

Form Pen - 1*[See rule 41(2)]***Nomination for DCRG if the HPGCL employee has a family or has not a family at that time**

I, _____, working as _____ has a family the detail of which is as under :-

Sr. No.	Name of the members of family	Date of birth	Relationship with the HPGCL employee	Aadhaar Card No.	Remarks
1					
2					
3					
4					
5					

I, hereby nominate the following person(s) who is/are member(s) of my family or who is/are not member(s) of my family, and confer on him/them the right to receive any gratuity the payment of which shall be sanctioned by HPGCL in the event of my death while in service and the right to receive on my death to the extent specified below, any DCRG which having become admissible to me in case of death while in service or death after retirement before the receipt of DCRG :-

Original nominee(s)			Alternate nominee(s)		
Name and address of the nominee(s)	Relationship with the HPGCL employee	Age	Amount or share of gratuity payable to each	Name, address and relationship, age of the person(s), if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the HPGCL employee or the nominee dying after the death of the HPGCL employee but before receiving payment of gratuity	Amount or share of gratuity payable to each
1	2	3	4	5	6

2. Number of persons (in words) as Original Nominee : _____

3. Number of persons (in words) as Alternate Nominee : _____

4. This nomination supersedes the nomination made by me earlier on _____ which stands cancelled.

5. Strike out which is not applicable.

6. The amount/share of the DCRG shown in column No. 4 and 6 shall cover the whole amount of DCRG.

Dated this _____ day of _____ 20 at _____.

Signature of HPGCL employee

Witnesses :

	Name	Full Address	Signatures
1			
2			

(To be filled in by the Head of office)

Nomination by _____

Signature of Head of office _____

Designation _____

Date _____

Office _____

Designation : _____

Acknowledgement by the Head of Office regarding receipt of nomination form

To

Sir,

In acknowledging the receipt of your nomination, dated the _____ /cancellation, dated the _____ of the nomination made earlier in respect of Death-cum-Retirement Gratuity in Form _____, I am to state that it has been duly placed on record.

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

Note.- The HPGCL employee is advised that it shall be in his interest if copies of the nominations and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death.

Form Pen - 2

[See rule 71]

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

Paste one passport size joint or photograph of widow/widower duly attested by Head of office

1	Name of the HPGCL employee					
2	Designation					
3	Department/Office					
4	Date of Birth					
5	Date of retirement or Date of death, in case of death while in service					
6	Present address along with Mobile phone number					
7	Address after retirement along with Mobile phone number					
8	Details of the members of the family as on _____ :-					
	Sr No.	Name of the members of family	Date of birth	Relationship with the HPGCL employee	Aadhaar Card No.	Remarks
	1					
	2					
	3					
	4					
	5					
	6					
9	Name of the Branch of Public Sector Bank through which the HPGCL employee wants to draw his pension.					
10	Enclose the following documents :- (i) Two slips of specimen signatures to be attested by Head of Office or any gazette officer authorized by him (ii) Four copies of passport size joint photographs of the HPGCL employee with spouse (to be attested by Head of Office or any gazetted officer authorized by him) (iii) Form Pen-1 (Detail of Family Members)					
11	Option for Commutation of Pension and Fraction of Pension proposed to be commuted:					

Place _____

Signature of HPGCL employee

or

Dated the _____

Family Member of the deceased
HPGCL employee

Acknowledgement

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

Place: _____

Date : _____

Signature of Head of office
(with stamp)

Form Pen - 4

(See rule 75)

**Specimen of forwarding letter of Pension Papers to be submitted to the
FA & CAO, PTPS, HPGCL, Panipat**

From

To

The FA & CAO,
PTPS, HPGCL,
Panipat.

No. _____

Dated the _____

**Subject: Pension papers of Shri/Shrimati/Kumari _____ for
authorization of pension/DCRG.**

Sir,

I am directed to forward herewith the pension papers of Shri/Shrimati/Kumari
_____ of this department/office for further

necessary action.

2. The details of HPGCL dues which shall remain outstanding on the date of retirement of the HPGCL 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 HPGCL accommodation	Rs.
(e)	The amount of licence fee for the retention of HPGCL 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	

3. 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.

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

Yours faithfully,

Head of Office
(with date and stamp)

List of Enclosures: -

1.	Form Pen-1, Pen-2 duly completed.
2.	Medical certificate of incapacity (if the claim is for invalid pension).
3.	Copy of order retirement or death certificate in case of death while in service
4.	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.	Clearance certificate from Vigilance Department, in case of Group A and B HPGCL employees.
10.	Brief statement regarding re-instatement of the HPGCL 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 spouse, if any, duly attested by the Head of Office or any other Gazetted Officer authorized by him. Out of these on each be pasted on Form Pen.-2 and Pen.-3 and two photographs to be attached.
12.	Two slips of specimen signatures of HPGCL employee and spouse, duly attested by Head of Office or any other Gazetted Officer authorized by him
13.	Photo copy of Aadhaar Card of HPGCL 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. <i>(to be submitted by the retiring HPGCL employee)</i>
15.	Undertaking regarding adjustment of long term loans and advances and rent of HPGCL accommodation. <i>(to be submitted by the retiring HPGCL employee)</i>
16.	Option for Medical Allowance. <i>(to be submitted by the retiring HPGCL employee)</i>

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

Specimen of Enclosures of Form Pen-4 :-

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

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

Name of HPGCL employee :			
Specimen signatures :			
Name of spouse :			
Specimen signatures :			

Signature of the competent officer
(with date and stamp)

2. Three specimen signatures of HPGCL employee and spouse :-

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

Name of HPGCL employee :			
Specimen signatures :			
Name of spouse :			
Specimen signatures :			

Signature of the competent officer
(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 HPGCL employee

Witnesses No. 1 :-	Witnesses No. 2 :-
Signature :	Signature :
Name :	Name :
Designation :	Designation :
Address :	Address :

4. Specimen of Undertaking regarding adjustment of loans and advances and HPGCL dues :-

Undertaking

I hereby authorize to recover from my pension any HPGCL 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 HPGCL 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-imburement, instead of fixed medical allowance, for outdoor treatment being a chronic disease patient or otherwise separately.

Signature of the HPGCL 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 competent officer
(with date and stamp)

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

Calculation of Pension :

<u>Last emoluments</u>	X	<u>Qualifying service in half years (Max. 40 half years)</u>
2		40

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	<u>Qualifying service in half years</u>
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 competent officer
(with date and stamp)

Form Pen - 5
[See rule 82 (A)]

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

From

To

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

Sir/Madam,

I am directed to state that in terms of the nomination, which is valid under the rules, made by late Shri/Smt. _____ (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. Shall any contingency has happened since 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 40(2) of Haryana Civil Services (Pension) Rules, 2016 a death-cum-retirement gratuity is payable to the following members of the family of deceased HPGCL employee Shri/ Smt. _____ (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 Pen-6 as soon as possible.

Yours faithfully,

Head of Office
(with date and stamp)

Form Pen - 6*[See Rule 82(A)]***Form of Application to be submitted by the Family member or Nominee for grant of DCRG in case of death of HPGCL 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 HPGCL 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 HPGCL employee in respect of whom DCRG is being claimed						
6.	Date of death of HPGCL employee						
7.	Office/Department in which the deceased HPGCL employee served last						
8.	Relationship of the claimant/guardian with the deceased HPGCL 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 HPGCL employee, etc. :-						
	Sr. No.	Name	Age	Relationship with the deceased HPGCL 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.						
14.	Witnesses :						
		Name	Full address			Signature	
	1						
	2						
	Place: _____			Signature/Thumb impression of the claimant/ guardian			
	Date: _____						

Part-II [To be filled by the Pension Sanctioning Authority (HOD)]						
15.	Name of the deceased HPGCL 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 beginning of service on regular basis					
	Particulars relating to benefit of military service/past service, if any, allowed by the competent authority to count towards pension					
	(a)	Period of past service for which benefit has been allowed				
	(b)	Whether terminal benefits have been deposited or not.				
	(c)	Order No. and date				
24.	Total length of service					
25.	Periods of non-qualifying service					
			From	To	YY	MM
	(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 23-24) 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.				YY	MM
					DD	
27.	Detail of period, if any, treated as duty in case of a HPGCL employee who has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service					
28.	Emoluments for DCRG Pay in the pay band + Grade pay +Dearness Allowance					
29.	Amount of death-cum-retirement gratuity					
30.	Details of HPGCL dues recoverable out of DCRG:-					
	(a)	Licence fee of HPGCL accommodation, if any (See rule 72)				
	(b)	Other dues, if any, referred to in rule 73				
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					
34.	(i) Place of payment (Branch of Public Sector Bank)					
	(ii) Bank Account No.					
35.	(i) Enclose the legal guardianship certificate, where natural guardian is not alive, issued by the Court of Law. (ii) Enclose Indemnity Bond					

Date :
Place :

Signature of Head of Office
(with stamp)

Form Pen - 7

[See Rule 82 (B)]

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

From

To

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

Sir/ Madam,

I am directed to state that in terms of rule 47 of the Haryana Civil Services (Pension) Rules, 2016 a family pension is payable to the eligible family member of the late Shri/Smt._____ (designation) _____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 Pen-8.

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.

Yours faithfully,

Head of Office
(with stamp and date)

Form Pen - 8
[See Rule 82 (B)]

**Form of Application for the grant of Family Pension in case of death of a
HPGCL employee while in service**

Part - I						
(To be filled by the family of deceased HPGCL 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 HPGCL 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 HPGCL employee					
4.	Office/Department in which the deceased HPGCL employee served last					
5.	If the applicant is guardian, his date of birth and relationship with the deceased HPGCL employee					
6.	Full address of the applicant along with mobile phone no.					
7.	(i) Place of payment (Branch of Public Sector Bank)					
	(ii) Bank Account No.					
8.	Date of cessation of compassionate financial assistance, if any.					
9.	Name, address and signatures of the two reputed persons/gazetted 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 HPGCL employee.
(v)	Certificate of Guardianship issued by the Court of Law in case of other than natural guardian.	

11.	Witnesses:			
		Name	Full Address	Signature
	1			
	2			

Date:	Signature of the applicant
Place :	

Part - II
[To be filled up by the Pension Sanctioning Authority (HOO)]

12.	Name of the deceased HPGCL 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 Pay in the pay band + Grade pay			
19.	(a) Date of beginning of service on regular basis			
	(b) If any service before 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 these 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 pension	
25.	Relationship with the deceased HPGCL employee	
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.	

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

Date : _____

Place : _____

Signature of Pension Sanctioning Authority
(Head of Office) (with stamp)

Form Pen - 9

(See rule 83)

Specimen of Letter for forwarding papers to the FA & CAO, PTPS, HPGCL Panipat 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

To

The FA & CAO,
PTPS, HPGCL,
Panipat

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

Sir,

I am directed to say that Shri/Smt. _____ designation _____ died on _____. His family has become eligible for the grant of death-cum-retirement gratuity and/or Family Pension. Form Pen. 8 duly completed in all respects is forwarded herewith for the further necessary action.

2. The details of HPGCL dues which shall remain outstanding on the date of retirement of the HPGCL 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 license fee for occupation of HPGCL accommodation	Rs.
(e)	The amount of license fee for the retention of HPGCL 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	

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.

Yours faithfully,

Head of Office
(with date and stamp)

List of Enclosures:-

1	
2	
3	

Form Pen - 10

(See rule 70)

Specimen of letter to be sent to the HPGCL employee in case of period of service not verified in the Service Book

From

To

Shri/Smt. _____

(Name and designation)

No. _____

Dated the _____

SUBJECT : Detail of Service not verified.

It is certified that Shri/Smt. _____ Designation_____ has joined service on _____ and as per entries in his service book he has completed qualifying service of _____ years _____months and _____ days as on _____(date).

2. At the time of calculating qualifying service it has come to notice that the following period of service has not been verified by the then competent authority, therefore, it is requested that if you have actually remained on duty during this period please give an undertaking in this regard alongwith authentic proof (e.g. Contribution towards GPF Account or NGIS or other documents relating thereto, if any) so that the same may be counted for pension and DCRG.

Details of Service non verified

Sr. No.	From	To	Designation	Name of office where remained during this period
1				
2				
3				
4				
5				

Signature of Head of Office
(with stamp and date)

Form Pen - 11
(See rule 70)
**Undertaking to be given by the HPGCL employee in respect of period
of service not verified by the then Head of Office**

To

SUBJECT : Undertaking of Service not verified in the service book.

Kindly refer to your letter No. _____ Dt. _____ .

It is certified that I, Shri/Smt. _____ Designation _____ has actually rendered service during the period mentioned below, as clarified from the authentic proof enclosed with this certificate. It is requested that the following period of service may please be counted towards pension/DCRG.

I also undertake that if later on it comes to your notice from the office record that the period of following service or any portion thereof is not qualifying for pension, my pension may be re-fixed with retrospective effect. I am ready to pay excess amount drawn by me by way of pension and/or DCRG etc.

Period of Service not verified in the service book

Sr. No.	From	To	Authentic Proof	Remarks, if any
1				
2				
3				
4				
5				

Dated : _____

Signature of HPGCL employee

Name : _____

Designation: _____

Department: _____

Form Pen - 12
(See rule 97)
Form of Application for Commutation of Pension admissible after Medical Examination
(To be submitted in triplicate)

Paste one
passport size
joint
photograph duly
attested

Part - I

To

The _____

(Here indicate the designation and full address of the Head of office)

Subject: Commutation of pension after medical examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of rule 95 of these rules. Two copies of my photograph are enclosed herewith the necessary particulars are furnished below: -

1	Name (in block letters)	
2	Father's/Husband's name	
3	Full postal address alongwith Mobile phone number	
4	Designation	
5	Name of Office/Department in which employed	
6	Date of Birth	
7	Date of retirement	
8	Class of pension on which retired	
9	Amount of pension authorized.	
10	Fraction of pension proposed to be commuted.	
11	Month from which pension to be commuted	
12	Pension Payment Order Number, if issued	
13	Disbursing authority for payment of pension.	
	(a) (i) Branch of the Nationalized Bank with complete address.	
	ii) Bank Account No. to which the monthly pension is being credited each month.	
14	Preference for station where medical examination is desired to take place	

Place:
Date:

Signature of HPGCL employee

Part - II
Acknowledgement

Received from Shri/Smt. _____ (Name and designation) application in Part I of Form Pen-12 for commutation of a fraction of pension after medical examination.

Place:

Signature _____

Date:

Signature of Head of Office with stamp)

Form Pen - 13
(See rule 101)
Form of Letter to the Civil Surgeon

From

To

No. _____
Dated the _____

Subject: - Medical Examination for Commutation of Pension.

Sir,

Shri/Smt. _____ who retired from service on _____ as _____ (designation) has applied for commuting a fraction of his pension for a lumpsum payment. The following documents are forwarded herewith: -

1. Application in Form Pen-12 in original together with an unattested copy of the applicant's photograph.
2. A copy of Form Pen-14 in duplicate.
3. In terms of Rule 102 and 103 of these rules Shri _____ shall be examined by a Medical Board/Medical Officer not lower than the rank of Civil Surgeon or a Principal Medical Officer. It is requested that arrangement may be made to get Shri _____ examined as expeditiously as possible before his next birthday which falls on _____.
4. It is requested that arrangements for medical examination by the medical authority indicated in Para-3 above may be made at the nearest available station mentioned by Shri _____ in his application in Form Pen-12.
5. It is requested that Shri _____ shall be informed direct under intimation to this office as to where and when he should appear before the appropriate authority for medical examination. A copy of this letter is being endorsed to him so that he may comply with your instructions on hearing from you.
6. The receipt of this letter may please be acknowledged.

Yours faithfully,

Head of office
(with date and stamp)

Copy forwarded to Shri _____ (here give complete address) with the remarks that he shall be eligible for the lump sum payment in lieu of the amount of pension to be commuted on the basis of assumed age reported by the medical authority.

Shri _____ should report for medical examination to the medical authority direct on hearing from Civil Surgeon _____. He shall take with him the enclosed Form Pen-14 with the particulars required in Part I completed except the signature.

Signature of Head of Office
(with date and stamp)

Form Pen - 14
(See rule 102)

Medical Examination by the _____
(here enter the medical authority)

Affix passport size recent photograph [(See Rule 101(i)]
--

PART - I

The applicant must complete this statement prior to his examination by the _____
_____ (here enter the medical authority) and shall sign the declaration
appended thereto in the presence of that authority:-

1	Name of the applicant (in block letters)																	
2	Date of birth																	
3	Place of birth																	
4	Particulars regarding parents, brothers and sisters: -																	
	<table border="1"> <tr> <td>Father's age if living and state of health</td> <td>Father's age Number of at death and cause of death</td> <td>Number brothers living their ages and state of health.</td> <td>Number of brothers dead, their ages at living, their death and cause of death</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mother's age if living and state of health</td> <td>Mother's age Number of at death and cause of death</td> <td>Number sisters living their ages and state of health</td> <td>Number of sisters dead, their ages at death and cause of death</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Father's age if living and state of health	Father's age Number of at death and cause of death	Number brothers living their ages and state of health.	Number of brothers dead, their ages at living, their death and cause of death					Mother's age if living and state of health	Mother's age Number of at death and cause of death	Number sisters living their ages and state of health	Number of sisters dead, their ages at death and cause of death					
Father's age if living and state of health	Father's age Number of at death and cause of death	Number brothers living their ages and state of health.	Number of brothers dead, their ages at living, their death and cause of death															
Mother's age if living and state of health	Mother's age Number of at death and cause of death	Number sisters living their ages and state of health	Number of sisters dead, their ages at death and cause of death															
5	Have you ever been examined— (a) for life Insurance, or/and (b) by any HPGCL Medical Officer or Medical Board.																	
6	Have you been granted or considered for grant of invalid pension? If so, state the ground thereof.																	
7	Have you ever been granted leave on medical certificate during the last five years? If so, state periods of leave and nature of illness.																	
8	Have you ever— (a) Had enlargement or suppuration of glands small pox, intermittent or any other fever, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks rheumatism, appendicitis, epilepsy, insanity or other nervous disease, discharge from or other disease of the ear, syphilis, or gonorrhoea; or (b) had any other disease or injury which required confinement to bed, or ? (c) undergone any surgical operation? or (d) suffered from any illness, wound or injury sustained while on active service? Or (e) presence of albumin or sugar in urine.																	
9	Present state of Health— (a) have you a hernia ? (b) have you varicocele, varicose veins or piles ? (c) Is your vision in each eye good (with or without glasses)? (d) Is your hearing in each ear good? (e) Have you any congenial or acquired malformation, defect or deformity? (f) Have you lost or gained weight Markedly during																	

	the last three years? (g) Have you been under treatment of any doctor within the last three months and nature of illness for which such treatment was taken?	
--	---	--

Declaration by Applicant

(To be signed in the presence of medical authority)

I declare all the above answers to be, best of my belief, true and correct.

I am fully aware that by willfully making a false statement or concealing a relevant fact. I shall incur the risk of losing the commutation I have applied for and of having my pension withheld or withdrawn under rule 10 and 12 of the Haryana Civil Services (Pension) Rules.

Applicant's Signature

Signed in presence of _____

Signature of Medical Authority
(with date and stamp)

PART - II

(To be filled in by the examining medical authority)		
1	Apparent age	
2	Height	
3	Weight	
4	Describe any scars or identifying marks of the applicant	
5	Pulse rate	
	(a) Sitting	
	(b) Standing	
	(c) Character of pulse	
6	Blood pressure—	
	(a) Systolic	
	(b) Diastolic	
7	Is there any evidence of disease of the main organs—	
	(a) Heart	
	(b) Lungs	
	(c) Liver	
	(d) Spleen	
	(e) Kidney	
8	Investigations	
	(a) Urine (State Specific gravity)	
	(b) Blood	
	(c) X-Ray Chest	
	(d) E.C.G.	
9	Has the applicant a hernia?	
	(if so, state the kind and if reducible)	
10	Any additional finding	

PART - III

(To be filled in by the examining medical authority)

I/We have carefully examined Shri/Smt./Kumari _____, whose photo has also been attested by the undersigned and am/are of opinion that—

He/She is in good bodily health and has the prospect of an average duration of life.

Or

He/She is not in good bodily health and is not a fit subject for commutation.

Or

Although he/she is suffering from _____, he/she is considered a fit subject for commutation but his/her age for purpose of commutation, i.e. , the age next birthday shall be taken to be _____ (in words) years more than his/her actual age.

Date: _____

Signature and designation of
examining Medical Authority

Form Pen - 15

(See rule 105)

**Specimen of forwarding letter of Commutation of Pension after one year
to be submitted to the FA & CAO, PTPS, HPGCL, Panipat**

From

To

The FA & CAO,
PTPS, HPGCL,
Panipat.

No. _____

Dated the _____

**Subject: Pension papers of Commutation of Pension Shri/Shrimati/Kumari
_____ for authorization of Commutation of pension.**

Sir,

I am directed to forward herewith the pension papers of commutation of pension of Shri/Smt./Kumari _____ of this department/office for further necessary action. In terms of Rule _____ or _____ commutation of pension is not admissible to him without medical examination.

3. Your attention is invited to the list of enclosures which are being forwarded herewith, i.e. Application of commutation of Pension, Medical Certificate of the pensioner obtained from Civil Surgeon/Medical Board. It is requested that authorization of Commutation of Pension may please be made at the earliest.

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

Yours faithfully,

Head of Office
(with date and stamp)

List of Enclosures:
