**Annexure-II**

**[G.O.Ms.No.321, Finance (Pension) Department, Dated 15th October 2019.]**

**FORM 17.**

**APPLICATION FOR THE GRANT OF FAMILY PENSION ON DEATH OF A GOVERNMENT SERVANT OR PENSIONER OR EXTENSION OF FAMILY PENSION**

**PART-I**

**(To be submit Triplicate to Head of Office / To be send in Duplicate to A.G.)**

**1. (a) Name of the Government** **:**

**Employee (IN CAPITALLETTERS).**

1. **Post held [Designation with : Selection Grade / Special Grade]**

**(c) Office / Department** **:**

1. **Employee Identification No. :**
2. **G.P.F. Account No. with : suffix.**
3. **Permanent Account Number : for Income Tax (PAN).**

**(g) Aadhaar No.** **:**

1. **PPO No. of Government : servant/Pensioner/ Family Pensioner**

**(i) Date of Birth.** **:**

**(j) Date of Appointment** **:**

**(k) Date of Retirement in case of** **:**

**death after retirement**

**(l) Date of Death** **:**

1. **(a) Name of the Applicant / : Guardian in case of minor / mentally retarded child.**

**(b) Relationship** **with** **:**

**Government Employee.**

**(c) Date of Birth** **:**

**(d) Permanent** **Account** **:**

**Number for Income Tax (PAN).**

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**17 **

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| --- | --- | --- | --- | --- | --- |
|  | **(e) Aadhaar No.** | | |  | **:** |
|  | **(f) Mobile/Cell Phone No.** | | | | **:** |
|  | **(g) eMail Address (Optional)** | | | | **:** |
| **3.** | **Religion** |  |  |  | **:** |
| **4.** | **Residential** | | **Address** | **with PIN** | **:** |
|  | **Code** |  |  |  |  |
| **5.** | **Name** | **of** | **the** | **Pension** | **:** |
|  | **Disbursing Authority .-** | | | |  |
|  | **(a) Pension Pay Office, Chennai** | | | |  |
|  | **(b) District Treasury** | | |  |  |
|  | **(c) Sub-Treasury** | | |  |  |
| **6.** | **Bank Details to which family** | | | |  |
|  | **pension is to be credited.-** | | | |  |
|  | **(a) Bank** | **Account No. (Single** | | |  |



**Account)**

1. **Name of the Bank**
2. **Branch with postal address**

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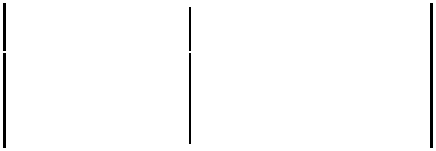
**(d) BSR Code of the branch** **:**

**[It is a 7-digitcodeallotted to banks by**

**Reserve Bank of India.]**

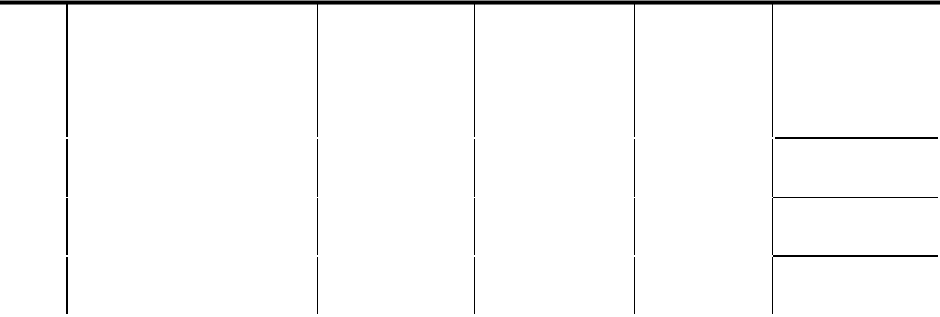
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(e) MICR** | **Code** | **[It** | **is** | **a** | **9-** | **:** |  |  |  |  |  |  |  |  |  |  |  |
| **digit code that helps** | | | **identify** | | **a** |  |  |  |  |  |  |  |  |  |  |  |  |
| **particular bank branch]** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(f) IFSC Code of the branch** | | | | | | **:** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **(IFSC is a unique eleven-digit number** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| **which is a combination of alphabets** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| **and numerals and it is used to transfer** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| **funds online.)** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7. Other Source** | | **of** |  | **Family** | | **:** |  |  |  |  |  |  |  |  |  |  |  |
|  | **Yes** | | | | **No** | | |  |  |
| **Pension.- Military or State** | | | | | |  |  |  |  |  |
| **Government** | **and/or** | | **a** | **Public** | |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sector Undertaking/ Autonomous** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| **body/ Local Fund under the** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| **Central or a State Government. -** | | | | |  | |  |  | | --- | --- | | **P.P.O.NO** |  | | **PPO/DISTRICT TREASURY/SUB-TREASURY** |  | |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | |  |  |  |  | | | |  |  |  |  |  |
| **8. If Yes, P.P.O. No. and Treasury** | | | | | | **:** |  |  | **P.P.O.No.** | | | |  |  |  |  |  |
| **from which it is drawn may be** | | | | | |  |  |  | **PPO / District** | | | | | | |  |  |
| **furnished.** |  |  |  |  |  |  |  |  | **Treasury /** | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **Sub-Treasury** | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



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1. **Details of the members of : Family.**

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| --- | --- | --- | --- | --- | --- |
| **S.No** | **Name (s)** | **Date of Birth** | **Relationship with Government Servants** | **Marital Status** | **Whether Handicapped / Mentally Retarded** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  |  |  | **Relationship** |  | **Whether** |
| **Sl.** |  | **Date of** | **Marital** | **Handicapped /** |
| **Name (s)** | **with Govt.** |
| **No.** | **Birth** | **Status** | **Mentally** |
|  | **Servant** |
|  |  |  |  | **Retarded \*** |
|  |  |  |  |  |
|  |  |  |  |  |  |
| **1.** |  |  |  |  |  |
|  |  |  |  |  |  |
| **2.** |  |  |  |  |  |
|  |  |  |  |  |  |
| **3.** |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **\* Medical Certificate to be enclosed.** | | |  |
| **10.** | **Name of Guardian in case of** | | | **:** |
|  | **mentally retarded children.** | | |  |
| **11.** | **Death Certificate /** | |  | **:** |
|  | **Legal Heir Certificate /** | |  | **:** |
|  | **Proof of Date of Birth in case of** | | | **:** |
|  | **minor** | **children.** | **(Enclose** |  |
|  | **separately.)** |  |  |  |

1. **If the applicant is second wife, : Date of Marriage with proof and Details of first wife and children born through both wives may be furnished. [Copy of Death Certificate / Court Orders for divorcing the first wife, as the case may be, to be furnished]**

**DECLARATION**

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

**Place :**

|  |  |
| --- | --- |
| **Date :** | **Signature of the Applicant /** |
|  | **Guardian.** |

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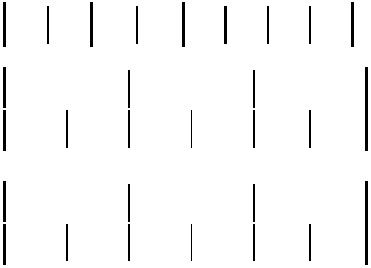
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**PART-II**

**TO BE FILLED IN BY THE DEPARTMENTAL OFFICER**

1. **A.G’s Office Reference No. (in :case the proposals were returned with objections earlier.)**
2. **(a) Name of the Government : Employee**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **(b) Post held** | **:** |  |  |  |  |  |  |  |  |  |  |  |
|  | **(c) Office / Department** | **:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** | **Date of Beginning of Service.** | **:** |  | **D D** |  |  | **MMYY** | | | **Y** | **Y** | | |
|  |  |  |  |  |  |  | |  |  |  |  |  |  |
| **4.** | **Date of Ending of Service.** | **:** |  | **DDMMYY** | | | | | | **Y** | **Y** | | |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Years | | Months | | Days | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |
| **5.** | **Gross Qualifying Service.** | **:** |  | **Year(s)** | | | **Month(s)** | | | **Day(s)** | | |  |
|  |  |  |  |  | | |  | | |  | | |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Years | | Months | | Days | | |  |  |  |  |  |  | |  |  | | |  | | |  | | |  |
| **6.** | **Additional Qualifying Service** | **:** |  | **Year(s)** | | | **Month(s)** | | | **Day(s)** | | | |
|  | **due to Contingent Service.** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Years | | Months | | Days | | |  |  |  |  |  |  | |  |  | | |  | | |  | | |  |
| **7.** | **Non-Qualifying Service.** | **:** |  | **Year(s)** | | | **Month(s)** | | | **Day(s)** | | | |
|  | **.** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Years | | Months | | Days | | |  |  |  |  |  |  | |  |  | | |  | | |  | | |  |
| **8.** | **Net Qualifying Service.** | **:** |  | **Year(s)** | | | **Month(s)** | | | **Day(s)** | | |  |
|  |  |  |  |  | | | | | |  |  | |  |
|  |  | |  |  | | --- | --- | | Level of Pay | Level No | |  |  | |  |  | | | | | |  |  | | |
| **9.** | **Scale of Pay.** | **:** |  | **Level of Pay** | | | | | |  | **Level No.** | | |
|  |  |  |  |  |  |  |  |  |  |  |



1. **Pay Last Drawn (Special Pay, Personal Pay drawn if any to be shown separately).**
2. **Office served in the last three years.**

|  |  |  |
| --- | --- | --- |
| **Pay in the Level of Pay** | **Rs.** |  |
| **Special Pay if any** | **Rs.** |  |
| **Total** | **Rs.** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Office with Address** | **Designation** | **Period** | |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No.** | **Office with Address** | **Designation** |  | **PERIOD** |
|  |  |
| **From** | **To** |
|  |  |  |
|  |  |  |  |  |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** |

**1.**

**2.**

**3.**

**4.**

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1. **(a) Pay Drawing Officer of :**

**Government Employee with Full Postal Address and PIN Code.**

* 1. **Phone No. of the Office : with STD Code.**

**(c) e-mail ID / FAX.** **:**

**13. Treasury / PAO for D.C.R.G.** **:**

**CERTIFICATE**

**It is certified that:**

1. **All the particulars furnished above have been fully verified with reference to office records and are found correct.**
2. **Provisional Pension/Family Pension has been / has not been paid (Details furnished separately) @**
3. **No leave is pending to be regularized.**

**@ Strike out whichever is not applicable.**

**Place :**

|  |  |
| --- | --- |
| **Date :** | **Signature of the Head of Office /** |
|  | **Department with Seal.** |

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**LIST OF DOCUMENTS TO BE ENCLOSED/ATTACHED**

**[In case of application generated through online, these original documents**

**shall be scanned and uploaded in the designated website]**

|  |  |  |
| --- | --- | --- |
| **Sl.** | **Description of documents to be** | **Whether enclosed/Attached** |
| **No.** | **enclosed/attached** |
|  |
|  |  |  |
| **(1)** | **(2)** | **(3)** |
| **1.** | **Service Book(s). [No. of Volumes]** | **:**  **Enclosed** |
|  | **Government servant’s service book and service** |  |
|  | **roll, if any, duly completed up to date and any** |  |
|  | **other documents relied upon for the verification of** |  |
|  | **the service claimed in such a manner that they can** |  |
|  | **be conveniently consulted and signed by the** |  |
|  | **competent authority for service verification.** |  |

1. **Descriptive Roll duly attested :**

**[furnished in the Annexure to this application].**

1. **Two specimen signatures :**

**[furnished in the Annexure to this application].**

**(b) Additional** **information (Only in** **:**

**case of an illiterate or disabled Government**

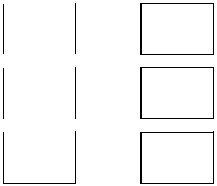
**servant.):-**

**3.** **Passport size photograph.** **:**

1. **Nomination for Gratuity already : filed by Government Employee.**
2. **Nomination for arrears of pension : and commuted value of pension (ifapplied for commutation of pension)**
3. **Whether Certificates are enclosed:**

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **(a) Death** | **Certificate** | **of** | **:** | **Yes** |  | **No** |
| **Government** | **Servant** | **/** |  |  |  |  |
| **Pensioner / Family Pensioner.** | | |  |  |  |  |
| **(b) Legal Heir Certificate.** | |  | **:** | **Yes** |  | **No** |
|  |  |
| **(c) Birth Certificate** | |  | **:** | **Yes** |  | **No** |
|  |  |
| **(d) Medical Certificate in case** | | **of** | **:** | **Yes** |  | **No** |
|  |



**Mentally Retarded / Physically**

**Handicapped Children issued**

**by the Senior Civil Surgeon of**

**the same discipline / Medical**

**Board / Competent Authority.**

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|  |  |  |
| --- | --- | --- |
| **Sl.** | **Description of documents to be** | **Whether enclosed/Attached** |
| **No.** | **enclosed/attached** |
|  |

* 1. **Guardianship Certificate in : case of Minor / Mentally Retarded Child issued by the competent authority.**
  2. **Death Certificate of first wife or : Court Order for divorce cases.**
  3. **Income Certificate for other : than spouse.**
  4. **Unmarried / Non-remarriage : Certificate duly counter signed by Gazetted Officer.**
  5. **Dependency Certificate from : the claimant in case of parent in case where the Government Employee / Pensioner leaves behind neither a widow/ widower nor a eligible child.**
  6. **First Information Report in : respect of missing employee / pensioner cases.**
  7. **Adoption Deed in case of : adoption.**

1. **Sanction order in respect of Non- : Government Aided Educational Institution cases and Missing Employee / Pensioner cases.**

|  |  |  |
| --- | --- | --- |
| **Yes** |  | **No** |
| **Yes** |  | **No** |
|  |
|  |
| **Yes** |  | **No** |
|  |
|  |
| **Yes** |  | **No** |
|  |
|  |
| **Yes** |  | **No** |
|  |
|  |
| **Yes** |  | **No** |
|  |
|  |
| **Yes** |  | **No** |
|  |
|  |
| **Yes** |  | **No** |
|  |
|  |
|  |  |  |



**8.** **Other Documents, if any, needed** **:**

**Note :– The Original Certificates shall be obtained and verified by the Pension Sanctioning Authority. The Originals shall kept in safe custody for future reference. The attested copy of the certificates shall be send to the Accountant General.**

**Place :**

|  |  |
| --- | --- |
| **Date :** | **Signature of the Head of Office /** |
|  | **Department with Seal.** |

**INSTRUCTIONS**

1. **Please send the application in TRIPLICATE.**
2. **Please fill up all items in capital letters.**
3. **Incomplete application will not be processed.**

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**ANNEXURE**

**to FORM 17. APPLICATION FOR FAMILY PENSION / DEATH GRATUITY**

**(To be sent in Triplicate to A.G.)**

1. **Passport size Photo of the : Applicant / Guardian in case of minor / mentally retarded child.**

**Photo**

**(a) Name of Applicant** **:**

**(b) Name of the Guardian** **:**

1. **Specimen Signature / Left Hand : 1. Thumb impression in case of**

**illiterate.** **2.**

|  |  |  |
| --- | --- | --- |
| **Two slips each bearing the left hand thumb and** |  | **3.** |
| **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 Officer.** |  |  |
| **3. Descriptive Roll of Applicant /** | **:** |  |
| **Guardian indicating (a) height and (b)** |  |  |
| **personal marks, if any, on the hand, face,** |  |  |
| **etc. (Specify a few conspicuous marks,** |  |  |
| **not less than two, if possible.).** |  |  |
| **(a) Height (cm)** | **:** |  |
| **(b) Personal Identification Marks** | **:** | **1.** |
|  |  | **2.** |

**Signature of the Head of Office**

**with Seal.**

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