

CCS HARYANA AGRICULTURAL UNIVERSITY, HISAR

PENSION FILE

Office _____

Department _____

| | | |
|-------|---|--|
| 1. | Name & Designation of University Employee | |
| 2. | Father's/Husband's Name | |
| 3. | Date of Birth | |
| 4.(i) | GPF No. | |
| (ii) | Previous CPF No. (if any) | |
| 5. | Date of Joining Service | |
| 6. | Date of Retirement | |
| 7. | Present Address | |
| 8. | Address after retirement | |

Signature of Pensioner

Signatures of HOD

FORMAL APPLICATION FOR PENSIONTo _____

_____**Subject : Application for sanction of pension.**

Sir,

I am due to retire from service w.e.f. _____ my date of birth being _____. I, therefore, request that steps may kindly be taken to grant me pension and gratuity, admissible to me and make payment on/from the date of my retirement. I desire to draw my pension from _____ Bank.

2. I hereby declare that I have neither applied for nor received any pension or gratuity in respect of any portion of service qualifying for the pension and in respect of which pension or gratuity is claimed therein nor shall I submit an application thereafter without quoting a reference to this application and the orders which may be passed thereon.

3. Please find enclosed Form AU 10/2, 10/2(a) and 10/3 duly completed.

4. Four copies of passport size photograph with and without spouse duly attested are enclosed.

5. Two slips of three specimen signatures or thumb impression of me and spouse, duly attested are enclosed.

6. Photocopy of Aadhar Card is enclosed.

7. My present address is _____

_____ Mob.

No. _____

and after retirement will be _____

_____ Mob.No. _____

8. Other necessary documents are also enclosed.

Yours faithfully,

Encls : As above.

Signature _____

Name _____

Designation _____

Department/Office _____

Date _____

(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 employee 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 University employee

Date _____

Acknowledgement

Received from Shri/Smt. _____ (Name and former designation) application in Form AU 10/2-3 complete in all respects for the calculation of pension/DCRG/Commutation of Pension etc..

Place: _____

Signature of Head of Office
(with stamp)

Date : _____

(This form is based on Form Pen-3 referred to in Rule 75
Of Haryana Civil Services Pension Rules 2016)

Form AU 10/2 (a)
Referred to in Rule 10.6

CCS HARYANA AGRICULTURAL UNIVERSITY, HISAR

Form for obtaining information from Head of Department of the employee for
Assessing Pension/ Family Pension, Commutation of Pension and DCRG.

(To be sent in duplicate to the Comptroller CCS HAU, Hisar.)

Paste one
passport size joint
photograph duly
attested.
Signature &
Stamp of attesting
authority should
be on the
photograph.

1. Name of the University employee
2. Sex
3. Aadhaar Card Number
4. Father's name
5. Name of wife/husband
6. Date of birth
7. Marks of identification of University employee
8. Present residential address of the University employee
alongwith Mobile phone number
9. Address after retirement alongwith Mobile phone number
10. Particulars of the post held at the time of retirement:

| | | |
|-----|--------------------------------------|--|
| (a) | Department | |
| (b) | Name of the office | |
| (c) | Post last held and Group of the post | |
| (d) | Pay scale of the post | |

11. Class of pension applicable
12. Date of beginning of service
13. Date of ending of service
14. Particulars relating to military service/past service, if any, allowed to be counted by the
competent authority towards civil pension.
15. Total length of service
16. (i) Period of foreign service if any
(ii) Whether pension contribution has
been received for the above said
period.

T

| | | | | | | | | | | | | | | | | | | |
|-------|--|---------|--|----|----|----|-------|--------------------------------|---------|-----|-----------------------------------|----|-----|--|--|-----|---|--|
| 17 | 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 : | | | | | | | | | | | | | | | | | |
| 18 | Net qualifying service (Column 15-17) in terms of completed six monthly periods i.e. period of three months and above is treated as completed six monthly period. Note.— Details of qualifying service is attached. | | | | | | | | | | | | | | | | | |
| 19 | 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. Emoluments at the time of retirement:- | | From _____ to _____ (____Y____M____D) Order No. _____ Dated _____ | | | | | | | | | | | | | | | |
| 20 | Emoluments at the time of retirement:- <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">(a)</td> <td style="width: 65%;">Last drawn emoluments (actual)</td> <td style="width: 30%;"></td> </tr> <tr> <td>(b)</td> <td>Last emoluments (notional) if any</td> <td></td> </tr> <tr> <td>(a)</td> <td>Emoluments reckoned for Pension and Family Pension</td> <td></td> </tr> <tr> <td>(b)</td> <td>Emoluments reckoned for death-cum-retirement gratuity</td> <td></td> </tr> </table> <p>Note- See also the definition of Emoluments for the purpose of Pension/DCRG/Family Pension as per Haryana Government Pension Rules, 2016</p> <p>Note- If the officer was on foreign service immediately preceding retirement, the notional emoluments which he would have drawn under University but for being on foreign service be reflected against (a) above.</p> | | | | | | (a) | Last drawn emoluments (actual) | | (b) | Last emoluments (notional) if any | | (a) | Emoluments reckoned for Pension and Family Pension | | (b) | Emoluments reckoned for death-cum-retirement gratuity | |
| (a) | Last drawn emoluments (actual) | | | | | | | | | | | | | | | | | |
| (b) | Last emoluments (notional) if any | | | | | | | | | | | | | | | | | |
| (a) | Emoluments reckoned for Pension and Family Pension | | | | | | | | | | | | | | | | | |
| (b) | Emoluments reckoned for death-cum-retirement gratuity | | | | | | | | | | | | | | | | | |
| 21 | Date of receipt of Form duly complete in all respects, from the University employee. | | | | | | | | | | | | | | | | | |
| 22 | Proposed pension:- <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">_____</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 60%; text-align: center;">_____ =</td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">40</td> </tr> </table> | | | | | | _____ | X | _____ = | 2 | | 40 | | | | | | |
| _____ | X | _____ = | | | | | | | | | | | | | | | | |
| 2 | | 40 | | | | | | | | | | | | | | | | |
| 23 | Proposed death-cum-retirement gratuity: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">_____</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 60%; text-align: center;">_____ =</td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> </table> | | | | | | _____ | X | _____ = | 4 | | | | | | | | |
| _____ | X | _____ = | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |

| | | | | | |
|-----|---|--|---------------|--|------------------|
| 24. | Proposed family pension: | | | | |
| | (a) | Ordinary Pension: | Family | Pay last drawn X 30% (subject to Minimum and maximum) | |
| | (b) | Enhanced Pension: | Family | Equal to 50% of last emoluments in case of death while in service OR Equal to retiring pension in case of death after retirement before attaining the age of 65 years) (Subject to minimum and maximum of limit of enhanced family pension as per rule) | |
| 25. | The amount of the family pension becoming payable to the family of the deceased University employee, if death takes place after retirement. | | | | |
| | (a) | before attaining the age of 65 years. | | | Rs. |
| | (b) | after attaining the age of 65 years | | | Rs. |
| | Sr. No. | Name of the members of family | Date of birth | Relationship with University employee | Aadhaar Card No. |
| | 1 | | | | |
| | 2 | | | | |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| 26. | Date from which pension is to be commenced | | | | |
| 27. | Proposed amount of provisional pension, if departmental or judicial proceeding instituted against the University employee are pending at the time of retirement | | | | |
| 28. | Details of University dues recoverable out of DCRG:- | | | | |
| | (a) | Licence fee for the allotment of University accommodation | | | |
| | (b) | Other dues(referred to in rule 73), if any | | | |
| 29. | Whether valid nomination made for DCRG subsists, if yes, enclose the copy thereof. | | | | |
| 30. | Commutation of pension if applied before retirement or within one year after retirement:- | | | | |
| | (a) | The portion of pension to be commuted: (upto 40% of pension) | | | |
| | (b) | Commuted value of pension= (Portion of pension to be commuted x factor from commutation table under rule 96 x 12) | | | |
| | (c) | Amount of residuary pension after deducting commuted portion of pension [Sr. No. 22-30(a)] | | | |
| 31. | (i) | Place of payment of Pension/DCRG (Branch of Public Sector Bank) | | | |
| | (ii) | Bank Account No. | | | |
| | (iii) | Unique Payee Code | | | |
| 32. | 10 digit DDO Code | | | | |

| | | |
|-----|--|--|
| 33. | Particulars of Pension Sanctioning Authority | |
| | (i) Designation : | |
| | (ii) Office Address : | |
| | (iii) Contact number : | |

Place: _____

Date : _____

Signature of the Head of Office
(with date and stamp of office)

(This form is based on Form Pen-4 referred to in Rule 75
Of Haryana Civil Services Pension Rules 2016)

Form AU 10/3
Referred to in Rule 10.7

CCS HARYANA AGRICULTURAL UNIVERSITY, HISAR

Specimen of forwarding letter of Pension Papers of the University employee to be submitted
to the Comptroller, CCS HAU, Hisar, by the concerned HOD through controlling officer

From

The _____
HOD/office
CCS HAU, Hisar

To

The Controlling Officer/Comptroller
CCS HAU Hisar,

No. _____

Dated the _____

Subject: Pension papers of Sh./Smt./Dr. _____
for authorization of pension/DCRG.

Sir,

I am directed to forward herewith the pension papers of Sh./Smt./Dr. _____

_____ of this department/office 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 | |
| | 1 HBA | |
| | 2 Motor Car Advance | |
| | 3 Marriage Loan | |
| | 4 Computer Loan | |
| | 5 Any other Loan | |
| | Total | |
| (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 un-assessed dues, if any | Rs. |
| | Total | |

1. Your attention is invited to the list of enclosures which are being forwarded herewith. It is requested that authorization of Pension, DCRG, Commutation of Pension may please be made at the earliest.
2. 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. | Form AU 10/2 & 2 (a) duly completed. |
| 2. | Medical certificate of incapacity (if the claim is for invalid pension). |
| 3. | Copy of order of retirement or death certificate in case of death while in service |
| 4. X | Last Pay Certificate generated from e-salary system duly signed by DDO. |
| 5. | Statement of qualifying and non-qualifying service with reference to entries of verification made in service book. |
| 6. | Calculation sheet of pension, commutation of pension, death-cum-retirement gratuity and family pension (normal and enhanced). |
| 7. | Service book complete in all respects (date of retirement to be indicated in the service book). |
| 8. | Certificate regarding no judicial or departmental proceedings are pending at the time of retirement. |
| 9. X | Clearance certificate from Vigilance Department, in case of Group A and B University employees. |
| 10. | Brief statement regarding re-instatement of the University employee in case he has been re-instated after having been suspended, compulsorily retired, removed or dismissed from service. |
| 11. | Four copies of passport size photograph with and without spouse duly attested by the Head of Office or any other Officer authorized by him. Out of these one each be pasted on Form Pen.-2 and Pen.-3 and two photographs to be attached. |
| 12. | Two slips of three specimen signatures or thumb impressions of University employee and spouse, duly attested by Head of Office or any other Officer authorized by him. |
| 13. | Photo copy of Aadhaar Card of University employee and family member(s) eligible for family pension, if any. |
| 14. | Undertaking regarding refund of excess payment of pension, commutation of pension and gratuity, if found at a later stage. (to be submitted by the retiring University employee) |
| 15. | Undertaking regarding adjustment of long term loans and advances and rent of University accommodation. (to be submitted by the retiring University employee) |
| 16. | Option for Medical Allowance. (to be submitted by the retiring University employee) |

Signature of the Head of Department
(with date and stamp)

PHOTOGRAPHS

Name _____ Designation _____ Date
of Birth _____ Date of retirement _____ Present place of posting

Two photographs duly attested without spouse

Two photographs duly attested with spouse

Note: Four copies of passport size photograph with and without spouse duly attested by the Head of Office or any other Gazetted Officer authorized by him. Out of these one each to be pasted on Form Pen-2 and Pen-3 and two photographs to be attached.

Enclosures of this Form

1. Three specimen signatures of University employee and spouse :-

(to be attested by the Head of Office or the officer authorised by him)

| | | | |
|-------------------------------|--|--|--|
| Name of University employee : | | | |
| Specimen signatures : | | | |
| Name of spouse : | | | |
| Specimen signatures : | | | |

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

2. Three Specimen Signatures of University employee and spouse :-

(to be attested by the Head of Office or the officer authorised by him)

| | | | |
|-------------------------------|--|--|--|
| Name of University employee : | | | |
| Specimen signatures : | | | |
| Name of spouse : | | | |
| Specimen signatures : | | | |

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

3. Specimen of Undertaking regarding refund/recovery of excess payment:-

Undertaking

Whereas the _____ (pension sanctioning authority) has consented to grant me the sum of Rs. _____ as the amount of my pension and Rs. _____ as death-cum-retirement gratuity w.e.f. _____ subject to revision of the same being found to be in excess of that to which I am entitled under the rules and I promise to raise no objection to such revision. I further promise to refund/recover any amount paid to me in excess of that to which I may be eventually found entitled.

Signature of the University employee

| | |
|-----------------|------------------|
| Witness No. 1:- | Witness No. 2 :- |
| Signature : | Signature : |
| Name : | Name : |
| Designation : | Designation : |
| Address : | Address : |

Specimen of Undertaking regarding adjustment of loans and advances and University dues :-

Undertaking

I hereby authorize to recover from my pension any University dues such as over payment of pay and allowances, leave salary, loans and advances, travelling allowance or any amount of any description is found recoverable at any stage.

Signature of the University employee

5. Option for Medical Allowance :-

I intend to draw fixed medical allowance at the rate prescribed from time to time with my pension/family pension.

Or

I intend to avail the facility of medical re-imbursement, instead of fixed medical allowance, for outdoor treatment being a chronic disease patient or otherwise separately.

Signature of the University employee

6. Specimen of certificate regarding departmental/judicial proceedings pending, if any :-

Certificate

It is certified that complaint/department proceedings/judicial proceedings are pending/

not pending against Shri/Smt. _____ who is going to retire from service on _____ while working as _____

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

7. Undertaking regarding adjustment of rent of University Accommodation

Undertaking

I hereby authorize _____ to recover from my pension any amount of rent of University accommodation, if found recoverable from me at any stage.

Signature of the University employee

8. Calculation sheet of Pension/Family Pension/DCRG :-

| | | |
|-----------------|---|--|
| Last emoluments | X | Qualifying service in half years (Max. 40 half |
| 2 | | 40 |

Calculation of Pension :

Calculation of Normal Family Pension :

| | | |
|-----------------|---|-----|
| Last emoluments | X | 30% |
|-----------------|---|-----|

Calculation of Enhanced Family Pension:

| | | |
|-----------------|---|-------------------------------------|
| Last emoluments | X | 50% |
| | | (In case of death while in service) |

Or

| |
|--|
| Equal to retiring pension |
| (in case of death after retirement before attaining the age of 65 years) |

Calculation of DCRG:

| | | |
|---|---|----------------------------------|
| <u>Last emoluments</u> | X | Qualifying service in half years |
| 4 | | |
| (Maximum 66 half years for Group A,B & C and 70 half years for Group D employees) | | |

Note- For definition of 'Emoluments' for the purpose of Pension and DCRG, see Rule 8 of Haryana Civil Services (Pension) Rules, 2016.

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

CONTROLLING OFFICER

9. 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. |
| | | | | | | |
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| | | | | | | |
| | Total Service | | | | | |

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

(This form is based on Form Pen-12-A referred to in Rule 11.1 of Punjab Civil Services (Pension) Rules Vol.II as applicable to Haryana)

From AU-10/10
[Referred to in Rule 10.11(1)]

**FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION
WITHOUT MEDICAL EXAMINATION**
(To be submitted in duplicate after retirement but within one year from the date of retirement)
PART-I

To

The
..... Here indicate the designation
..... and full address of the Head
..... of Office.

Space for
photograph of
Retiree only

Subject: Commutation of pension without medical examination

Sir,

I furnish below the relevant particulars and request that I may be permitted to commute a part of my pension as indicated below :

1. Name (in block letters)
2. Father's name (also husband's name in case of female University employee)
3. Designation at the time of retirement
4. Name of office/department in which employed at the time of retirement
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 final amount of pension has not been authorised, indicate the amount of provisional pension.)
9. Fraction of pension proposed to be commuted
10. Designation of the Officer who authorised the pension and no. and date of the Pension payment Order, if issued.
11. Disbursing authority for payment of pension.

** (a) (i) Branch of the National Bank
With complete postal address.

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

Place:

Signature.....

Date:

Postal Address.....

- Note:** (i) 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 disbursing authority other than the disbursing authority from which pension is being drawn.
- (ii) The applicant should indicate the fraction of the amount of monthly pension (subject to the maximum of 40% of Pension thereof) which he desires to commute and note the amount in rupees.

PART-II

No.....

Date.....

Forwarded to the Comptroller, CCS HAU, Hisar (here indicate the address and designation)
_____ 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 in accordance with rules.
- 3 The receipt of para I of the Form has been acknowledged in part-III which has been forwarded separately to the applicant on.....
- 4 the commuted value of pension is debitable to head of Account, namely, CCS HAU Pension Fund.

Place:.....

Signature

Date.....

Head of Deptt./office.....

ACKNOWLEDEMENT

Received from Shri/Smt./Dr.....(Name and former designation) Application in Part-I of Form 10/11 for the commutation of a fraction of pension without medical examination.

Place:

Signature

Date:.....

Head of Deptt./office.....

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