Whether a statement indicating the reasons for delay in case the pension papers are not | |
| 18. | Whether brief statement leading to reinstatement of the Government servant attached (In case the Government servant has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service.) | |

PART II

1. Date of receipt of pension papers by the Accounts Officer from Head of
2. Entitlements 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) Portion of pension commuted, if any
 - ii) Commuted value of portion of pension commuted, if any
 - iii) Residuary pension after commutation
 - iv) Date from which reduced pension is payable
 - v) Date of restoration of commuted portion of pension subject to
 - D. Retirement/Death Gratuity -
 - i) Total amount of gratuity
 - ii) Amount to be adjusted towards arrears of licence fee for Government accommodation and licence fee for retention of Govt. accommodation beyond retirement (Rule 72(1) and 72(4) Amount intimated by Directorate of Estates for being withheld on account of unassessed licence fee (Rule 72(5)) **N/A**
 - iii) Amount to be adjusted towards Government dues other than those pertaining to Government accommodation (Rule 73) **N/A**
 - iv) Net amount to be released immediately **N/A**
 - E. Family Pension -
 - i) At enhanced rate
 - 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

PENSION CALCULATION SHEET

1. Name
2. Designation
3. Scale of pay/Pay Band & Grade pay
4. Date of birth
5. Date of entry in the Government service
6. Date of retirement
7. Length of qualifying service reckoned for pension/gratuity (as indicated in PPO)
8. Emoluments drawn during the last ten months
- 9
 - 1) Emoluments or Average emoluments, whichever is more beneficial for pension (as indicated in PPO)
 - 2) Pension admissible (if qualifying service is ten years or more) **Calculations Sheet attached**

Calculations to be shown as follows :—
- 10
 - 1) Emoluments for gratuity (as indicated in PPO) **Calculations Sheet attached**
 - 2) Retirement gratuity admissible Calculation to be shown as follows :— $\text{Emoluments}/4 \times \text{Qualifying Service}$ (In completed six monthly period, not exceeding 66.) **Calculations Sheet attached**
- 11
 - 1) Pay for Family Pension (as indicated in PPO) **Calculations Sheet attached**
 - 2) Family Pension admissible **Calculations Sheet attached**
 - (a) Ordinary Family Pension : **Calculations Sheet attached**
 $\text{Pay} \times 30\%$ subject to prescribed minimum and maximum **Calculations Sheet attached**
 - (b) Enhanced Family Pension : **Calculations Sheet attached**
 $\text{Pay} \div 2$ **Calculations Sheet attached**
[Subject to prescribed minimum and maximum as per Rule 54] **Calculations Sheet attached**

Head of Office

Countersigned by

PAO

Copy to:—Shri/Smt./Kumari
retiring Govt. Servant

FORM 8

[Form of letter to the Accounts Officer forwarding the pension papers of a Government servant]

No.....

Government of India
Ministry of
Department/Office

Date the

To

The Pay and Accounts Officer/Accountant-General

Subject:—Pension papers of Shri/Smt./Kumari for authorisation of pension

Sir,

I am directed to forward herewith the pension papers of Shri/Smt/
Kumari of this Ministry/ Department/Office for further necessary action.

- | | | |
|----|--|-----|
| a) | Balance of the house-building or conveyance advance | Rs. |
| b) | Overpayment of pay and allowances including leave salary | Rs |
| c) | Income Tax deductible at source under the Income Tax Act, 1961 (43 of 1961) | Rs |
| d) | Arrears of licence fee for occupation of Government accommodation | Rs |
| e) | The amount of licence fee for the retention of Government accommodation for the permissible period beyond the date of retirement | Rs |
| f) | amount to be withheld as per intimation of the Directorate of Estates under rule 72(5), if any | Rs |
| g) | Any other assessed dues and the nature thereof | Rs |

2. The details of Government dues which will remain outstanding on the date of retirement of the Govt. servant and which need to be recovered out of the amount of retirement gratuity are indicated below—
3. Your attention is invited to the enclosures forwarded herewith.
4. The receipt of this letter may be acknowledged and this Ministry/Department/Office informed that necessary instructions for the disbursement of pension have been issued to disbursing authority concerned, under intimation to the retiring Government servant/pensioner.
5. The retirement gratuity will be drawn and disbursed by this Ministry/Department/Office on receipt of authority from you. The outstanding Government dues as mentioned in paragraph 2 will also be recovered out of the retirement gratuity before making payment

Your faithfully,

Head of Office.

List of enclosures

- (1) Form 5 and Form 7 duly completed, along with enclosures and checklists.
- (2) Service Book (date of retirement to be indicated in the service book).

NOTES

1. When initials or name of the Government servant are or is incorrectly given in the various records consulted, this fact should be mentioned in the letter.
2. If a Government servant is compulsorily retired from service and delay is anticipated in obtaining Form 5 from the Government servant, the Head of Office may forward the pension papers to the Accounts Officer without Form 5. The Form 5 may be sent as soon as it is obtained from the Government servant.

राष्ट्रीय विज्ञान संचार एवं सूचना स्रोत संस्थान (निस्केयर)

पूसा गेट, डॉ. के. एस. कृष्णन मार्ग, नई दिल्ली- ११००१२

नियम - सी.एम.एल.आई./ RULES - CSIL

प्रपत्र/FORM - 1

लाभार्थी नियुक्ति हेतु प्रपत्र / FORMS OF APPOINTMENT OF BENEFICIARY

मैं.....की समूह बचत संपर्क बीमा योजना का बीमाकृत सदस्य हूँ, एतद्वारा/नियम सं. 13 के मद लाभार्थी की नियुक्ति की शर्तों के नियमानुसार मेरे - (संबंध).... (नाम)जिसका पता है, को लाभार्थी के रूप में नियुक्त करता हूँ जिसे योजना के नियमों की शर्तों के अनुसार समस्त राशि देय होगी और मेरी मृत्यु होने पर भुगतान किया जायेगा।

दिनांकको..... 20.....दिन..... को हस्ताक्षर किया गया।

I, am Insured member of theGroup saving-Lined Insurance Scheme hereby appoint in terms of Rule No. 13 headed 'Appointment of Beneficiary' of the Rules governing the Scheme my (relationship)namedand whose address is as the person to beneficiary to whom the money is payable in terms of the Rules of the Scheme shall be paid in the event of my death.

Signed at NEW DELHI..this dayof ...2016.

Signature of Insured Member

सांक्षयाकित/Witnessed by:-

1. (i) हस्ताक्षर Signature
- (ii) नाम Name
- (iii) पता Address ...CSIR-NISCAIR...
...Dr. K.S. Krishnan Marg, New
Delhi-110 012
2. (i) हस्ताक्षर Signature
- (ii) नाम Name ...
- (iii) पता Address Dr. K.S. Krishnan Marg,
New Delhi-110 012
.....

कार्यालय प्रमुख के हस्ताक्षर/Signature of Head of Office

पदनाम /Designation

Form of option and undertakings in terms of Government of India

Ministry of Personnel, Public Grievances & Pensions

(Deptt. of Pension and Pensioners Welfare) OM dated 18/12/97

Endorsed by CSIR vide Endorsement No. 17(68)97-PPS dated 3.2.1998

.....

1. I do hereby opt to avail of the medical facilities under CGHS/Medicaid/Medical facilities through CSIR Dispensary System.

 2. I opt to draw fixed Medical Allowance @ Rs.500/- p.m. I hereby undertake that I am entitled to the medical facilities under CGHS/Medicaid/through CSIR Dispensary System but is residing in an area where no such facilities are available. I am residing in this area from.....
- Strike out which are not applicable.

Signature of the Pensioner

Name in Block Letters.....

P.P.O. No.....

Address of the Pensioner

.....Lab./Instt. from where retire: CSIR-NISCAIR

Name of the Pension Paying Branch of

Dated

Station...New Delhi

फॉर्म – ए

शन वितरण प्राधिकारी / कार्यालय प्रधान

वित्त एवं लेखा अनुभाग

बैंक / ट्रेजरी / डाकघर / लेखाधिकारी आदि का नाम

स्थान.....नई देहली ...

मैं, एतद्वारा (नामांकन) नियम ८३ बकाया पेंशन के भुगतान के नियम ५ के अंतर्गत निम्नांकित व्यक्ति को नामित करता हूँ

| नामित का पूरा नाम व पता | पेंशनर के साथ संबंध | जन्म तिथि | उस व्यक्ति का नाम व पता जो नामित अल्पव्यस्कता के दौरान उक्त पेंशन प्राप्त करेगा | उस अन्य व्यक्ति का नाम व पता जो कॉलम (१) के तहत नामित व्यक्ति की मृत्यु पेंशनर की मृत्यु से पहले ही जाने पर पेंशन प्राप्त करेगा | पेंशनर के साथ संबंध | जन्म तिथि यदि अन्य नामित व्यक्ति अल्पव्यस्क है | उस व्यक्ति का नाम व पता जो अन्य नामित व्यक्ति की अल्पव्यस्कता के दौरान पेंशन प्राप्त करेगा | अकस्मिकताएं जिनके होने पर नामांकन अमान्य होगा |
|-------------------------|---------------------|-----------|---|---|---------------------|--|--|---|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | | | | | | | | केवल देहांत एवम पागलपन पर |

हस्ताक्षर या अशिक्षित व्यक्ति के अंगूठे के निशान तथा

पेंशनर का नाम

स्थाननई देहली

दिनांक

गवाह के हस्ताक्षर.....

नाम व पता

नामांकन फॉर्म

मैं एतद् द्वारा सामान्य भविष्य निधि (केंद्रीय सेवाएं) नियमावली 1960 के नियम 2 के अनुसार निम्नांकित व्यक्ति / व्यक्तियों को जो कि मेरे परिवार का / के सदस्य / गैर –सदस्य हूँ को मेरी मृत्यु के पश्चात् मुझे देय या जो देय हो चुकी है लेकिन भुगतान नहीं हुआ है, मेरी भविष्य निधि में जमा राशि नीचे दर्शाये अनुसार प्राप्त करने के लिए नामित करता हूँ

| नामित/ नमितों का पूरा नाम व पता | अंशदाता से संबंध | नामित/ नमितों की आयु | प्रत्येक नामिती के देय राशि | आकस्मिकताएं / खटनाएं जिनके होने पर नामांकन अवैध हो जायेगा | अंशदाता से पूर्व नामिती की मृत्यु होने पर यह अधिकार प्राप्त करने वाले व्यक्ति / व्यक्तियों का नाम पता व संबंध | नियम २ के अनुसार यदि नामित परिवार का सदस्य नहीं है तो व्यक्ति / व्यक्तियों को दर्शाओं |
|---------------------------------|------------------|----------------------|-----------------------------|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| | | | | | | |

दिनांकदिन..... मास.....20..... स्थान

अंशदाता के हस्ताक्षर

दो गवाहों के हस्ताक्षर..... नाम

श्री/डॉ/श्रीमती..... पति /पत्नी.....

भूतपूर्व.....का / की /के विवरण

Descriptive Roll of Sh/Dr./Smt.....

Son of ...ShEx.....

| | | | |
|---|--|---|---------------------------|
| क | ऊँचाई | : | मी फिट/M.Ft. ' इंच/Inch ” |
| a | Height | : | मी:/Meter से.मी/Cms. |
| ख | उम्र | : | |
| b | Age | : | |
| ग | रंग | : | |
| c | Colour | : | |
| घ | पहचान के लिए शरीर पर कोई चिन्ह (निशान) | : | |
| d | Personal Marks of Identification | : | |
| ङ | जनम तिथि | : | |
| e | Date of Birth | : | |
| च | हस्ताक्षर /दाहिने /बायें हाथ के अंगूठे तथा अंगूली का निशान | : | |
| f | Signature/Right/Left hand thumb and finger impressions | : | |

| | | |
|--------------|-------------|---------------|
| कनिष्ठा | अनामिका | मध्यमा |
| Small Finger | Ring Finger | Middle Finger |
| (L) | (L) | (L) |
| तर्जिनी | अंगूठा | |
| Index Finger | Thumb | |
| (L) | (R) | |

साक्ष्याकर्ता : (पेंशनर जिस स्थान/शहर/ गाँव और परगने का निवासी हो वहां के किन्हीं दो या अधिक सम्मानित व्यक्ति)

ATTESTED BY : (Two or more persons of respectively in the town, Village and Paragana where the applicant resides).

(1) हस्ताक्षर :
Signature :
नाम स्पष्ट अक्षरों में :
Name in block letters :
पता
Address

(2) हस्ताक्षर
Signature
नाम स्पष्ट अक्षरों में
Name in block letters
पता
Address

श्री/डॉ/श्रीमती..... पति /पत्नी.....

भूतपूर्व.....का / की /के विवरण

Descriptive Roll of Sh/Dr./Smt

Wife of Ex.....

| | | | |
|---|--|---|---------------------------|
| क | ऊँचाई | : | मी फिट/M.Ft. ' इंच/Inch " |
| a | Height | : | मी:/Meter से.मी/Cms. |
| ख | उम्र | : | |
| b | Age | : | |
| ग | रंग | : | |
| c | Colour | : | |
| घ | पहचान के लिए शरीर पर कोई चिन्ह (निशान) | : | |
| d | Personal Marks of Identification | : | |
| ङ | जनम तिथि | : | |
| e | Date of Birth | : | |
| च | हस्ताक्षर /दाहिने /बायें हाथ के अंगूठे तथा अंगूली का निशान | : | |
| f | Signature/Right/Left hand thumb and finger impressions | : | |

| | | |
|--------------|-------------|---------------|
| कनिष्ठा | अनामिका | मध्यमा |
| Small Finger | Ring Finger | Middle Finger |
| (R) | (R) | (R) |
| तर्जिनी | अंगूठा | |
| Index Finger | Thumb | |
| (R) | (L) | |

साक्ष्याकर्ता : (पेंशनर जिस स्थान/शहर/ गाँव और परगने का निवासी हो वहां के किन्हीं दो या अधिक सम्मानित व्यक्ति)

ATTESTED BY : (Two or more persons of respectively in the town, Village and Paragana where the applicant resides).

(1) हस्ताक्षर :
Signature :
नाम स्पष्ट अक्षरों में :
Name in block letters :
पता
Address

(2) हस्ताक्षर
Signature
नाम स्पष्ट अक्षरों में
Name in block letters
पता
Address

श्री/डॉ/श्रीमती के नमूना हस्ताक्षर
..... का पदनाम
प्रयोगशाला /संस्थान का नाम.....

Specimen signature of Shri/Dr./Smt.....

Designation..... of**CSIR-NISCAIR, NEW DELHI**.....

Name of Laboratory/Institute: **CSIR-NATIONAL SCIENCE COMMUNICATION &
INFORMATION RESOURCES (NISCAIR)**

हस्ताक्षर/ अंगूठे का निशान :-

SIGNATURE/THUMB IMPRESSION

1.....

2.....

3.....

साक्ष्यांकित / ATTESTED

दाहिने हाथ के अंगूठे का निशान देने वाले की पत्नी श्रीमती
..... के नमूना हस्ताक्षर

Specimen signature/Right Hand thumb impression of Smt...

Wife of Dr./Sh.....

श्री/डाक्टर..... पदनाम.....

प्रयोगशाला /संस्थान का नाम.....

Shri/Dr..... Designation.....

Name of Laboratory/Institute: **CSIR-NATIONAL SCIENCE COMMUNICATION &
INFORMATION RESOURCES (NISCAIR)**

हस्ताक्षर /दाहिने हाथ के अंगूठे का निशान

Signature/Right Hand Thumb Impression:-

1.

2.

3.

साक्ष्यांकित / ATTESTED

श्री/डॉ/श्रीमती के नमूना हस्ताक्षर
..... का पदनाम
प्रयोगशाला /संस्थान का नाम.....

Specimen signature of Shri/Dr./Smt.....

Designation..... of**CSIR-NISCAIR, NEW DELHI**.....

Name of Laboratory/Institute: **CSIR-NATIONAL SCIENCE COMMUNICATION &
INFORMATION RESOURCES (NISCAIR)**

हस्ताक्षर/ अंगूठे का निशान :-

SIGNATURE/THUMB IMPRESSION

- 1.....
- 2.....
- 3.....

साक्ष्यांकित / ATTESTED

दाहिने हाथ के अंगूठे का निशान देने वाले की पत्नी श्रीमती
..... के नमूना हस्ताक्षर

Specimen signature/Right Hand thumb impression of Smt...

Wife of Dr./Sh.....

श्री/डाक्टर..... पदनाम.....

प्रयोगशाला /संस्थान का नाम.....

Shri/Dr..... Designation.....

Name of Laboratory/Institute: **CSIR-NATIONAL SCIENCE COMMUNICATION &
INFORMATION RESOURCES (NISCAIR)**

हस्ताक्षर /दाहिने हाथ के अंगूठे का निशान

Signature/Right Hand Thumb Impression:-

- 1.
- 2.
- 3.

साक्ष्यांकित / ATTESTED

**LETTER OF UNDERTAKINGH BY THE PENSIONER/FAMILY
PENSIONER**

Date.....

To

The Director

CSIR-NISCAIR

New Delhi – 110012

Dear Madam/Sir,

Sub: Payment of pension/family pension (PPO No.....) through your Office

In consideration of your agreeing, at my request, to make payment of pension/family pension due to me every month by credit to my bank account, I, the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited either by mistake or for want of any information to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify NISCAIR from and against any loss, suffered or incurred by NISCAIR in so crediting my pension/family pension to my bank account and to forthwith pay the same to NISCAIR and also irrevocably authorize NISCAIR to recover the amount due from any other dues payable to the undersigned.

Yours faithfully,

(.....)

Name and Address of the
Pensioner/Family Pensioner