

FIRST SCHEDULES
[Rule 5 (3)]
FORM OF GPF NOMINATION

I, _____ hereby nominate the person(s) mentioned below who is / are member (s)/non-member(s) of my family as defined in Rule 2 of the General Provident Fund (Central Services) Rules, 1960, to receive the amount that may stand to my credit in the Fund as indicated below, in the event of my death before that amount has become payable or having become payable has not paid.

Name and full address of the nominee(s)	Relationship with the Subscriber	Age of the nominee(s)	Share payable to each nominee	Contingencies on the happening of which the nomination will become invalid	Name, address and relationship of the person(s) if any to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber	In the nominee is not a member of the family as provided in Rule 2 indicate the reasons.
1	2	3	4	5	6	7

Dated this _____ day of 20____ at _____

Two Witnesses to Signature

1. Name and Address _____ Signature _____

1. Name and Address _____ Signature _____

Signature of the Applicant

Name _____

Designation _____

Section / Branch _____

Space for use by the Head of Office / Pay and Accounts Office

Nomination by Shri/Smt./Kumari _____

Date of receipt of nomination _____

Designation _____

Signature of Head of Office / Pay and Accounts Office

Designation _____

Date _____

Instructions for the subscriber:-

- (a) Your name may be filled in.
- (b) Name of the fund may be completed suitably.
- ©1 Definition of term “family” as given in the General Provident Fund (Central Services) Rules, 1960, is reproduced below:-

Family means:-

- (i) in the case of a male subscriber, the wife or wives, parents, children, minor brothers, unmarried sisters, deceased son’s widow and children and where no parent of the subscriber is alive a paternal grandparent.

Provided that if a subscriber proves that his wife has been judicially separated from him or has ceased under the customary law of the community to which she belongs to be entitled to maintenance she shall henceforth be deemed to be no longer a member of the subscriber’s family in matters to which these rules relate unless the subscriber subsequently intimates in writing to the Accounts Officer that she shall continue to be so regarded.

- (ii) In the case of a female subscriber, the husband, parents, children, minor brothers, unmarried sisters, deceased son’s widow and children and where no parent of the subscriber is alive a paternal grandparent.

Provided that if a subscriber by notice in writing to the Accounts Officer expresses her desires to exclude her husband from her family, the husband shall henceforth be deemed to be no longer a member of the subscriber’s family in matters to which these rules relate unless the subscriber subsequently cancels such notice in writing.

Note:- Child means legitimate child and includes an adopted child where adoption is recognized by the personal law governing the subscriber or a ward under the Guardians and Wards Act, 1890 (8 of 1890) who lives with the Government servant and is treated as a member of the family and to whom the Government Servant has, through a special will, given the same status as that of a natural born child.

- (d) Col.4. If only one person is nominated, the words “in full” should be written against the nominee. If more than one person is nominated, the share payable to each nominee over the whole amount of the Provident Fund shall be specified.
- (e) Col5. Death of nominee(s) should not be mentioned as contingency in this column.
- (f) Col.6. Do not mention your name.
- (g) Draw line across the blank space below last entry to prevent insertion of any name after you have signed.

Note2 – Deleted..

1. & 2. Substituted /Deleted vide G.I.,Dept. of pen. & P.W., Notification No.20(6)-pen. & P.W. / 86, dated the 6th February, 1987.

Form No 3
Details of Family
[See Rule 54 (12) of CCS (Pension) Rules, 1972]

Name of the Government Servant :
Designation :
Date of Birth :
Date of Appointment :
Details of the members of my family *as on _____

S. 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					
10					

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

Place _____

Signature of the Government Servant.

Dated the _____

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

Note:- Wife and husband shall include respectively judicially separated wife and husband.

Form No 2
Nomination for Retirement Gratuity / Death Gratuity
[See Rule 53 (1) of CCS (Pension) Rules, 1972]

When the Government servant has a family and wishes to nominate one member, or more than one member, thereof.

I, _____ hereby nominate the person/person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive, to the extent specified below, any gratuity the payment of which may be authorized by the Central Government in the event of my death while in service and the right to receive on my death, to the extent specified below, which having become admissible to me on retirement may remain unpaid at my death:--

Original Nominee(s)				Alternate Nominee(s)	
Names and addresses of nominee / nominees	Relationship with the officer	Age	Amount or share of gratuity payable to each**	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Government Servant or the nominee dying after the death of the Government Servant but before receiving payment of Gratuity.	Amount or share of gratuity payable to each**
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nomination made by me earlier on _____ which stands cancelled.
Dated this _____ day of 20_____ at _____

Two Witnesses to Signature

1. Name _____ Signature _____

2. Name _____ Signature _____

Signature of Government Servant

(To be filled by the Head of Office)

Nomination by _____

Signature of Head of Office

Designation _____

Date _____

Date of receipt of nomination _____

Designation _____

* This column should be filled in so as to cover the whole amount of the gratuity.

** The amount/Share of the gratuity shown in this column should cover the whole amount / share payable to the original nominee(s).

Form No 3
Nomination for Retirement Gratuity / Death Gratuity
[See Rule 53 (1) of CCS (Pension) Rules, 1972]

When the Government servant has no family and wishes to nominate one member, or more than one member, thereof.

I, _____ hereby nominate the person/person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive, to the extent specified below, any gratuity the payment of which may be authorized by the Central Government in the event of my death while in service and the right to receive on my death, to the extent specified below, which having become admissible to me on retirement may remain unpaid at my death:--

Original Nominee(s)				Alternate Nominee(s)	
Names and addresses of nominee / nominees	Relationship with the officer	Age	Amount or share of gratuity payable to each**	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Government Servant or the nominee dying after the death of the Government Servant but before receiving payment of Gratuity.	Amount or share of gratuity payable to each**
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nomination made by me earlier on _____ which stands cancelled.
Dated this _____ day of 20_____ at _____

Two Witnesses to Signature

1. Name _____ Signature _____
2. Name _____ Signature _____

Signature of Government Servant

(To be filled by the Head of Office)

Nomination by _____
Designation _____
Date of receipt of nomination _____

Signature of Head of Office
Date _____
Designation _____

* This column should be filled in so as to cover the whole amount of the gratuity.

**** The amount/Share of the gratuity shown in this column should cover the whole amount / share payable to the original nominee(s).**

**Form No 7
[See Para 19.5]**

**Nomination for benefits under the
Union Territory Government Employees Group Insurance Scheme, 1984**

When the Government servant has no family and wishes to nominate one person or more than one person.

I, _____ having no family, hereby nominate the person/person(s) mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Union Territory Government under the **Union Territory Government Employees Group Insurance Scheme, 1984**, in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and addresses of nominee / nominees	Relationship with the Government servant	Age	*Share of amount to paid to each	Contingencies** on the happening of which the nomination shall become invalid.	Name, address & relationship of the person, if any, to whom the right of the nominee shall pass in the event of his pre-deceasing the Government Servant.
(1)	(2)	(3)	(4)	(5)	(6)

Dated this _____ day of 20_____ at _____

Two Witnesses to Signature

1. Name _____ Signature _____

2. Name _____ Signature _____

Signature of Government Servant

Nomination by _____

Signature of Head of Office

Designation _____

Date _____

Date of receipt of nomination _____

Designation _____

N.B. --- The Government servant should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed.

* This column should be filled in so as to cover the whole amount that may be payable under the Insurance scheme.
 ** Where a Government servant who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.

Form No 8
[See Para 18 & 19.5]

**Nomination for benefits under the
 Union Territory Government Employees Group Insurance Scheme, 1984**

When the Government servant has a family and wishes to nominate one member or more than one member thereof.

I, _____ hereby nominate the person/person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive, to the extent specified below any amount that may be sanctioned by the Union Territory Government under the **Union Territory Government Employees Group Insurance Scheme, 1984**, in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and addresses of nominee / nominees	Relationship with the Government servant	Age	*Share to be paid	Contingencies on the happening of which the nomination shall become invalid.	Name, address & relationship of the person, if any, to whom the right of the nominee shall pass in the event of his pre-deceasing the Government Servant.
(1)	(2)	(3)	(4)	(5)	(6)

Dated this _____ day of 20_____ at _____

Two Witnesses to Signature

1. Name _____ Signature _____

2. Name _____ Signature _____

Signature of Government Servant

Nomination by _____

Signature of Head of Office

Designation _____

Date _____

Date of receipt of nomination _____

Designation _____

N.B. --- The Government servant should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed.

* This column should be filled in so as to cover the whole amount that may be payable under the Insurance scheme.

Form No 4
Nomination for Arrears of Pension
[See Rule 5 (1) of the Payment of Arrears of Pension (Nomination) Rules, 1983]

Pension Disbursing Authority / Head of Office
 (Name of Bank / Treasury / Post Office / Accounts Officer, etc)
 Place _____

I, _____ hereby nominate the person named below under Rule 5 of the Payment of Arrears of Pension (Nomination) Rules, 1983.

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) predeceases the pensioner	Relationship with the pensioner	Date of Birth if the other nominee is minor	Name & address of person who may receive the pension during the other nominee's minority.	Contingency on the happening of which nomination shall become invalid
		Age	Name and address of person who may receive the said pension during the nominee's minority.					
1	2	3	4	5	6	7	8	9

Place: _____
Date : _____

Signature (or thumb-impression if illiterate) _____
Name of the Pensioner _____
Address _____

Witness : Signature : _____
 Name & Address _____

Signature of Pension Disbursing Authority / Head of Office
 Acknowledgement to be sent by the Pension Disbursing Authority / Head of Office

Certified that application / nomination has been received from _____ whose address is _____

Place _____
Date _____

Signature of Pension Disbursing Authority _____
Bank/ Treasury / Post Office / Accounts Officer _____
Head of Office _____
Full Address _____

Form No 5
(Revised) Nomination for Arrears of Pension
[See Rule 5 (5) of the Payment of Arrears of Pension (Nomination) Rules, 1983]

Pension Disbursing Authority / Head of Office
 (Name of Bank / Treasury / Post Office / Accounts Officer, etc)
 Place _____

I, _____ hereby make the following alternate nomination in cancellation of the previous nomination made on _____ under Rule 5 of the Payment of Arrears of Pension (Nomination) Rules, 1983.

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) predeceases the pensioner	Relationship with the pensioner	Date of Birth if the other nominee is minor	Name & address of person who may receive the pension during the other nominee's minority.	Contingency on the happening of which nomination shall become invalid
		Age	Name and address of person who may receive the said pension during the nominee's minority.					
1	2	3	4	5	6	7	8	9

Place: _____
Date : _____

Witness : Signature : _____
 Name & Address _____

Signature (or thumb-impression if illiterate) _____
Name of the Pensioner _____
Address _____

Signature of Pension Disbursing Authority _____
Date Stamp : _____

Certified that application / nomination (Form B) has been received from _____ whose address is _____
 _____ Form 'A' has been cancelled and returned to him.

Place _____
Date _____

Signature of Pension Disbursing Authority _____
Bank/ Treasury / Post Office / Accounts Officer _____
Full Address _____

Form No 12
Nomination for Payment of Commuted Value of Pension
[See Rule 7 of CCS (Commutation of Pension) Rules, 1981]

To _____ Head of Office
 (Place) _____

I, _____ hereby nominate the person named below under Rule 7 of the Central Civil Services (Commutation of Pension) Rules, 1981.

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) predeceases the pensioner	Relationship with the pensioner	Date of Birth if the other nominee is minor	Name & address of person who may receive the commuted value of pension during the other nominee's minority	Contingency on the happening of which nomination shall become invalid
		Age	Name & address of person who may receive the said commuted value of pension during the nominee's minority.					
1	2	3	4	5	6	7	8	9

Place: _____
Date : _____

Witness : Signature : _____
 Name & Address _____

Signature (or thumb-impression if illiterate) _____
Name of the Pensioner _____
Address _____

Signature of Head of Office
Stamp

Acknowledgement to be sent by Head of Office

Certified that nomination has been received from _____ whose address is _____

Place _____

Signature of Head of the Office _____

Date _____

Full Address _____

FORM

HOME TOWN DECLARATION

[OM No. 43/15/57-Estts. (A) dated 24-6-1958]

I, _____ hereby declare that my home town is at the place as shown below for the purpose of availing my self of the Travel Concession as notified in the Govt. of India, Ministry of Home Affairs, New Delhi O.M. No. 43/1/55/Estts - (A) Part-II dated 11-1-1956 conveyed vide Secretary (Finance) to the Delhi Administration endorsement No. F 13(3) / 54 / Finance dated 22-12-1956.

Name of State	Name of the District	Name of the Village	Name of the Railway station	Remarks
1.	2.	3.	4.	5

Signature of the Govt. Servant

Nomination by _____

Designation _____

Date of receipt of nomination _____

Signature of Head of Office

Date _____

Designation _____

