

**Form of application for the grant of Family Pension, 1964
of the death of an ex-employee/employee**

1. Name of the applicant
 - (i) Widow/Widower
 - (ii) Guardian if the deceased person is survived by child or children
 - (iii) Name of deceased ex-employee :

Design. :

Badge No. :

P. T. No. :

2. Name and age of surviving widow/widower and children of the deceased ex-employee/employee/pensioner

Sl. No.	Name	Relationship with Deceased Employee	Signature	Date of Birth
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3. Name and No. of the Pension payment order of the deceased pensioners.

4. Date of death of the ex-employee.

5. Unit which the deceased employee/pensioner.

6. If the applicant is guardian, his date of birth and relationship with the deceased/employee.

7. (a) If the applicant is a widow/widower the amount of service pension which she/he may be in receipt on the date of death of the wife/husband.

(b) Full address of the applicant.

8. Place of payment of family pension (Syndicate Bank Branch) S.B. A/c. No.....Name of Branch

9. Enclosures :

- i) Two specimen signature of the applicant (duly attested)
- ii) Three copies of passport size photographs (duly attested)

(iii) Descriptive Roll of the applicant, duly attested, indicate (a) height and (b) personal marks, if any, on the hand, face etc. (Specify few conspicuous marks, not less than two, if possible (in duplicate)

(iv) Two slips each bearing right hand thumb and finger impressions of the applicant duly attested.

(v) Certificate (s) of age (In original with two attested copies showing the date of birth of the children). The certificate should be from the Municipal Authorities or from the local Panchayat or from the head of a recognized School if the child is studying in such school. This information should be furnished in respect of such child or children, the particulars whose date of birth is not available with the Head of Unit of D.T.C.

10. Indicate whether family pension is admissible from any other sources Military or State Government and or Public Sector Under taking/Autonomous body local formed under the Central or a State Government.

Signature of Right hand thumb impression of the applicant.

11. Attested by

Name

Signature

Full address with seal

(i)

(ii)

12. Witness

(i)

(ii)

Note : Attestation should be done by two Gazetted Government Officers or Officer of D.T.C.

The Deputy Manager (Pension),
Delhi Transport Corporation,
I.P. Estate, New Delhi.

Sir,

It is requested that my pension may be paid to me through Syndicate Bank. I am ready to bear the Bank charges, if any for the same. My Bank particulars are as under :-

1. Syndicate Bank Account No. (Saving).....
2. Full Address of Syndicate Bank Branch.....

(Signature of Pensioner)

Name.....

Designation.....

T. No.....

Address.....

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Dated :-

UNDERTAKING

I,S/o W/o Sh.....
Design.....T. No.....hereby declare that I am availing Medical benefits
from (Name of the Deptt.).....or
not availing medical benefits :—

- A. Being dependent upon my children.
- B. Being ex-serviceman.
- C. Being employed in DTC/any other Department
- D. Whether ex-serviceman & drawing pension from
Military Department Rs.....

Signature of Pensioner



DELHI TRANSPORT CORPORATION
(Govt. of N.C.T. of Delhi)

~~AFFIDAVIT~~

UNDER TAKING

I,.....,W/o Late Sh.....,Ex.....
T.No.....,Unit.....,R/o.....,Certify as
under :-

1. That I have not re-married till date, If I will remarry in future I shall inform in this office.
2. That I am not drawing any kind of Pension from any Office/Govt. Department/ Military Deptt.
3. That I am not working in any where till date I shall inform as when I join any employment.
4. That my age is.....years.
5. That I am widow lady of Late Sh.....
6. That if any excess payment if paid to me, the same may be recovered from my pension at any time without any reference to me.
7. That I shall abide by the C.C.S. (Pension Rules) 1972 as an ended from time to time.

DEPONENT

VERIFICATION :

Verified at New Delhi on this.....that the contents of the above affidavit are true and connect to the best of my knowledge and belief.

DEPONENT