



SAMBALPUR UNIVERSITY
JYOTI VIHAR, BURLA-768019

O.C.S. (PENSION) FORM-6

[See Rule 58 (2) and 62]

PARTICULARS OF THE RETIRING UNIVERSITY SERVANT

1. Name and Designation :
2. (a) Date of Birth :
- (b) Date of Retirement :
3. Four *Specimen Signatures (to be furnished in a separate sheet) duly attested by a Gazetted Government Servant. :
4. Four **copies of passport size joint photograph with wife or husband. (to be attested by the Head of Office) :
5. Four slips showing the particulars of height and personal identification marks duly attested by a Gazetted Government Servant. :
6. Present Address :
7. Address after retirement :
8. Name of the Treasury through which the pension is to be drawn :
9. Details of the family in Form-5 :
10. Indicate whether family pension is admissible from any other Source-Military or other state Govt./Govt. of India/or a Public Sector Undertaking /Autonomous Body/Local Fund under the State Govt./Govt. of India/or other State Govt. :
11. Signature of the Retiring University Servant :

Place :
Date :

Signature and Designation
of the Head of Office

* Four Slips each bearing the left hand thumb and finger impressions duly attested by a Gazetted Govt. Servant may be furnished by a person who is not literate enough to sign his name. If such a Government Servant on account of physical disability is unable to give left and thumb and finger impressions he may give thumb and finger impressions of the right hand. Where a University Servant has lost both hands, he may give his impressions. Impressions should be duly attested by a Gazetted Govt. Servant.

** (i) Four copies of the passport size photograph of self only need be furnished, if the Govt. Servant is unmarried/or a widower or a widow.

(ii) Where it is not possible for a Govt. Servant to submit photograph with his wife or her husband he or she may submit separate photographs. The photographs shall be attested by the Head of Office.

+ Specify a few conspicuous marks, not less than two, if possible.

++ Any subsequent change of address should be notified to the Head of Office.

O.C.S. (Pension) Form-5A
[See Rules-70A]

Declaration of the retiring Government Servant

I do hereby give my free and full consent that if any over payment made to me is detected, which in service or after my retirement in respect of my General Provident Fund Account or on account of gratuity, pension, pension and temporary increase on pension etc. the same shall be recovered from my pay and allowance / leave salary / General Provident Fund / Pension / Commuted Value of Pension / Temporary increase on pension / Interim Relief or Gratuity etc. payable to me or to my family on anytime.

Full Signature of the Retiring
Government Servant with
Full Address & Contact No.



SAMBALPUR UNIVERSITY

JYOTI VIHAR, BURLA-768019

O.C.S. (PENSION) FORM-3

[See Rule 53]

NOMINATION FOR DEATH OR RETIREMENT GRATUITY

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

I hereby nominate the person/persons mentioned below who is/are members 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 authorised by the university in the event of my death while in service and the right to receive on my death to the extent specified below any gratuity which having become admissible to me on retirement may remain unpaid at my death.

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

This nomination supercedes the nomination made by me earlier on which stands cancelled.

NOTE- (i) The University Servant shall draw lines across the blank space below the last entry to prevent insertion of any name after he has signed.

* Strike out which is not applicable.

(ii) Strike out which is not applicable.

Dated this day of 20..... at

Two Witnesses to signature :

1.

2.

Signature of University Servant

P.T.O.

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

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

(To be filled by the Head of Office)

Nomination by

Designation

Office.....

Signature of the Office

Date

Designation

Proforma for acknowledging the receipt of the nomination form by the Head of Office

To,

.....
.....
.....

Sir,

In acknowledging the receipt of your nomination, dated the cancellation dated the of the nomination made earlier in respect of gratuity in Form I am to state that it has been duly placed on record.

Place :

Date :

Signature of Head of Office
Designation

Note : The University Servant is advised that it would be in the interest of his nominees if copies of the nominations and the related notices and acknowledgments are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death.



SAMBALPUR UNIVERSITY

JYOTI VIHAR, BURLA-768019

Specimen Signature of Sri/Smt.

Designation:

1.

2.

3.

Dated:

ATTESTED

REGISTRAR
SAMBALPUR UNIVERSITY
Gazetted Government Officer



SAMBALPUR UNIVERSITY

JYOTI VIHAR, BURLA-768019

Particulars of height and personal identification marks

In respect of Sri/Smt.

Designation:

Height

Personal Identification Marks

.....

Dated:

ATTESTED

REGISTRAR
SAMBALPUR UNIVERSITY
Gazetted Government Officer

MEDICAL OFFICER

DECLARATION UNDER ARTICLES - 911 OF O.S.R

I hereby declare that I have neither applied for nor received any pension or gratuity in respect of any portion for which pension or gratuity or death-cum-retirement gratuity is claimed herewith nor shall I submit an application here and after without quoting a reference to this application and the orders which may be passed thereon.

Date:

Signature
Name and Designation

DECLARATION UNDER ARTICLES - 919 OF O.P.C.S.R

Whereas the Orissa has been granted provisionally to advance to me the sum of Rs..... a month in anticipation of the completion of enquiries necessary to enable the Govt. to fix the amount of my pension I hereby acknowledge that in accepting this advance I fully undertake that my pension is subject to revision on the completion of enquiry/formed enquires and I promise to have no objection to the revision on this ground that the provisional pension now to be paid to me exceeds the pension to which I may be eventually be entitled.

I further promise to repay the amount advanced to me in excess to the pension to which I may be eventually be entitled.

Date:

Signature
Name and Designation

DECLARATION UNDER ARTICLES - 920 OF O.S.R

I declare that should the amount of pension and DCR gratuity granted to me provisionally be afterwards found to be in excess of that to which I am entitled under rules, I will be called upon to refund such excess.

Date:

Signature
Name and Designation

O.C.S. [PENSION FORM-5]

[See Rule 56 (15)]

DETAILS OF FAMILY

Name of the Government Servant :

Designation :

Date of Birth :

Date of Appointment :

Details of the members of family as on

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

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

Place:

Signature of Govt. Servant

Date:

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

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



SAMBALPUR UNIVERSITY
JYOTI VIHAR, BURLA-768019

FORM-1
O.C.S. (Commutation of Pension)

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

To,

The Registrar
Sambalpur University
Jyoti Vihar, Burla

Sub: Commutation of Pension without Medical Examination

Sir,

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

1. Name (in Block letters) :
2. Father's name (also husband's name in the case of a female Government servant) :
3. Designation at the time of retirement :
4. Name of Office/Department in which Employed :
5. Date of birth (by Christian Era) :
6. Date of retirement :
7. Class of pension on which retired :
8. Amount of pension authorised [in case of final amount of pension has not been authorised, indicate the amount of provisional pension sanctioned under rule 65 of the Orissa Civil Services (Pension) Rules, 1992] :
9. *Fraction of pension proposed to be committed. :
10. Designation of the Accounts Officer, who authorised the pension and the No. and date of the Pension Payment Order, if any. :

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

11. Disbursing authority for payment of pension -

(a) Treasury/Sub-Treasury/special Treasury :

(Name and complete address to be indicated.

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

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

Place:

Date:

Signature of the Applicant

Postal Address:

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

PART II

ACKNOWLEDGEMENT

Received from Shri.....application in Part-I of Form-1 for the commutation of a fraction of pension without medical examination.

Place:

Date:

Signature of Head of Office/

Authorised authority

FORM - 5
O. C. S. (COMMUTATION OF PENSION)
 (See Rule 3)

FROM OF NOMINATION

To

Head of Office

(Place).....

..... hereby nominate the person named below,
 under rule 3 of the Crises Civil Services (Commutation of pension) Rules, 1992

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

Place

Date

Signature (or thumb Impression
if illiterate)

Witness Signature

Name and Address

name of Pensioner
Address.

Signature of Head of Office
Stamp

Acknowledgement to be sent by the Head of Office

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

Place :

Date :

Signature of Head of Office
Full Address