

**PENSION FORMS REQUIRED FOR EMPLOYEES HAVING BOTH GOVT.
& NON-GOVT. PERIOD OF QUALIFYING SERVICE.**

1. O.C.S.(Pen) Form - 3
2. O.C.S.(Pen) Form - 5
3. O.C.S.(Pen) Form - 4
4. O.C.S.(Pen) Form - 4A
5. O.C.S.(Pen) Form - 4B
6. O.C.S.(Comm.) Form - 1
7. O.C.S.(Comm.) Form - 5
8. Declaration under Article 911,351(1), 920 of CSR
9. L.P.C.
10. Slip containing specimen signature. .
11. Left hand Thumb and fingers impression.
12. N.D.C.
13. Certificate regarding C.P.F. Contribution.
14. Descriptive Roll.
15. Statement of Leave.
16. Undertaking regarding long term loan/advance.
17. History of Service.
18. Passport/Joint Passport size photograph.
19. Original Service Book.
20. OCS (Pension) Form-5-A.
21. Loanee /Non-Loanee Certificate as per Finance Department No.49300
dtd.12.12.1997.
22. A.R. & I.R. Clearance Certificate.
23. Sp. H.B.A. (HUDCO0 Loan clearance Certificate

FORM NO. -3
[See E-1 para 5 (21)]
Application for Pension

From,
Sri / Smt.

To,
The

Sub.: Application for sanction of pension.

Sir,

I beg to say that I am due to retire from service with effect from the _____my date of birth being _____ I, therefore, request steps my kindly be taken with a view to the pension and gratuity admissible to me being sanctioned by the date of my retirement. I desire to draw my pension from _____ Treasury _____.

I hereby declare that I have neither applied for nor received, any pension or gratuity in respect of any portion of the service qualifying for this pension and in respect of which pension and gratuity are claimed herein nor shall I submit an application hereafter without quoting a reference to this application and the orders which may be passed hereon.

I enclose herewith :

- i. Two specimen signature of mine, duly attested.
- ii. Three copies of pass port size joint photograph with my wife / husband
- iii. Two slip each bearing my left hand thumb and finger impression duly attested.
- iv. Two slips showing the particulars of my height and identification marks, duly attested.

My present Address is :

Village :

P.O. :

P.S :

Dist :

Pin Code :

Place :

Date :

My Address after retiremnt will be :

Village :

P.O. :

P.S :

Dist :

Pin Code :

Signature

FORM NO.- 4

[See E-I para 5(1)]

Form for assessing pension and gratuity.

(To be sent in duplicate if payment is desired in different audit circle.)

PART - I

1. Name of the employee :
2. Father's Name (and also husband's Name in the case of women employee) :
3. Religion and Nationality : and Indian.
4. Permanent residential address showing Village/ Town, District and state. : Vill.:
P.O.:
Dist.:
Pin Code :-
5. Present or last appointment including Name of establishment :
 - i) Substantives :
 - ii) Officiating if any :
6. Class of pension or service Gratuity : Superannuation pension and Service gratuity
Applied for and cause of application.
7. Pension Rules opted/eligible : O.A.E.I.E.P.B. : Rules 1981
O.C.S. Pension Rules 1992
8. Management under which service has been rendered (in order of employment) :
Non-Govt. Management : Form
Govt. Management : Form
 - a) Date from which the Institution came : 01.03.1974
Under direct payment.
 - b) Period of service :
Aided period of service : From To/.....Y.....M.....D
Govt. Period of Service : From To/.....Y.....M.....D
 - c) Period of war/Military service :
 - d) Amount and nature of any pension/ Gratuity received for civil service rendered. :
 - e) Amount and nature of any pension/ Gratuity received for civil service rendered :

9. a) Average emoluments : Not Necessary
b) Emoluments for Gratuity : Rs.
10. Pay as defined in rule 33 of Orissa service code : Rs.
11. Proposed pension (Non Govt. period) : Rs.
(Govt. period) : Rs.
Total : **Rs.**
12. Proposed Gratuity (Non Govt. period) : Rs.
(Govt. period) : Rs.
Total : **Rs.**
13. Date from which pension is to be commenced :
14. Place of payment of : pension :
: Gratuity :
15. Whether nomination made for :
16. Whether the employee has paid all the dues :
17. Date of birth by Christian era of
i) Employee :
ii) Employee's Wife / Husband :
18. Height :
19. Identification Marks :
20. The finger impressions :
Thumb four finger Middle finger Ring finger Little finger

- i) of the employee
ii) of employee's Wife/Husband } Furnished separately

21. Date on which the employee applied for pension in form No. 4

Signature of Head of the Institution

PART – II
(Section –I)

Detail of service of Sri / Smt. / Kumari _____

Date of birth : _____

Establishment	Appointment	Officiating/ Substantial.	Date of beginning	Date of ending	Period reckoning as service yours Month Days	Period not reconing as service years, Months, Days.	Remarks by Controller of Accounts Orissa
1	2	3	4	5	6	7	8

NON GOVT. FULLY AIDED SERVICE PERIOD.(Prior to 01.04.1991)

Y M D

GOVT. SERVICE PERIOD (From 01.04.1991)

Y M D

TOTAL PERIOD OF SERVICE : Yrs.....Months.....Days

(Section-II)

Emoluments drawn during the last ten months, Post held _____ from _____
to _____ pay _____ personal / special pay
(Average Emoluments) : Rs. Not Necessary.

(Section –III)

Period(s) of non qualifying service

- | | | |
|---|-----------|----------|
| | From----- | To ----- |
| 1. Interruptions | : | |
| 2. Extraordinary leave not qualifying for pension | : | |
| 3. Period of suspension not treated as qualifying | : | |
| 4. Any other service not treated as qualifying | : | |

Total :

(Section –IV)

Period of service nor verified with reference to Accutane Rolls whether the above period in accordance with the provisions of para of E.I. and if not whether the necessity of verification of the aforesaid period of service dispensed with under orders of appropriate authority.

PART – III
(Section – I)

a) Audit Enfacement.

1. Total period of qualifying service which has been accepted for the grant of superannuation/ retiring / invalid / compensation pension / gratuity with reasons for disallowance if any (other than disallowance indicated in second page).

Note: Service for the period commencing fromand upto the date of retirement has not been verified. This should be done before the pension payment order is issued.

2. Amount of superannuation/retiring :
pension /gratuity, that has been admitted.
3. Amount of superannuation /retiring :
pension/gratuity, admissible after taking
into account reduction, if any in pension
and gratuity made by the authority
sanctioning pension.
4. Total period of qualifying service, which :
has been approved for the grant of special
additional pension
5. The amount of special additional pension :
if any admitted under the rules.
6. The date from which the special :
additional pension is admissible.
7. The date from which the superannuation / :
retiring/ pension / gratuity is admissible.
8. Head of Account to which the :
Superannuation / retiring pension/gratuity
is chargeable.

CONTROLLER OF ACCOUNTS /
ASST. CONTROLLER OF ACCOUNTS.

(Section –II)

1. Date of submission of pension Application by the Employee :
2. Name of the Employee :
3. Class of pension or Gratuity :
4. Sanctioning Authority :
5. Amount of Pension Sanctioned :
6. Amount of gratuity sanctioned :
7. Date of commencement of pension :
8. Date of sanction :
9. Dues heldover from the gratuity :

**CONTROLLER OF ACCOUNTS /
ASST. CONTROLLER OF ACCOUNTS.**

O.C.S.(PENSION) FORM 5
[(See rule 56 (15))]

DETAILS OF FAMILY

Name of the Government Servant :
Designation :
Date of birth :
Date of appointment :
Details of members of my family as on

Sl. No.	Name of the members of family	Date of birth	Relationship with the Officer	Initials of the Head of Office	Remarks
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					

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

Place:
Date:

Signature of the Government Servant

*Family for this purpose means family as defined in clause (b) of sub-rule (17) of Rule 56 of the Orissa Services (Pension) Rules, 1992.

NOTE- Wife and husband shall include respectively Judicially separated wife and husband.

FORM NO. -4 A
[See E -I para 3 (2)]
Form for assessing pension

(To be sent in duplicate if payment is desired in a different audit circle)

1. Name of the employee :
2. Father's Name (and also husband's Name in the case of women employee) :
3. (a) Present or last appointment, including name of Establishment. :
- (b) Remarks by the Receiving Authority :
 - 1)As to character and past conduct :
 - 2) As to service :
 - 3) Explanation of any suspension or Degradation :
 - 4) Any other remarks :
 - 5) Specific opinion of the receiving authority whether the service claimed is established and should be admitted or not. :
4. Orders of the Pension Sanctioning Authority. :

Signature & designation of
the Receiving Authority with date

O.C.S.(PENSION) FORM 5

[(See rule 56 (15))]

DETAILS OF FAMILY

Name of the Government Servant :
Designation :
Date of birth :
Date of appointment :
Details of members of my family as on

Sl. No.	Name of the members of family	Date of birth	Relationship with the Officer	Initials of the Head of Office	Remarks
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					

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

Place:
Date:

Signature of the Government Servant

*Family for this purpose means family as defined in clause (b) of sub-rule (17) of Rule 56 of the Orissa Services (Pension) Rules, 1992.

NOTE- Wife and husband shall include respectively Judicially separated wife and husband.

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- (b) Remarks by the Receiving Authority :
 - 1)As to character and past conduct :
 - 2) As to service :
 - 3) Explanation of any suspension or Degradation :
 - 4) Any other remarks :
 - 5) Specific opinion of the receiving authority whether the service claimed is established and should be admitted or not. :
4. Orders of the Pension Sanctioning Authority. :

Signature & designation of
the Receiving Authority with date

(a) The undersigned having satisfied himself that the service of Sri / Smt. / Kumari _____ has been throughly satisfactory hereby orders that the grant of the full pension /gratuity /death-cum-retirement gratuity may be accepted by the Audit Offices as admissible under the rules.

Or

The undersigned having satisfied himself that the service of Sri /Smt. / Kumari _____ has not been throughly satisfactory hereby orders that the full pension /gratuity /death-cum-retirement gratuity which may be accepted by the Audit Officer as admissible under the rules shall be reduced be the specified amount or percentage indicated below :

i) Amount or percentage of reduction in gratuity : Rs.

ii) Amount or percentage of reduction in pension : Rs.

(b) The grant of pension /service gratuity / death-cum-retirement gratuity shall take effect from _____.

(c) In the event of death of Sri /Smt. _____ family pension will be payable to the eligible member of the family as admissible under the rule.

(d) A sum of Rs. _____ on account of _____ is to be held over from the gratuity till the outstanding dues are assessed and adjusted.

(e) The following service of he employee has ben approved for the grant of special additional pension admissible under the Rules.

Post / Posts held _____

Period of Service _____

(f) The pension, and gratuity are payable at _____ Treasury/Sub-treasury and are chargable to th Head 2071 - **Pension and other Retirement Benefits.**

(g) The order is subject to the condition that if the amount of pension /service gratuity and /or death-cum-retirement gratuity as authorised be afterwards found to be in excess of amount to which the pensioner is entitled under the rules he /she shall be called upon to refund such excess.

Date :.....

Countersigned.

**Signature & Designation of
Pension Sanctioning Authority**

FORM 4 (B)

See E.E Para 8 (2) (a)

FORM OF LETTER TO THE

FORWARDING THE PENSION PAPERS OF THE EMPLOYEE.

No. Govt. of Orissa,

Office

Date

To

The

Sir,

I have the honour to forward herewith the pension papers of Sri / Smt.

as per the list for further necessary action.

Yours faithfully,

(Head of the Office)

List of Enclosures

1. Form No.4 with details of service, etc. and form No.4 A containing the orders of the pension sanctioning authority.
2. Medical certificate for invalidation (if the claim is for invalid pension)
3. Service Book.
4. Memorandum of average emoluments reckoning for pension.
5. Last pay certificate.
6. **(a)** Two specimen signature, duly attested by Gazetted Govt. servant or in the case of pensioner not, literate enough his name, two slips bearing the left thumb and finger impression, duly attested by a Gazetted Govt. Servant.
(b) Threew copies of joint-Pass-port size photograph with wife & husband duly attested by the Head of Institution.
7. Formal application for pension in Form No : 4
8. Explanation for delay, if any, beyond one month from the date of the employee in forwarding Forms NO. 4 and No. 4 A.
9. When the fact of service in other offices not satisfactorily attested in the service Book duly certified abstract from the Head of Office.
10. Statement of the application and collateral evidence as required under para 6 duly accepted by thge authority competent to sanction the pension.

O.C.S. (COMMUTATION OF PENSION) FORM 1

{See rules 5 (2), 6 (1), 11,12,13,14 and 15
read with F. D. Resolution No. 29826, dated the 9th July, 1992}

**FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF
PENSION WITHOUT MEDICAL EXAMINATION**

(To be submitted in duplicate after retirement, but within one year of the date of retirement)

PART I

To

The

(here indicate the designation and full address of the Head of Office)

Subject-Commutation of Pension without medical examination

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions of the Orissa Civil Services (Commutation of Pension) rules, 1992. The necessary particulars are furnished below :-

1. Name (in Block letters)
2. Father's name (also husband's name in the Case of a female Government servant).
3. Designation at the time of retirement
4. Name of Office/Department in which Employed
5. Date of birth (by Christian Era)
6. Date of retirement
7. Class of pension on which retired
8. Amount of pension authorised [in case of final amount of pension has not been authorised, indicate the amount of provisional pension sanctioned under rule 65 of the Orissa Civil Services (Pension) Rules, 1992]
9. *Fraction of pension proposed to be committed.

*The applicant should indicate the fraction of the amount of monthly pension (subject to maximum of one third thereof) which he desires to commute and not the amount in rupee.

10. Designation of the Accounts Officer, who authorised the pension and the No. and date of the Pension Payment Order, if issued.

11. Disbursing authority for payment of pension –

(a) Treasury /Sub-Treasury/special Treasury
(Name and complete address of the Treasury / Sub-Treasury/ Special Treasury to be indicated.

(b) (i) Branch of the Nationalised Bank with complete postal address.

(ii) Bank Account No. to which monthly pension is being credited each month.

Place
Date

Signature of the Applicant
Postal Address

Note – The payment of commuted value of pension shall be made through the disbursing authority from which pension is being drawn. It is not open to an applicant to draw the commuted value of pension from a disbursing authority other than the disbursing authority from which pension is being drawn.

? Score out which is not applicable.

PART II

ACKNOWLEDGEMENT

Received from Shri.....application in Part I of

(name and former designation)

Form I for the commutation of a fraction of pension without medical examination.

Place

Signature of Head of Office/Authorised authority

Note – This acknowledgement is to be signed, stamped and dated and is to be detached from Form and handed over to the applicant. If the form has been received by post, it has to be acknowledged on the same day and the acknowledgement sent under registered cover.

PART II-A

Forwarded to thefor needful. The receipt
OF Part I of the Form has been acknowledged on

Signature of Head of Office

PART III

Forwarded to the Accountant General, Orissa

With the remarks that : -

- (i) the particulars furnished by the applicant in Part I have been verified and are correct.
 - (ii) the applicant is eligible to get a fraction of his pension commuted without medical examination.
 - (iii) The commuted value of pension determined with reference to the Table applicable at present comes to Rs.....
 - (iv) The amount of residuary pension after commutation will be Rs.....
-
- 2. It is requested that further action to authorise the payment of the amount of commuted value of pension may be taken as per the Orissa Civil Services (Commutation of Pension) Rules, 1992.
 - 3. The receipt of Part I of the Form has been acknowledged in Part II which has been forwarded separately to the application
 - 4. The commuted value of pension is debitabale yo 'Head of Account

Place

Signature of the Appointing Authority

Date

O. C. S. (COMMUTATION OF PENSION) FORM 5

(See rule 8 and with F. D. Resolution No.29826, dated the 9th July 1992

FORM OF NOMINATION

To

Head of Office
(Place).....

I.....hereby authorise the person named below, under rule 8 of the Orissa Civil Services(Commutation of Pension) Rules, 1992.

Name and address of the nominee	Relationship with the pensioner	If nominee is minor		Name and address of other nominee in case the nominee under column (1) pre-deceases the pensioner	Relationship with pensioner	Date of birth if the other nominees is minor	Name and address of person who may receive the commuted value of pension during the other nominee's minority	Contingency on happening of which nomination
		Date of birth	Name and address of person who may receive the said commuted value during the nominee's minority					
1	2	3	4	5	6	7	8	9

Place.....

Date

Signature (or thumb impression if illiterate) and name of Pensioner.

Witness : Signature
Name and address

Address :

Signature of Head of Office
Stamp

Acknowledgement to be sent by the Head of Office

Certified that the nomination has been received from.....
(name of pensioner) whose address is.....

Place

Date

Signature of Head of Office / Authorised Authority
Full Address

ODISHA CIVIL SERVICE (PENSION) FORM-5A

(See Rule 70-A)

DECLARATION OF THE RETIRING GOVERNMENT SERVANT

I do hereby give my free and full consent that if any over payment made to me is detected while in service or after my retirement in respect of my General Provident Fund Account or on account of Gratuity, Pension and Temporary Increase on Pension, etc. the same shall be recovered from my Pay and allowances / Leave Salary / General Provident Fund / Pension / Temporary Increase on Pension / Interim Relief or Gratuity, etc. payable to me or to my family at any time.

Full Signature of the Retiring
Government Servant with full address