



**FINANCE [Pension] DEPARTMENT**

**G.O.Ms.No.321, Dated 15<sup>th</sup> October 2019.**

(Vihari, Puratasi-28, Thiruvalluvar Aandu-2050)

**ABSTRACT**

**PENSION / FAMILY PENSION AND GENERAL PROVIDENT FUND –**  
Implementation of Integrated Financial and Human Resources Management System [IFHRMS] - Separate Forms of Application for Pension, Family Pension and Final Closure of General Provident Fund – Orders – Issued.

**Read the following:-**

1. G.O.Ms.No.211, Finance (Pension) Department, dated 27-05-2009.
2. From the Principal Secretary/ Commissioner of the Treasuries and Accounts, Chennai-35, Letter No.Rc.048220/IFMS/2016-25, dated 20-12-2018.

-oOo-

**ORDER:**

The Combined Application Form for General Provident Fund Final Withdrawal and Pension/Family Pension proposal have been prescribed in the reference first read above in order to quicken the process of settling the terminal benefits to retired Government employees.

**2.** The Principal Secretary / Commissioner of Treasuries and Accounts, Chennai in his letter second read above, inter-alia, has stated that in order to cater the need of Integrated Financial and Human Resources Management System [IFHRMS] software and to expedite the process of settling terminal benefits of retired Government employees, the combined Forms of Application has to be separated for pension/family pension proposal and General Provident Fund Final Withdrawal.

**3.** The Government, after careful consideration, accept the proposal of the Principal Secretary /Commissioner of Treasuries and Accounts, Chennai and accord approval for separate Revised Forms of Application for Pension, Family Pension and General Provident Fund Final Withdrawal as annexed to this order.

**4.** All Administrative Department of Secretariat, Heads of Department and Heads of Office are directed to adopt these forms for processing pension/family pension proposals and final closure of General Provident Fund of their retiring employees in the department.

**5.** Necessary amendment to the Tamil Nadu Pension Rules, 1978 and the General Provident Fund (Tamil Nadu) Rules will be issued separately.

**(BY ORDER OF THE GOVERNOR)**

**S. KRISHNAN  
PRINCIPAL SECRETARY TO GOVERNMENT**

To  
All Secretaries to Government.  
All Departments of Secretariat.

The Legislative Assembly Secretariat, Chennai - 600 009.  
The Governor's Secretariat, Raj Bhavan, Chennai - 600 022.  
All Heads of Departments.  
The Tamil Nadu Information Commission, Teynampet, Chennai-600 018.  
The Accountant General (A&E), Chennai-600 018.  
The Principal Accountant General (Audit-I), Chennai - 600 018.  
The Accountant General (Audit-II), Chennai-600 018.  
The Accountant General (CAB), Chennai-600 009.  
The Registrar, High Court, Chennai-600 104.  
The Secretary, Tamil Nadu Public Service Commission, Chennai-600 003.  
The Commissioner, Greater Chennai Corporation, Chennai-600 003.  
All Commissioners of Municipal Corporations.  
All Panchayat Union Commissioners.  
All Executive Officers of Town Panchayats.  
All District Collectors / District Judges / Chief Judicial Magistrates.  
All Regional Joint Directors of Treasuries and Accounts Departments.  
The Pension Pay Officer, Chennai-600 035.  
All Treasury Officers / Sub-Treasury Officers.  
All State Government owned Boards / Corporations.

**Copy to:**

The Finance (OP/Bills) Department, Chennai - 600 009.  
The Secretary to Chief Minister, Chennai-600 009.  
The Director of Pension, Chennai-600 035.  
The Principal Secretary and Commissioner of Treasuries & Accounts, Chennai-600 035.  
The Director of Local Fund Audit, Chennai - 600 035.  
Stock File / Spare Copies.

**-/ Forwarded : By Order /-**



**SECTION OFFICER.**



(c) Date of Retirement : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

  
(Superannuation/ Voluntary/  
Compulsory Retirement/  
Medical Invalidation)

7. Present Residential Address with :  
PIN Code.

8. Address after retirement/ :  
permanent address for future  
correspondence with PIN Code.  
  
(any subsequent change of address  
should be intimated to the Head of  
Office/AG/Pension Sanctioning  
Authority)

9. Commutation of Pension :

(a) Whether willing to commute  
33.33% (1/3) of monthly  
pension subject to T.N. Civil  
Pensions (Commutation)  
Rules, 1944.

Yes  No

(b) If the answer is “No”, specify  
the fraction less than 33.33%.

10. Name of the Pension Disbursing :  
Authority .-

(a) Pension Pay Office, Chennai :

(b) District Treasury :

(c) Sub-Treasury :

11. Bank Details to which pension is :  
to be credited.-

(a) Bank Account No. (Single :  
Account)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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(b) Name of the Bank :

(c) Branch with postal address :

(d) BSR Code of the branch :  
[It is a 7-digit code allotted to banks by  
Reserve Bank of India.]

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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(e) MICR Code [It is a 9-digit code that :  
helps identify a particular bank branch]

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(f) IFSC Code of the branch (IFSC is :  
a unique eleven-digit number which is a  
combination of alphabets and numerals  
and it is used to transfer funds online.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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12. Indicate whether family pension :  
is also admissible from any other  
source - Military or State  
Government and/or a Public Sector  
Undertaking/ Autonomous body/  
Local Fund under the Central or a  
State Government. -

Yes  No

13. If Yes, P.P.O.No. and Treasury :  
from which it is drawn may be  
furnished.

|   |  |
|---|--|
| P.P.O.No.                                   |  |
| PPO / District<br>Treasury/<br>Sub-Treasury |  |

14. Details of the members of :  
Family.

| Sl. No. | Name (s) | Date of Birth | Relationship with Govt. Servant | Marital Status | Whether Handicapped/ Mentally Retarded * |
|---------|----------|---------------|---------------------------------|----------------|--|
| 1.      |          |               |                                 |                |  |
| 2.      |          |               |                                 |                |  |
| 3.      |          |               |                                 |                |  |

\* Medical Certificate to be enclosed.

I hereby undertake to keep the above particulars up-to-date.

15. Name of Guardian in case of :  
mentally retarded children  
with Certificate of  
Guardianship issued by  
Competent Authority.

### **DECLARATIONS**

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

I do hereby declare to refund the pension or gratuity authorized by the Accountant General, Chennai, if afterwards found to be in excess of the amount to which I am entitled under the Rules.

I hereby certify to make good any loss caused to the Government by way of any overdrawal of pay, allowances, leave salary or other admitted obvious dues as a result of negligence or fraud on my part in service in the department in a lumpsum or in suitable installments from my pension.

I am aware that future good conduct of the pensioner/family pensioner shall be an implied condition for every grant of pension/family pension and its continuance.

Place :

Date :

**Signature of Government  
Employee with Date.**

Note 1.—The details of spouse, all children (with marital status and whether handicapped/mentally retarded and parents in case of unmarried Government servant (whether eligible for family pension or not) shall be given.

Note 2.—Certificate(s) of age showing the dates of birth of the spouse/children.

Note 3.—The fact regarding disability or change of marital status of a family member should also be indicated.

Note 4.- Wife and husband shall include judicially separated wife and husband.

Note 5.- Commutation of pension is optional. Item 9 may be struck off if the retiring Government servant does not desire to commute a percentage of pension.

Note 6.-It is in the interest of the Government servant to provide E-mail ID and Mobile number, which facilitates future correspondence.

## PART-II

### TO BE FILLED IN BY THE DEPARTMENTAL OFFICER

1. A.G's Office Reference No. in :  
which the proposals were  
returned with objections  
earlier.

2. Date of Beginning of Service. : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

3. Date of Ending of Service. : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

4. Gross Qualifying Service. : 

| Year(s) | Month(s) | Day(s) |
|---------|----------|--------|
|         |          |        |

5. Non-Qualifying Service. : 

| Year(s) | Month(s) | Day(s) |
|---------|----------|--------|
|         |          |        |

6. Additional Qualifying Service :  
under Rule 27 / Due to Voluntary  
Retirement / Contingent Service /  
Military Service. 

| Year(s) | Month(s) | Day(s) |
|---------|----------|--------|
|         |          |        |

7. Net Qualifying Service. [The :  
service has been verified on the basis of  
his service documents and in  
accordance with the rules regarding  
qualifying service in force at present.] 

| Year(s) | Month(s) | Day(s) |
|---------|----------|--------|
|         |          |        |

8. Total Period of Military Service :  
and Military Pension /  
Gratuity received. (Details of  
remittance furnish separately).

9. Scale of Pay : 

| Level of Pay | Level No. |
|--------------|-----------|
|              |           |

10. Pay Last Drawn (Special Pay, :  
Personal Pay drawn if any to be  
shown separately) **Pay in the** Rs.  
**Level of Pay**  
**Special Pay,** Rs.  
**if any**

**TOTAL** Rs.

11. Class of Pension applicable :  
(Superannuation/ Voluntary/  
Compulsory Retirement/ Medical  
Invalidation)

12. Whether any charges are :  
pending against the  
Government Employee? If so,  
furnish the details thereof.

13. Office served in the last three :  
years.

| Sl.No. | Office with Address | Designation | PERIOD |     |
|--------|---------------------|-------------|--------|-----|
|        |                     |             | From   | To  |
| (1)    | (2)                 | (3)         | (4)    | (5) |
| 1.     |                     |             |        |     |
| 2.     |                     |             |        |     |
| 3.     |                     |             |        |     |

14. (a) Pay Drawing Officer with Full :  
Postal Address and PIN  
Code.

(b) Phone No. of the Office with :  
STD Code.

(c) e-mail ID / FAX :

15. Treasury / PAO for D.C.R.G. :  
:

16. Amount of Provisional Pension :  
paid by the Pension Sanctioning  
Authority. (if Departmental or Judicial  
proceedings were instituted against the  
Government servant before retirement).  
{Details enclosed}.  
:

### **CERTIFICATE**

It is certified that:

(a) All the particulars furnished above have been fully verified with  
reference to office records and are found correct.

(b) No Charges are pending / Charges are pending against the  
individual. (Details furnished separately)@

(c) Provisional Pension not paid / Provisional Pension paid (Details  
furnished separately)@

(d) No leave is pending to be regularized.

@ Strike out whichever is not applicable.

Place :

Date :

**Signature of the Head of Office  
/ Department with Seal.**



## LIST OF DOCUMENTS TO BE ENCLOSED/ATTACHED

[In case of application generated through online, these original documents shall be scanned and uploaded in the designated website]

| <b>Sl. No.</b> | <b>Description of documents to be enclosed/attached</b>   | <b>Whether enclosed/Attached</b> |
|----------------|---|----------------------------------|
| (1)            | (2)   | (3)                              |
| 1.             | Service Book(s). [No. of Volumes] :<br>Government servant's service book and service roll, if any, duly completed up to date and any other documents relied upon for the verification of the service claimed in such a manner that they can be conveniently consulted and signed by the competent authority for service verification. |                                  |
| 2.             | Descriptive Roll duly attested :<br>[furnished in the Annexure to this application].<br><br>(a) Two specimen signatures :<br>[furnished in the Annexure to this application].<br><br>(b) Additional information (Only in case of an illiterate or disabled Government servant):-  |                                  |
| 3.             | Passport size joint photograph with wife or husband.  |                                  |
| 4.             | Nomination for Gratuity.  |                                  |
| 5.             | Nomination for arrears of pension and commuted value of pension (if applied for commutation of pension)   |                                  |
| 6.             | Sanction order in respect of :<br>Non-Government Aided Educational Institution cases and Missing Employee.  |                                  |
| 7.             | In case of Teachers, :<br>Non-Employment/Re-employment Certificate.   |                                  |
| 8.             | Medical Certificate in original in :<br>Form 23 / Form 24 as prescribed in Rule 36 of TNPR for invalidation cases issued by Medical Board.  |                                  |

| <b>Sl. No.</b> | <b>Description of documents to be enclosed/attached</b>   | <b>Whether enclosed/Attached</b> |
|----------------|---|----------------------------------|
| 9.             | Certificate of Medical Opinion of the Doctors for admitting Commuted Value of Pension in the cases of Invalidation and Compulsory Retirement cases.   |                                  |
| 10.            | Ratification Order of Government for waiving any shortfall in notice period due to sanction of Extraordinary Leave with / without Medical Certificate (in respect of Voluntary Retirement cases). |                                  |
| 11.            | Military Verification Certificate.  |                                  |
| 12.            | Chalan for refund of Gratuity received with Interest for Military Service.  |                                  |
| 13.            | Proceedings issued in the case of Compulsory Retirement / Voluntary Retirement / Medical Invalidation cases.  |                                  |
| 14.            | Government Order imposing cut in Pension issued on completion of Disciplinary Proceedings / Dropping the Charges.   |                                  |
| 15.            | Adoption Deed, in case of adopted children.   |                                  |
| 16.            | Medical Certificate in the case of Mentally Retarded Children / Handicapped Children.   |                                  |
| 17.            | Certificate of Guardianship issued by Competent Authority in the case of Mentally Retarded Children or nominated by Government servant. If so, furnish details.                                   |                                  |

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| <b>Sl. No.</b> | <b>Description of documents to be enclosed/attached</b>     | <b>Whether enclosed/Attached</b> |
|----------------|---|----------------------------------|
| 18.            | Death Certificate of first wife or Court Order for divorce. |                                  |
| 19.            | Other documents, if any, needed.                            |                                  |

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Note:- The Original Certificates shall be obtained and verified by the Pension Sanctioning Authority. The Originals shall kept in safe custody for future reference. The attested copy of the certificates shall be send to the Accountant General Office.

Place :

Date :

**Signature of the Head of Office /  
Department with Seal.**

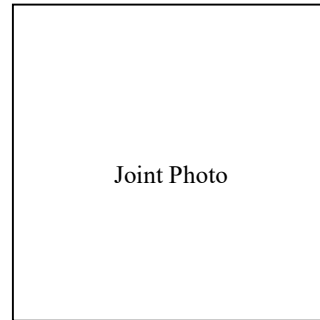
**ANNEXURE**

**to FORM 5. APPLICATION FOR SERVICE PENSION / COMMUTATION / RETIREMENT GRATUITY**

*(To be sent in Triplicate to A.G.)*

1. Joint Passport size Photo of the :  
Government Employee with  
spouse.

[Where it is not possible for a Government servant to submit a photograph with his wife or her husband, he or she may submit separate photographs. The photographs shall be attested by the Head of Office. Three copies of passport size photograph of disabled child/ dependent parents, if applicable. (To be attested by the Head of Office)



- (a) Name of Government Employee :

- (b) Name of the Spouse :

2. Specimen Signature / Left Hand : 1.  
Thumb impression in case of 2.  
illiterate. 3.

Two slips each bearing the left hand thumb and finger impressions duly attested may be furnished by a person who is not literate and cannot sign his name. If such a Government servant on account of physical disability is unable to give left hand thumb and finger impressions he may give thumb and finger impressions of the right hand. Where a Government servant has lost both the hands, he may give his toe impressions. Impressions should be duly attested by a Gazetted Government servant.

3. Descriptive Roll of Government  
Employee indicating (a) height and (b)  
personal marks, if any, on the hand, face,  
etc. (Specify a few conspicuous marks,  
not less than two, if possible.).

- (a) Height (cm) :

- (b) Personal Identification Marks : 1.

- 2.

**Signature of the Head of Office  
with Seal.**

## COMBINED NOMINATION FOR ARREAR OF PENSION AND COMMUTATION OF PENSION

[ See Rule 48 of Tamil Nadu Pension Rules, 1978 and Rule 12 of Tamil Nadu Civil Pensions (Commutation) Rules, 1944.]

I, \_\_\_\_\_, hereby nominate the person / persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the (i) Arrears of Pension and (ii) Commuted Value of Pension

| Name, Date of Birth (DoB) and address of the nominee(s). | Relationship with the employee/pensioner. | Share to be paid to each | If nominee is minor, Name, DoB and address of the person who may receive the amount on behalf of minor. | Name, DoB and address of alternate nominee in case the nominee under column (1) predeceases the employee/pensioner. | Relation-ship with employee / pensioner | Name, DoB and address of person who may receive the amount if alternate nominee in Column (5) is a minor. | Contingency on happening of which nomination shall become invalid. |
|--|---|--------------------------|---|---|---|---|--|
| (1)  | (2)                                       | (3)                      | (4)   | (5)   | (6)                                     | (7)   | (8)  |
|  |   |                          |   |   |   |   |  |

These nomination supersede any nomination made by me earlier.

Place :  
Date :

**Signature of the Government  
Employee / Pensioner.**

Signature of two witnesses with Name and Adress:

1. Name :  
Address :
2. Name :  
Address :

**(To be filled in by the Head of Office / authorized Officer)**

Received the nomination, dated \_\_\_\_\_ under Rule 48 of Tamil Nadu Pension Rules, 1978 and Rule 12 of Tamil Nadu Civil Pensions (Commutation) Rules, 1944 made by

Thiru/Tmt./Selvi :

Designation :

Office :

Entry of receipt of nomination(s) has been made in Page \_\_\_\_\_ Volume \_\_\_\_\_ of Service Book.

-/ Countersigned /-

**Signature of Head of Office.**

**Office Address:**

The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

## NOMINATION FOR GRATUITY

[ See Rule 45 of Tamil Nadu Pension Rules, 1978.]

I, \_\_\_\_\_, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the any gratuity which having become admissible to me on retirement may remain unpaid at my death.

| <b>Name, Date of Birth (DoB) and address of the nominee(s).</b> | <b>Relationship with the employee/pensioner.</b> | <b>Share to be paid to each</b> | <b>If nominee is minor, Name, DoB and address of the person who may receive the amount on behalf of minor.</b> | <b>Name, DoB and address of alternate nominee in case the nominee under column (1) predeceases the employee/pensioner.</b> | <b>Relationship with employee / pensioner</b> | <b>Name, DoB and address of person who may receive the amount if alternate nominee in Column (5) is a minor.</b> | <b>Contingency on happening of which nomination shall become invalid.</b> |
|---|--|---------------------------------|--|--|---|--|---|
| (1)   | (2)  | (3)                             | (4)  | (5)  | (6)   | (7)  | (8)   |
|   |  |                                 |  |  |   |  |   |

These nomination supersede any nomination made by me earlier.

Place :  
Date :

**Signature of the Government  
Employee/ Pensioner.**

Signature of two witnesses with Name and Adress:

1. Name :  
Address :
2. Name :  
Address :

**P.T.O.**

**(To be filled in by the Head of Office / authorized Officer)**

Received the nomination, dated \_\_\_\_\_ under Rule 45 of Tamil Nadu Pension Rules, 1978 made by

Thiru/Tmt./Selvi :

Designation :

Office :

Entry of receipt of nomination(s) has been made in Page \_\_\_\_\_ Volume \_\_\_\_\_ of Service Book.

-/ Countersigned /-

**Signature of Head of Office.**

**Office Address:**

The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.



## Annexure-II

[G.O.Ms.No.321, Finance (Pension) Department, Dated 15<sup>th</sup> October 2019.]

### FORM 17.

## APPLICATION FOR THE GRANT OF FAMILY PENSION ON DEATH OF A GOVERNMENT SERVANT OR PENSIONER OR EXTENSION OF FAMILY PENSION

### PART-I

(To be submit Triplicate to Head of Office / To be send in Duplicate to A.G.)

1. (a) Name of the Government :  
Employee (IN CAPITAL LETTERS).
- (b) Post held [Designation with :  
Selection Grade / Special Grade]
- (c) Office / Department :
- (d) Employee Identification No. :
- (e) G.P.F. Account No. with : 

|  |  |  |  |  |  |   |  |  |  |  |  |
|--|--|--|--|--|--|---|--|--|--|--|--|
|  |  |  |  |  |  | / |  |  |  |  |  |
|--|--|--|--|--|--|---|--|--|--|--|--|

  
suffix.
- (f) Permanent Account Number : 

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
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for Income Tax (PAN).
- (g) Aadhaar No. : 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
- (h) PPO No. of Government :  
servant/Pensioner/ Family Pensioner
- (i) Date of Birth. : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- (j) Date of Appointment : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- (k) Date of Retirement in case of : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

  
death after retirement
- (l) Date of Death : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
2. (a) Name of the Applicant / :  
Guardian in case of minor /  
mentally retarded child.
- (b) Relationship with :  
Government Employee.
- (c) Date of Birth : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- (d) Permanent Account Number for Income Tax : 

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

  
(PAN).



9. Details of the members of :  
Family.

| Sl. No. | Name (s) | Date of Birth | Relationship with Govt. Servant | Marital Status | Whether Handicapped/ Mentally Retarded * |
|---------|----------|---------------|---------------------------------|----------------|--|
| 1.      |          |               |                                 |                |  |
| 2.      |          |               |                                 |                |  |
| 3.      |          |               |                                 |                |  |

\* Medical Certificate to be enclosed.

10. Name of Guardian in case of :  
mentally retarded children.

11. Death Certificate / :  
Legal Heir Certificate / :  
Proof of Date of Birth in case of :  
minor children. (Enclose  
separately.)

12. If the applicant is second wife, :  
Date of Marriage with proof  
and Details of first wife and  
children born through both  
wives may be furnished. [Copy  
of Death Certificate / Court  
Orders for divorcing the first  
wife, as the case may be, to be  
furnished]

#### DECLARATION

I am aware that future good conduct of the claimant/family pensioner shall be an implied condition for every grant of family pension and its continuance.

Place :

Date :

**Signature of the Applicant /  
Guardian.**

**PART-II**

**TO BE FILLED IN BY THE DEPARTMENTAL OFFICER**

1. A.G's Office Reference No. (in :  
case the proposals were returned  
with objections earlier.)

2. (a) Name of the Government :  
Employee

(b) Post held :

(c) Office / Department :

3. Date of Beginning of Service. : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

4. Date of Ending of Service. : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

5. Gross Qualifying Service. : 

|                |                 |               |
|----------------|-----------------|---------------|
| <b>Year(s)</b> | <b>Month(s)</b> | <b>Day(s)</b> |
|                |                 |               |

6. Additional Qualifying Service : 

|                |                 |               |
|----------------|-----------------|---------------|
| <b>Year(s)</b> | <b>Month(s)</b> | <b>Day(s)</b> |
|                |                 |               |

  
due to Contingent Service.

7. Non-Qualifying Service. : 

|                |                 |               |
|----------------|-----------------|---------------|
| <b>Year(s)</b> | <b>Month(s)</b> | <b>Day(s)</b> |
|                |                 |               |

8. Net Qualifying Service. : 

|                |                 |               |
|----------------|-----------------|---------------|
| <b>Year(s)</b> | <b>Month(s)</b> | <b>Day(s)</b> |
|                |                 |               |

9. Scale of Pay. : 

|                     |                  |
|---------------------|------------------|
| <b>Level of Pay</b> | <b>Level No.</b> |
|                     |                  |

10. Pay Last Drawn (Special Pay, : **Pay in the** Rs.  
Personal Pay drawn if any to **Level of Pay** Rs.  
be shown separately). **Special Pay,** Rs.  
**if any**  
**TOTAL** Rs.

11. Office served in the last three :  
years.

| SI.No. | Office with Address | Designation | PERIOD |     |
|--------|---------------------|-------------|--------|-----|
|        |                     |             | From   | To  |
| (1)    | (2)                 | (3)         | (4)    | (5) |
| 1.     |                     |             |        |     |
| 2.     |                     |             |        |     |
| 3.     |                     |             |        |     |
| 4.     |                     |             |        |     |

12. (a) Pay Drawing Officer of :  
Government Employee  
with Full Postal Address  
and PIN Code.
- (b) Phone No. of the Office :  
with STD Code.
- (c) e-mail ID / FAX. :
13. Treasury / PAO for D.C.R.G. :

### **CERTIFICATE**

It is certified that:

- (a) All the particulars furnished above have been fully verified with reference to office records and are found correct.
- (b) Provisional Pension/Family Pension has been / has not been paid (Details furnished separately) @
- (c) No leave is pending to be regularized.

@ Strike out whichever is not applicable.

Place :

Date :

**Signature of the Head of Office /  
Department with Seal.**

## LIST OF DOCUMENTS TO BE ENCLOSED/ATTACHED

[In case of application generated through online, these original documents shall be scanned and uploaded in the designated website]

| Sl. No. | Description of documents to be enclosed/attached  | Whether enclosed/Attached                                |
|---------|---|--|
| (1)     | (2)   | (3)  |
| 1.      | Service Book(s). [No. of Volumes] :<br>Government servant's service book and service roll, if any, duly completed up to date and any other documents relied upon for the verification of the service claimed in such a manner that they can be conveniently consulted and signed by the competent authority for service verification. |  |
| 2.      | Descriptive Roll duly attested :<br>[furnished in the Annexure to this application].  |  |
|         | (a) Two specimen signatures :<br>[furnished in the Annexure to this application].   |  |
|         | (b) Additional information (Only in case of an illiterate or disabled Government servant.):-  |  |
| 3.      | Passport size photograph. :   |  |
| 4.      | Nomination for Gratuity already filed by Government Employee. :   |  |
| 5.      | Nomination for arrears of pension and commuted value of pension (if applied for commutation of pension) :   |  |
| 6.      | Whether Certificates are enclosed:  |  |
|         | (a) Death Certificate of Government Servant / Pensioner / Family Pensioner. :   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|         | (b) Legal Heir Certificate. :   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|         | (c) Birth Certificate :   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|         | (d) Medical Certificate in case of Mentally Retarded / Physically Handicapped Children issued by the Senior Civil Surgeon of the same discipline / Medical Board / Competent Authority. :   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Sl. No. | Description of documents to be enclosed/attached   | Whether enclosed/Attached    |                             |
|---------|--|------------------------------|-----------------------------|
|         | (e) Guardianship Certificate in case of Minor / Mentally Retarded Child issued by the competent authority.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|         | (f) Death Certificate of first wife or Court Order for divorce cases.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|         | (g) Income Certificate for other than spouse.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|         | (h) Unmarried / Non-remarriage Certificate duly counter signed by Gazetted Officer.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|         | (i) Dependency Certificate from the claimant in case of parent in case where the Government Employee / Pensioner leaves behind neither a widow/widower nor a eligible child. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|         | (j) First Information Report in respect of missing employee / pensioner cases.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|         | (k) Adoption Deed in case of adoption.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.      | Sanction order in respect of Non-Government Aided Educational Institution cases and Missing Employee / Pensioner cases.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8.      | Other Documents, if any, needed :  |                              |                             |

Note :- The Original Certificates shall be obtained and verified by the Pension Sanctioning Authority. The Originals shall kept in safe custody for future reference. The attested copy of the certificates shall be send to the Accountant General.

Place :

Date :

**Signature of the Head of Office /  
Department with Seal.**

### **INSTRUCTIONS**

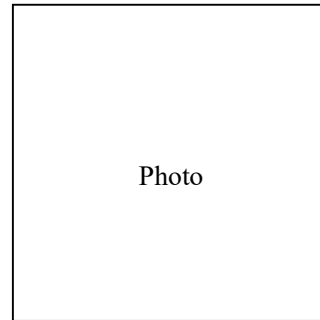
- (a) Please send the application in **TRIPLICATE**.
- (b) Please fill up all items in capital letters.
- (c) Incomplete application will not be processed.

**ANNEXURE**

**to FORM 17. APPLICATION FOR FAMILY PENSION / DEATH GRATUITY**

*(To be sent in Triplicate to A.G.)*

1. Passport size Photo of the :  
Applicant / Guardian in case of  
minor / mentally retarded child.



(a) Name of Applicant :

(b) Name of the Guardian :

2. Specimen Signature / Left Hand : 1.  
Thumb impression in case of  
illiterate. 2.

Two slips each bearing the left hand thumb and  
finger impressions duly attested may be furnished  
by a person who is not literate and cannot sign his  
name. If such a Government servant on account of  
physical disability is unable to give left hand  
thumb and finger impressions he may give thumb  
and finger impressions of the right hand. Where a  
Government servant has lost both the hands, he  
may give his toe impressions. Impressions should  
be duly attested by a Gazetted Government Officer. 3.

3. Descriptive Roll of Applicant / :  
Guardian indicating (a) height and (b)  
personal marks, if any, on the hand, face,  
etc. (Specify a few conspicuous marks,  
not less than two, if possible.).

(a) Height (cm) :

(b) Personal Identification Marks : 1.

2.

**Signature of the Head of Office  
with Seal.**





(C) Event necessitating closure :  
of Account

(1) Date of Retirement on : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

(i) Superannuation :

(ii) Voluntary Retirement (copy :  
of orders to be enclosed)

(iii) Resignation (attach a copy :  
of the orders of acceptance  
of resignation)

(iv) Dismissal / Removal / :  
Compulsory Retirement /  
Medical Invalidation (copy  
of orders to be enclosed)

(a) Have you preferred an : Yes  No   
appeal?

(b) If yes, date of its :  
disposal / withdrawal.

(c) If no, date of expiry of :  
appeal time.

(d) If no appeal has been : I hereby undertake that no appeal  
preferred.- Give an shall be preferred by me against  
undertaking that no my dismissal / removal /  
appeal will be preferred Compulsory retirement /  
in future. invalidation. *(Strike out whichever is  
not applicable)*

(v) Drawing Officer with full :  
postal address and PIN  
code.

(vi) Treasury / PAO :

(2) Date of Death : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

(i) Has the subscriber filed any : Yes  No   
nomination (If yes, enclose  
nomination in original)

(ii) If No or if the nomination :  
has been rendered null and  
void who are the surviving  
family members on the  
date of death of the  
subscriber (Enclose a Legal  
Heirship Certificate)

Details of the members of Family. :

| Sl. No. | Name (s) | Date of Birth | Relationship with Govt. Servant | Marital Status | Remarks |
|---------|----------|---------------|---------------------------------|----------------|---------|
| (1)     | (2)      | (3)           | (4)                             | (5)            | (6)     |
| 1.      |          |               |                                 |                |         |
| 2.      |          |               |                                 |                |         |
| 3.      |          |               |                                 |                |         |

- (iii) Did the nominee die after :  
the subscriber but before  
receiving payment Please  
furnish details thereof
- (iv) If there is no nomination :  
and if the Subscriber has  
left no family to whom  
should the money be paid?  
(Enclose Letters of Probate  
or Succession Certificate)
- (v) Drawing Officer with full :  
postal address and PIN  
code.
- (vi) Treasury / PAO :
- (3) Transfer of Balance :
- (i) Date of absorption on :  
permanent basis
- (ii) Organisation to which :  
transferred / joined on  
permanent basis
- (iii) Is the absorption with the :  
approval of State  
Government? If so, details  
of orders may be  
furnished?
- (iv) Accounts Officer to whom :  
the balance is to be  
transferred.
- (v) Demand Draft / Pay Order :  
to be drawn in favour of
- (vi) Payable at :

8. Office served in the last three :  
years.

| Sl.No. | Office with Address | Designation | PERIOD |     |
|--------|---------------------|-------------|--------|-----|
|        |                     |             | From   | To  |
| (1)    | (2)                 | (3)         | (4)    | (5) |
| 1.     |                     |             |        |     |
| 2.     |                     |             |        |     |
| 3.     |                     |             |        |     |

### **DECLARATIONS**

I do hereby declare to refund any excess payment arising out of clerical errors in the settlement of GPF claims.

Place :

Date :

**Signature of  
Subscriber/Claimant  
with Date.**

**PART-II**

**TO BE FILLED IN BY THE DEPARTMENTAL OFFICER**

1. Name of the Subscriber :
2. Designation :
3. Office / Department :  
Phone No. with STD Code and  
email address
4. G.P.F. Account No. :
5. Credit particulars for the last 12 :  
months of service.

| Sl. No. | Pay for Month | GPF Subs. Rs. | Recovery / Refund Rs. | Refund Instalment | Total Amount of Cr. Schedule. | Date & Place of Payment | Sub-Head of Account. | Voucher No. / Token No. and Date |
|---------|---------------|---------------|-----------------------|-------------------|-------------------------------|-------------------------|----------------------|----------------------------------|
| (1)     | (2)           | (3)           | (4)                   | (5)               | (6)                           | (7)                     | (8)                  | (9)                              |
| 1.      |               |               |                       | /                 |                               |                         |                      |                                  |
| 2.      |               |               |                       | /                 |                               |                         |                      |                                  |
| 3.      |               |               |                       | /                 |                               |                         |                      |                                  |
| 4.      |               |               |                       | /                 |                               |                         |                      |                                  |
| 5.      |               |               |                       | /                 |                               |                         |                      |                                  |
| 6.      |               |               |                       | /                 |                               |                         |                      |                                  |
| 7.      |               |               |                       | /                 |                               |                         |                      |                                  |
| 8.      |               |               |                       | /                 |                               |                         |                      |                                  |
| 9.      |               |               |                       | /                 |                               |                         |                      |                                  |
| 10.     |               |               |                       | /                 |                               |                         |                      |                                  |
| 11.     |               |               |                       | /                 |                               |                         |                      |                                  |
| 12.     |               |               |                       | /                 |                               |                         |                      |                                  |

6. Debit particulars for last 12 :  
months of service.

| Sl. No. | Name of Withdrawal           | Sanction Order No. and Date | Amount | Date and Place of Payment | Voucher No. / Token No. and Date |
|---------|------------------------------|-----------------------------|--------|---------------------------|----------------------------------|
| (1)     | (2)                          | (3)                         | (4)    | (5)                       | (6)                              |
| 1.      | Temporary Advance            |                             |        |                           |                                  |
| 2.      | Part Final Withdrawal        |                             |        |                           |                                  |
| 3.      | 90% of Part Final Withdrawal |                             |        |                           |                                  |

**CERTIFICATE**

It is certified that all the particulars furnished above have been fully verified with reference to office records and are found correct.

Place :

Date :

**Signature of the Head of Office /  
Department with Seal.**

## **NOMINATION FOR GENERAL PROVIDENT FUND**

***For use by subscribers having family.***

[See Rule 7(3) of the General Provident Fund (Tamil Nadu) Rules.]

I, \_\_\_\_\_, hereby nominate the person(s) mentioned below who is/are member(s) of my family as defined in rule 2 of the General Provident Fund (Tamil Nadu) Rules, 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 been paid.

| Name, Date of Birth (DoB) and address of the nominee(s). | Relationship with the subscriber. | Share to be paid to each | If nominee is minor, name, DoB and address of the person who may receive the amount on behalf of minor. | Name, DoB and address of alternate nominee in case the nominee under column (1) predeceases the subscriber. | Relationship with subscriber | Name, DoB and address of person who may receive the amount if alternate nominee in Column (5) is a minor. | Contingency on happening of which nomination shall become invalid. |
|--|-----------------------------------|--------------------------|---|---|------------------------------|---|--|
| (1)  | (2)                               | (3)                      | (4)   | (5)   | (6)                          | (7)   | (8)  |
|  |                                   |                          |   |   |                              |   |  |

These nomination supersede any nomination made by me earlier.

Place :

**Signature of the Government  
Servant (Subscriber).**

Date :

Signature of two witnesses with Name and Adress:

1. Name :

Address :

2. Name :

Address :

**P.T.O.**

**(To be filled in by the Head of Office / authorized Officer)**

Received the nomination, dated \_\_\_\_\_ under Rule 7(3) of Tamil Nadu General Provident Fund Rules made by

Thiru/Tmt./Selvi :

Designation :

Office :

Entry of receipt of nomination(s) has been made in Page \_\_\_\_\_ Volume \_\_\_\_\_ of Service Book.

-/ Countersigned /-

**Signature of Head of Office.**

**Office Address:**

The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

## **NOMINATION FOR GENERAL PROVIDENT FUND**

*For use by subscribers having no family.*

[See Rule 7(3) of the General Provident Fund (Tamil Nadu) Rules.]

I, \_\_\_\_\_, having no family as defined in Rule 2 of the General Provident Fund (Tamil Nadu) Rules hereby nominate the person/persons mentioned below 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 been paid. This nomination shall become invalid in the event of my subsequently acquiring a family.

| <b>Name, Date of Birth (DoB) and address of the nominee(s).</b> | <b>Relationship with the subscriber.</b> | <b>Share to be paid to each</b> | <b>If nominee is minor, name, DoB and address of the person who may receive the amount on behalf of minor.</b> | <b>Name, DoB and address of alternate nominee in case the nominee under column (1) predeceases the subscriber.</b> | <b>Relationship with subscriber</b> | <b>Name, DoB and address of person who may receive the amount if alternate nominee in Column (5) is a minor.</b> | <b>Contingency on happening of which nomination shall become invalid.</b> |
|---|--|---------------------------------|--|--|-------------------------------------|--|---|
| (1)   | (2)                                      | (3)                             | (4)  | (5)  | (6)                                 | (7)  | (8)   |
|   |  |                                 |  |  |                                     |  |   |

These nomination supersede any nomination made by me earlier.

Place :

**Signature of the Government  
Servant (Subscriber).**

Date :

Signature of two witnesses with Name and Address:

1. Name :

Address :

2. Name :

Address :

**P.T.O.**

**(To be filled in by the Head of Office / authorized Officer)**

Received the nomination, dated \_\_\_\_\_ under Rule 7(3) of the General Provident Fund (Tamil Nadu) Rules made by

Thiru/Tmt./Selvi :  
Designation :  
Office :

Entry of receipt of nomination(s) has been made in Page \_\_\_\_\_ Volume \_\_\_\_\_ of Service Book.

-/ Countersigned /-

**Signature of Head of Office.**

**Office Address:**

The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.