



EASTERN POWER DISTRIBUTION COMPANY OF AP LIMITED

**FORM OF APPLICATION FOR SERVICE PENSION/ FAMILY PENSION/
RETIREMENT GRATUITY/ SERVICE GRATUITY/ COMMUTATION**
(To be furnished in triplicate)

Part – I Information to be furnished by the Employee / Applicant

1	a) Name of the Employee					
	b) Post held					
2	Name of the Applicant (in case of death of Employee)					
3	Permanent Address					
4	Address after Retirement					
5	Commutation of Pension a) Whether willing to commute 40% of monthly Pension, subject to AP Civil Pension (Commutation) Rules, 1944.	YES/NO				
	b) If the answer is 'NO', specify the fraction less than 40%.					
6	a) Name of the Pension Disbursing Authority					
	b) Name of the paying Bank from where Pension payment is desired by the Pensioner/ Family Pensioner / Gratuitant.	<table border="1"><tr><td>Name of the Bank and Branch</td><td>SB Account No.</td></tr><tr><td></td><td></td></tr></table>	Name of the Bank and Branch	SB Account No.		
Name of the Bank and Branch	SB Account No.					

7. LIST OF FAMILY MEMBERS:

(a)	(b)	(c)	(d)	Marital/ Employment status of the children of the application / deceased Employee.	
Sl. No.	Name of the Family Member	Date of Birth	Relationship with Employee	Married or Unmarried. Date of Marriage, if married	Whether employed or not, Give details of employment.
1					
2					
3					
4					
5					
6					

INSTRUCTIONS:

1. The employee is instructed to fill up the Proforma very carefully as the data furnished is vital for sanction of family Pension. He/She may note that alterations of the data furnished at a later date is not permissible.
2. The "Family" for the purpose means "Wife" or "Husband" as the case may be, "Sons" and "Unmarried daughters" as laid down in Rule 50 (12) (for Family Pension) and Rule 46(5) (for Gratuity) of A.P. Revised Pension Rules, 1980.
3. In case of death while in service of employee, the answer "Married" in case of daughters will be understood that the daughter is already married as on the date of death of the employee.

DECLARATION

1. I undertake to refund the amount of Pension, Gratuity and Commutation, if it is found subsequently to be in excess of the amount to which I was entitled under the Rules.
2. I solemnly affirm that the particulars given by me in Part-I at item 7 are correct and true to the best of my knowledge. If found false in future, I am liable for suitable action as may be taken by the APEPDCL.
3. The particulars given above are correct and true to the best of my knowledge. If found false in future I may be liable for any action that may be taken by the APEPDCL.

Place:

Date:

Signature of the Employee

TO BE FILLED IN BY THE HEAD OF THE OFFICE

1. Application for Pension / Gratuity etc. in Part-I is received on _____
(Date to be recorded).
2. Certified that the person / persons mentioned by the employee / Applicant in item 7 of Part-I are legally entitled to receive the Pension / share in Gratuity.
3. Guardianship certified: (to be filled in wherever necessary).

This is to certify that the following minors of the deceased employee Late Sri/Smt. _____

_____ is / are under the Guardianship of Sri/Smt. _____

Name

Date of Birth

1.

2.

3.

Place:

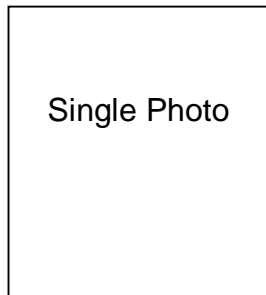
Signature of the Head of Office

Date:

Office Seal:

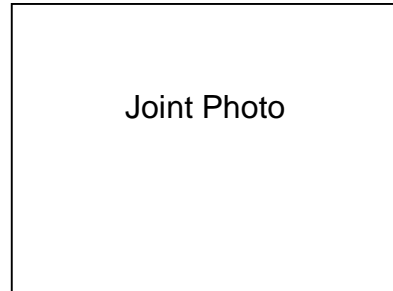
ANNEXURE – I
DESCRIPTIVE ROLLS

A) SPACE FOR PHOTOGRAPHS:



Single Photo

Service Pensioner/ Family Pensioner
Gratuitant / Guardian of Minor or
Handicapped Child



Joint Photo

Joint Photo of Service Pensioner with
Family Pension beneficiary / Guardian
with Minor or Handicapped Child.

(Attestation has to be done across the Photo by a Gazetted Officer)

B) SPECIMEN SIGNATURE OF:

i) Service Pensioner Specimen Signature of :

Son of :

1.

2.

3.

ii) Family Pensioner Specimen Signature of :

Wife of :

1.

2.

3.

C.PERSONAL IDENTIFICATION MARKS OF:

i) Service Pensioner:

1.

2.

ii) Family Pensioner :

1.

2.

**D) LEFT HAND THUMB AND FINGER IMPRESSIONS OF SERVICE PENSIONER/
FAMILY PENSION/GRATUITANT/GUARDIAN OF MINOR OR HANDICAPPED
CHILD: (to be given by the illiterate of those unable to sign and for others it is optional)**

Details	Thumb finger	Fore finger	Middle finger	Ring finger	Little finger
Service Pensioner					
Family Pensioner					
Gratuitant					
Guardian of Minor/Handicapped Child					

Place:

Attested by

Date:

Signature:

Name:

Designation:

Office Seal:

(Attestation has to be done by a Gazetted Officer)

ANNEXURE-II

(The employee may use separate forms, if he wishes to make different nominations for each type of payment mentioned below)

(To be furnished in triplicate)

I hereby nominate the person / persons mentioned below and confer on him/ her/ them the right to receive Life Time Arrears of Pension, Retirement Gratuity that may be sanctioned by APEPDCL, in the event of my death while in service and right to receive on my death Life Time Arrears o Pension, Retirement Gratuity, commuted value of Pension, Death Relief which having become admissible to me on Retirement which may remain unpaid at my death.

1	Name and address of Nominee(s)	
2	Relationship with the Employee	
3	Age	
4	Amount of share payable to each in Col.I	
5	Contingencies on the happening of which the nomination shall become invalid (Death need not be mentioned)	
6	Name and address, relationship and age of the alternative nominee(s) to whom the right conferred on the nominee(s) in Col.I shall pass in the event of the nomination to them becoming ineffective.	
7	Amount or share payable to each Col.6	

This nomination supersedes the nomination made by me earlier on _____

NB: The employee shall draw lines across the blank space below the last entry to prevent the insertions of any name after he/she has signed.

Dated this _____ Day of _____ 20_____ at _____

Witness:-

1. Signature

Name and Address :

2. Signature

Name and Address :

Signature of the employee

Name :

Designation:

Office:

COUNTER SIGNED

Signature of Head of Office/Department:

Date:

Name and Designation:

Office Seal:

Note (1): The employee who has a family may nominate one member or more than one member of the family as defined in Rule 46(5) of AP Revised Pension Rules, 1980.

Note (2): The employee who has no family may nominate a person or persons, or a body of individuals, whether incorporated or not.

Note (3): The employee may note that the nomination with signature of two witness shall only have the legal validity of a WILL.

Note (4): For the purpose of Rules 46, 47, 48 and 49 or Revised Pension Rules 1980, family in relation to an employee means:

- i) Wife or wives in the case of a male employee.
- ii) Husband, in the case of a female employee.
- iii) Sons including step sons, posthumous son, and adopted sons (whose personal law permits such adoption). Unmarried daughters including step daughters, posthumous daughters and adopted daughters. (Whose personal law permits such adoptions).
- iv) Unmarried daughters including step daughters, posthumous daughters and adopted daughters. (Whose personal law permits such adoptions).
- v) Widowed daughters including step daughters and adopted daughters.
- vi) Father I including adoptive parents in the case of individuals whose
- vii) Mother I personal law permits adoption.
- viii) Brothers below the age of 18 years including step brothers.
- ix) Unmarried sisters and widowed sisters including step sisters.
- x) Married daughters, and
- xi) Children of a pre-deceased son