

CCS HARYANA AGRICULTURAL UNIVERSITY, HISAR

FAMILY PENSION FILE

1.	Name of the Deceased Employee (while in service)	
2.	Father's Name	
3.	Husband's Name (in case of Female employee)	
4.	Designation	
5.	Office	
6.	Date of Birth	
7.	Date of beginning Service	
8.	Date of Death	
9.	Name of the claimant for Family Pension	
10.	Address	
11.	Relationship with deceased and age	

Signature of Family Pension Claimant

Signature of HOD of the deceased employee

(This form is based on Form Pen-2 referred to in Rule 71
Of Haryana Civil Services Pension Rules 2016)

Form AU 10/2
Referred to in Rule 10.6

CCS HARYANA AGRICULTURAL UNIVERSITY, HISAR

Particulars to be obtained by the Head of office from the retiring University employee one year before his retirement on superannuation or from the family of deceased University employee within one month from the date of death.

Paste one passport size
joint photograph of
widow/widower with
spouse duly attested by
head of the office

1.	Name of the University employee	
2.	Designation	
3.	Department/Office	
4.	Date of birth	
5.	Date of retirement	
6.	Present address alongwith Mobile phone Number	
7.	Address after retirement alongwith Mobile phone number	

Any subsequent change of address should be informed to the Head of Office &
Comptroller CCS HAU, Hisar.

8	Details of the members of the family as on					
	Sr. No	Name of the members of family	Date of birth	Relationship with the University employee	Aadhaar Card No.	Remarks
	1					
	2					
	3					
	4					
	5					
	6					
9	Name of the Branch of Public Sector Bank through which the employee wants to draw his pension.					
10	Enclose the following documents:- (i) Two slips of specimen signature to be attested by Head of Office or any other officer authorized by him (ii) Four copies of passport size joint photographs of the University employee with spouse (to be attested by Head of office or any officer authorized by him) (iii) Form regarding detail of family members.					
11	Option for commutation of pension and fraction of pension proposed to be commuted:					

Place _____

Signature of Family Member of the deceased University employee

Dated the _____

(This form is based on Form Pen-5 referred to in Rule 82(A)
Of Haryana Civil Services Pension Rules 2016)

Form AU 10/4

Referred to in Rule 10.9(1)

CCS HARYANA AGRICULTURAL UNIVERSITY, HISAR

**Specimen of Letter to be sent to the member(s) of the family of a
deceased University employee for the grant of the death-cum-retirement
gratuity where valid nomination subsists or not**

From

The _____
HOD/Office,
CCS HAU, Hisar

To

The Controlling Officer/Comptroller
CCS HAU Hisar,

No. _____

Dated the _____

**Subject: Payment of death-cum-retirement gratuity in respect of the late
Shri/Smt./Dr. _____**

Sir/Madam,

I am directed to state that in terms of the nomination, which is valid under the rules, made by late Shri/Smt./Dr. _____ (Designation) _____ in the Office/Department of _____ a death-cum-retirement gratuity is payable to his/her nominee(s). A copy of the said nomination is enclosed herewith. If any contingency has happened after the date of making the nomination, so as to render the nomination invalid, in whole or in part, precise details of the contingency may kindly be stated.

OR

I am directed to say that in terms of Rule 45 of Haryana Civil Services (Pension) Rules, 2016, as applicable to CCS HAU, a death-cum-retirement gratuity is payable to the following members of the family of deceased University employee Shri/Smt./Dr. _____ (Designation) _____ In the office/Department Of _____ in equal share:-

(i)	Wife/Husband (including judicially separated wife/husband);	
(ii)	Children (married or unmarried) including legally adopted children and widowed/divorced daughter(s);	
(iii)	widow of predeceased son, if not remarried, otherwise the children of predeceased son in equal shares;	

2. In the event of there being no surviving member of the family as indicated above, the

death-cum-retirement gratuity shall be payable to the following members of the family in equal share:-

(i)	brother(s) below the age of 18 years, dependent unmarried/widowed/divorced sister(s);	
(ii)	mother, including adoptive/step mother in case of individuals whose personal law permits adoption;	
(iii)	father including adoptive/step father in case of individuals whose personal law permits adoption;	

3. It is requested that a claim for the payment of death-cum-retirement gratuity may be submitted in the enclosed Form AU 10/6 as soon as possible.

(Signature)
(HOD/office)
(with date and stamp)

CONTROLLING OFFICER

(This form is based on Form Pen-6 referred to in Rule 82(A)
Of Haryana Civil Services Pension Rules 2016)

Form AU 10/6
Referred to in Rule 10.9 (2)

CCS HARYANA AGRICULTURAL UNIVERSITY, HISAR

**Form of Application to be submitted by the Family member or Nominee for
grant of DCRG in case of death of University employee before the
receipt of DCRG**

(To be filled in separately by each claimant and in case the claimant is minor, the form should be filled in by the guardian on his/her behalf. Where there are more than one minor, the guardian should claim gratuity in one form on their behalf).

Part - I		
(To be filled by the family of deceased University employee)		
1	Name of the claimant	
2	Date of birth of the claimant	
3	Name of the guardian in case the claimants are minor	
4	Date of birth of the guardian	
5	Name of the deceased University employee in respect of whom DCRG is being claimed	
6	Date of death of University employee	
7	Office/Department in which the deceased University employee served last	
8	Relationship of the claimant/guardian with the deceased University employee	
9	Full postal address of the claimant/guardian alongwith Mobile phone number	

10. Where gratuity is claimed by the guardian on behalf of minors, the names of the minors, their age, relationship with the deceased University employee, etc. :-

Sr. No.	Name	Age	Relationship with the deceased University employee	Relationship of the guardian with minors	Aadhaar Card No.	Postal address
1.						
2.						
3.						
4.						

11. Place of payment of Death gratuity
(Public Sector Bank Branch)
12. Enclose two slips of specimen signatures of claimant/guardian duly attested
13. Name, address and signatures of the two persons/gazetted officers who attested the specimen signatures:-

	Name	Full address	Signature
(i)			
(ii)			

Note.— Attestation shall be done by two Gazetted Officers or two persons of respectability in the town, village or Pargana in which the claimant resides.

Witnesses : -

14.	Name	Full Address	Signatures
1			
2			

Place :

Date

Signature/Thumb impression of the claimant/guardian

Part - II

[To be filled up by the Pension Sanctioning Authority (HOD)]

- 15 Name of the deceased University employee
- 16 Father's/Husband's name
- 17 Date of birth
- 18 Date of death
- 19 Name of the office/Department where working at the time of death
- 20 Post held at the time of death
21. Date of beginning of service on regular basis
22. Date of ending of service on death
23. Particulars relating to benefit of military service/past service, if any, allowed by the competent authority to count towards pension

	Period of past service for which benefit has been allowed	
	Whether terminal benefits have been deposited or not	
	Order No. and date	

- 24 Total length of service

25 Periods of non-qualifying service

		From	To	YY	MM	DD
(a)	Interruption in service condoned under Rule 14(2)					
(b)	Extraordinary leave not qualifying for pension					
(c)	Period of suspension not treated as qualifying service for pension					
(d)	Any other service not treated as qualifying service for pension					
(e)	Total period of non-qualifying service					

- 26 Net qualifying service for DCRG : (Column 24 - 25) in terms of completed six monthly periods i.e. period of three months and above is treated as completed six monthly period.

YY	MM	DD

Note.— Details of qualifying service is attached.

- 27 Detail of period, if any, treated as duty in case of a University employee who has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service
- 28 Emoluments for DCRG (Actual/Notional)
- 29 Amount of death-cum-retirement gratuity
- 30 Details of University dues recoverable out of DCRG
(a) Licence fee of University accommodation, if any
(b) Other dues, if any
- 31 Whether valid nomination for death-cum-retirement Gratuity subsists or not
- 32 Date on which claim received from the Claimants
- 33 Name and address of guardian who will receive payment of DCRG in the case of minor alongwith Mobile Phone number

- 34 (i) Place of payment of pension
(Branch of Public Sector Bank)
- (ii) Bank Account No.
- (iii) Unique Payee Code
- 35 (i) Enclose the legal guardianship
Certificate, where natural guardian is
not alive, issued by the Court of Law
- (ii) Enclosed indemnity Bond.

Date : _____

Signature of Head of Office

Place : _____

(with stamp)

Statement of Qualifying and Non-qualifying service :-

Sr. No.	Period (From - To)	Period in YY/MM/DD	Post held	Qualifying service YY/MM/DD	Non-qualifying service YY/MM/DD	Document(s) on the basis of which the entry is made in Column 5
1.	2.	3.	4.	5.	6.	7.
	Total Service					

Signature of HOD/Office
(with date and stamp)

(This form is based on Form Pen-7 referred to in Rule 82(B)
Of Haryana Civil Services Pension Rules 2016)

Form AU 10/4 (a)
Referred to in Rule 10/9 (1)

CCS HARYANA AGRICULTURAL UNIVERSITY, HISAR

Specimen of Letter to be sent to the widow/widower or other eligible family member of a deceased University Employee six months before the cessation of compassionate financial assistance for grant of Family Pension

From

The _____
HOD/office,
CCS HAU, Hisar

To

The Controlling Officer/Comptroller
CCS HAU Hisar,

No. _____

Dated the _____

Subject: Payment of Family Pension in respect of late Shri/Smt./Dr. _____

Sir/Madam,

I am directed to state that in terms of rules, of the Haryana Civil Services (Pension) Rules, 2016 as applicable to University employees, a family pension is payable to the eligible family member of late Shri/Smt./Dr. _____ (designation) _____ working in the office/department of _____.

2. You are advised that a claim for the grant of family pension may be submitted in the enclosed Form AU 10/5.
3. The family pension shall be payable to the widow/widower till death or remarriage, whichever is earlier and thereafter to other eligible family member, if any, as per provision laid down in Haryana Civil Services (Pension) Rules, 2016.

(Signature)
(HOD /Office)
(with date and stamp)

CONTROLLING OFFICE

(This form is based on Form Pen-8 referred to in Rule 82(B)
Of Haryana Civil Services Pension Rules 2016)

Form AU 10/5
Referred to in Rule 10.9(2)

CCS HARYANA AGRICULTURAL UNIVERSITY, HISAR

**Form of application for the grant of family pension in case of death of a
University employee while in service**

Part - I

(To be filled by the family of deceased University employee)

1 Name:

[widow or widower, if any, otherwise
dependent son/daughter or Guardian, if the
deceased person(s) is survived by minor
child(ren)]

2. Detail of surviving widow/ widower and children of the deceased University
employee eligible for family pension :-

Sr. No.	Name	Date of birth	Occupation, if any	Relationship with the deceased person	Aadhaar Card No.
(1)					
(2)					
(3)					
(4)					
(5)					

3	Date of death of the University employee	
4	Office/Department in which the deceased University employee served last	
5	If the applicant is guardian, his date of birth and relationship with the deceased University employee	
6	Full address of the applicant alongwith Mobile phone number	
7	(i) Place of payment of family pension (Branch of Public Sector Bank)	

- (ii) Bank Account No.
(iii) Unique Payee Code

- 8 Date of cessation of compassionate financial assistance, if any.
- 9 Name, address and signatures of two reputed persons/ officers who attested the specimen signatures: -

	Name	Full address	Signature
(i)			
(ii)			

Note.— Attestation should be done by two Gazetted Officers or two reputed persons in the town, village or Pargana in which the claimant resides.

- 10 Enclose the following documents :

(i)	Two slips of specimen signatures of the applicant, duly attested.
(ii)	Four copies of passport size photograph of the applicant to be attested by the Head of Office across the photograph itself instead of paper.
(iii)	Birth Certificate or any other documentary evidence for age of child/ children.
(iv)	Death Certificate of the deceased University employee.
(v)	Certificate of Guardianship issued by the Court of Law in case of other than natural guardian.

- 11 Witnesses :

	Name	Full Address	Signatures
(i)			
(ii)			

Date :

Signature of the applicant

Place :

Part - II

[To be filled up by the Pension Sanctioning Authority (HOD)]

12	Name of the deceased University employee			
13	Father's/Husband's name			
14	Date of birth			
15	Date of death			
16	Name of the office/Department where working at the time of death			
17	Post held at the time of death			
18	Emoluments for family pension (Actual/Notional) Pay in the pay band + Grade pay			
19	(a) Date of beginning of service on regular basis (b) If any service prior to appointment on regular basis			
20	Date of ending of service on death			
21	Total length of service	YY	MM	DD
22	Family Pension proposed (i) Normal family pension (ii) Enhanced family pension [if service rendered at the time of death is more than seven years as in rule 49(1) of Pension rules.			
23	Period of tenability of Family Pension (a) At ordinary rate (b) At Enhanced Rate	From	to	
		From	to	

24	Name of family member eligible for family	
25	Relationship with the deceased University	
26	Full postal address alongwith Mobile phone number	
27	Date on which claim received from the claimants	
28	Name and address of guardian who shall receive payment of family pension in the case of minor	
29	(i) Place of payment of pension (Branch of Public Sector Bank)	
	(ii) Bank Account No.	
	(iii) Unique Payee Code	

It is certified that compassionate financial assistance is admissible upto _____ which has been paid to Smt./Mr./Ms. _____, an eligible family member of the deceased University employee.

Date : _____

Place : _____

Signature of Pension Sanctioning Authority
(with stamp)

(This form is based on Form Pen-9 referred to in Rule 83
Of Haryana Civil Services Pension Rules 2016)

Form AU 10/8
Referred to in Rule 10.9(2)

CCS HARYANA AGRICULTURAL UNIVERSITY, HISAR

Specimen of Letter for forwarding papers to the Comptroller CCS HAU Hisar, for the grant of Death-cum-retirement gratuity to be sent within a month in case of death while in service and for grant of Family Pension to be sent three months before cessation of compassionate financial assistance.

From

The _____
HOD/office
CCS HAU, Hisar

To

The Controlling Officer/Comptroller
CCS HAU Hisar,

No. _____

Dated the _____

Subject: Grant of death-cum-retirement gratuity and/or Family Pension.

Sir,

I am directed to say that Shri/Smt./Dr. _____ designation _____ died on _____. His family has become eligible for the grant of death-cum-retirement gratuity and/or Family Pension. The detailed information in the prescribed form _____ duly completed in all respects is forwarded herewith for further necessary action.

2. The details of University dues which shall remain outstanding on the date of retirement of the University employee and which need to be recovered out of the amount of DCRG are indicated below:-

(a)	Balance of outstanding loans and advances, if any.	
	1	HBA
	2	Motor car advance
	3	Marriage loan
	4	Computer loan
	5	Any other loan

(b)	Over payment of pay and allowances including leave salary, if any	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 University accommodation	Rs.
(e)	The amount of licence fee for the retention of University accommodation for the permissible period (of six months) beyond the date of retirement.	Rs.
(f)	Any other assessed dues and the nature thereof	Rs.
(g)	The amount of gratuity to be withheld for adjustment of unassessed dues, if any	Rs.
	Total	Rs.

3. Your attention is invited to the list of enclosures which are being forwarded herewith. It is requested that authorization of DCRG and/or Family Pension may please be made at the earliest.

4. The receipt of this letter may please be acknowledged and this department/office be informed.

(Signature)
(HOD /Office)
(with date and stamp)

CONTROLLING OFFICER

List of Enclosures:-

1

2

3

Calculation Sheet for Family Pension/Death-cum-Retirement Gratuity

1. Name of Deceased _____
2. Post held at the time of death _____
3. Date of Birth _____
4. Date of Death _____
5. Date of joining Govt. Service _____
6. Total Gross Service _____ Years _____ Months _____ Day
 Less Non Qualifying for Service _____ Years _____ Months _____ Day
 Balance Service Qualifying for Pension _____ Years _____ Months _____ Day
 Add from _____ to _____ _____ Years _____ Months _____ Day
 (from date of death to date of retirement)
 Total for Family Pension _____ Years _____ Months _____ Day
7. Pay drawn at the time of death Rs. _____ + Rs. _____ = Rs. _____
 (Pay in PB) (GP) (Total Basic Pay)
8. Amount of Family Pension (30% of pay last drawn) subject to minimum of Rs.9000/- Rs. _____
9. Amount of enhanced Family Pension to being admissible for first ten years on completion of monthly financial assistance Rs. _____ From _____ To _____
10. Calculation of gratuity (D.C.R.G.) at the following rates :-
 - i) For less than one year service 2 months emoluments
 - ii) One year service but less than five years service 6 months emoluments
 - iii) With five years or more service $1/4^{\text{th}}$ of the emoluments for each half year subject to minimum of $16\frac{1}{2}$ times in case of Class I, II and III employees and $17\frac{1}{2}$ times in case of class IV employee.

Emoluments means Pay as defined in para 8 (7) of Haryana Civil Services (Pension) Rules, 2016 plus Dearness Allowance admissible on such pay on the day of death.

Pay in Pay Band +Grade Pay Rs. _____
 NPA (if applicable) Rs. _____
 D.A.@ _____ % Rs. _____
 Total Rs. _____ X 12 = Rs. _____

PHOTOGRAPH OF THE CLAIMANT

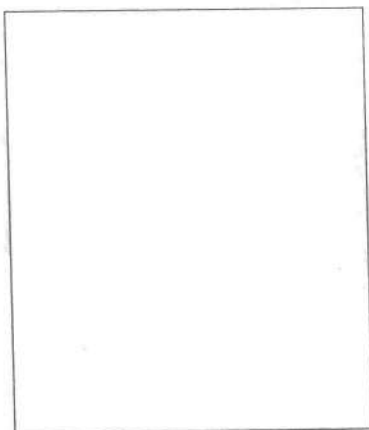
Name of Claimant _____

Name _____ of _____ deceased _____ University _____

Employee _____ Designation _____ Date of Death _____

Last place of posting _____

Four copies of passport size photograph of the applicant to be attested by the
Head of Office **across the photograph itself instead of paper.**



SPECIMEN SIGNATURE/THUMB IMPRESSION OF THE CLAIMANT

Name of Claimant _____ Name of
 deceased University Employee _____ Designation _____ Date of Death
 _____ Last place of posting _____

1.

2.

ATTESTED

(Head of Office/Pension Sanction Authority)

SPECIMEN SIGNATURE/THUMB IMPRESSION OF THE CLAIMANT

Name of Claimant _____ Name of
 deceased University Employee _____ Designation _____ Date of
 Death _____ Last place of posting _____

1.

2.

ATTESTED

(Head of Office/Pension Sanction Authority)

DETAILS OF FAMILY

Name of deceased University Employee _____

Designation _____

Date of Birth _____

Date of appointment _____

Date of Death _____

Sr. No.	Name	Date of birth	Occupation, if any	Relationship with the deceased person	Aadhaar Card No.
1.					
2.					
3.					
4.					
5.					
6.					
7.					

(Head of Office/Pension Sanctioning Authority)

UNDERTAKING TO REFUND OF EXCESS AMOUNT

I hereby undertake that any excess payment may be found to have been made as result of incorrect fixation of pension or any excess payment detected in the light of discrepancies noticed subsequently will be refunded by me to the University either by adjustment against future payments due to me or from the arrears, if any, due to me.

Date _____

Signature _____

Name of the Claimant _____
