

RANCHI UNIVERSITY, RANCHI

Form of application for Family Pension (To be submitted in duplicate by widow/Widower or natural/legal guardian as the case may be)

Application for family pension for family of late

Shri/Smt. (Designation) of

..... Department/College

- Institution/Office of Ranchi University
1. Name of the applicant :
 2. Religion and Nationality :
 3. Relationship of the applicant to the deceased employee:
 4. Date of death of the deceased employee:
 5. Date of Retirement of the deceased:
 6. No. and date of the pension payment order for grant of pension to the deceased employees if he/she was in receipt of pension.
 7. If the deceased employee as not in receipt of pension,
 - (i) Date of beginning of his service
 - (ii) Last appointment hold in the college/Deptt./Institution/Office in which held:
 - (iii) If holder of a substantive appointment:
 - (a) Name of the same
 - (b) Date of substantive appointment &
 - (c) College/Deptt./Institution/Office in which held
 - (iv) Rate of pay and CLA/DA admissible on the date of death.
 8. No. & date of the P.P.O. under which family Pension was last issued if any member of the Family was already in receipt of family pension.
 9. If the application is for grant of family pension to minor children, date of
 - i) Death
 - ii) Remarriage
 - iii) Attaining the age of majority of the existing recipient of the family pension as the case may be
 10. Name of the place where payment is desired:
 11. No. of the individual Bank A/c with the branch of the Bank, at the place where the payment is desired:
(This account should be with a branch of the Bank in which pension & gratuity fund A/c of the University is kept.)
 12. Signature or thumb impression (in the case of those who are not illiterate enough to sign their name) of the applicant.
 13. Descriptive roll of widow/widower guardian of minor child (children)
 - i) Date of birth (by Christian era)
 - ii) Height
 - iii) Personal marks, if any, on hand or face:
 14. Full address of applicant:.....
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Signature of the applicant
Date & Place

Attested by
(1) Name address & Date