

FORM 5

Particulars to be obtained by the Head of Institute from the retiring Institute employee eight months before the date of his retirement

1. Name of Institute employee :
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 % (up to 40%) of my superannuation pension in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981.

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 enclosed.

Signature:

Place :

Designation:

Department:

Date :

Mobile No.:

Email ID:

Note 1: Commutation of pension is optional. Item 9 may be stuck off if the retiring Institute employee does not desire to commute a percentage of pension.

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 Institute employee 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 Institute employee 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)	Additional information (Only in case of an illiterate or disabled Institute employee.):- 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 Institute employee 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 Institute employee has lost both the hands, he may give his toe impressions. Impressions should be duly attested by a Gazetted Institute employee.	
2.	Two copies of passport size joint photograph with wife or husband. Where it is not possible for a Institute employee to submit a photograph with his wife or her husband, he or she may submit separate photographs. The photographs 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 Institute)	
3.	Details of the family in Form 3.	
4.	Undertaking in Form 26, for those who served in Security-related or Intelligence Organisations 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	

NITIE, Mumbai – 400 087.

FORM 3
(See Rule 54 (12))

Details of Family.

Name of the Institute employee ----

Designation ----

Date of birth ---

Date of appointment ---

Details of the members of my family* as on

Sr. No.	Name of the members of family*	Date of birth	Relationship with the employee	Initials of the Head of Institute	Remarks
1	2	3	4	5	6

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

Place
Dated the

Signature of Institute employee

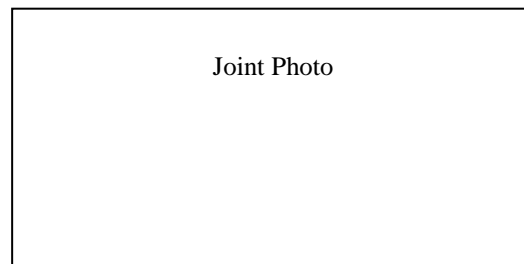
* Family for this purpose means family as defined in Clause (b) of sub rule (14) of Rule 54 of the CCS Pension Rules, 1972.

- a) Wife, in the case of a male Institute employee
- b) Husband, in the case of female Institute employee
- c) Son/unmarried daughter who has not attained the age of twenty-five years age; including such son or daughter adopted legally before retirement.
- d)

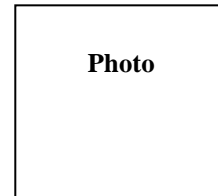
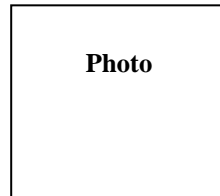
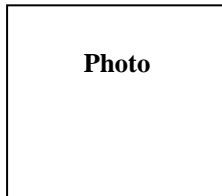
NOTE :Wife and husband shall include respectively judicially separated wife and husband.

Details of employee to submitted along with Form No. 5

1. Name of Employee & Emp. Code :
2. Specimen Signature of employee :
3. Additional Information :
(Only in case of an illiterate or disabled)
Separate sheet bearing the left hand thumb
& finger impression duly
4. Joint photograph of wife or husband.



5. Three copies of passport size photograph of **disabled** (child/siblings/dependent parents), **if applicable**. (To be attested by the Head/ Any other responsible officer of Institute)



6. Mobile No. :
7. E-mail ID :

Signature of employee

Attested by a Head/Any other responsible officer of Institute with seal

UNDERTAKING

I hereby under take that any excess payment made by the Institute will be refunded by me to the Institute.

AND

I hereby authorize the institute to recover such excess payment detected from any other dues to the undersigned.

Signature -----

Name-----

Designation -----

Dept. -----

Date:

Place:

To,
Registrar,
NITIE,
Mumbai