

Format for  
applying final  
pension in case of  
death of HUDA  
employee

(CALCULATION SHEET OF FAMILY PENSION)

Calculation of Pension: -

---

A. No of half years of  
Qualifying service to  
the maximum of 66: - \_\_\_\_\_

B. Average Emoluments: - \_\_\_\_\_

C. PENSION: -

$$A \frac{\quad}{66} \times B \frac{\quad}{2}$$

D. Rounding off to the  
next higher rupee.

---

Calculation of Family Pension: - \_\_\_\_\_

A) Ordinary Family Pension: - \_\_\_\_\_  
Rs. \_\_\_\_\_ (Pay last Drawn)  $\times$  30%. = Rs. \_\_\_\_\_  
(Subject to maximum of Rs. 1,275/-)

B) Enhanced Family Pension for last 7 years: -  
Same as per amount of Pension as I. (D) above (or  
till 65 years of age of the employee whichever is  
earlier

Signature (Head of Office)

To be checked and verified by Senior Accounts  
Officer concerned with seal.

**FORM PEN 18**  
**[See rule 9.24 (1)]**

Form of letter to the CCF, HUDA for forwarding papers for the grant of family pension of the family of a HUDA employee who dies while in service.

No \_\_\_\_\_

Haryana Urban Development Authority

Dated, the \_\_\_\_\_

To

The Chief Administrator,  
HUDA (Pension Cell),  
Panchkula.

Subject : Grant of Family pension

Sir,

I am directed to say that Shri \_\_\_\_\_ Designation \_\_\_\_\_ died on \_\_\_\_\_. His family has become eligible for the grant of family pension. Form PEN 17 duly completed is forwarded herewith for further necessary action.

1. Your attention is invited to the list of enclosures which is forwarded herewith.
2. The receipt of this letter may be acknowledged and this Department/ Office informed that necessary instructions for disbursement of family pension have been issued to the disbursing authority concerned.

Yours faithfully,

Head of Office/D.D.O.

List of enclosures :-

1. Form PEN 17 duly completed.
2. Service book (date of death to be indicated in the service book).
3. The specimen signatures of left hand thumb and finger impressions of the claimant or guardian duly attested.
4. Two copies of passport size photograph of the claimant or guardian duly attested.
5. Two copies of descriptive roll the claimant or guardian duly attested indicating height and personal marks.
6. Postal address of the claimant or guardian.

FORM PEN 17

[See rules 9.22 (1) 9.24 (1), (3) and 9.26 (1) and (5)]

Form for assessing and authorizing the payment of family pension when a HUDA employee dies while in service.

PART - I

Section - I

- 1. Name of the deceased HUDA employees \_\_\_\_\_
- 2. Father's name (Husband's name in the case of female HUDA Employees.) \_\_\_\_\_
- 3. Date of Birth (by Christian era) \_\_\_\_\_
- 4. Date of Death (by Christian era) \_\_\_\_\_
- 5. Religion and Nationality \_\_\_\_\_
- 6. Office/Department in which last employed \_\_\_\_\_
- 7. Appointment held last: -  
 (1) Substantive \_\_\_\_\_ (2) Officiating \_\_\_\_\_
- 8. Date of beginning of service \_\_\_\_\_
- 9. Date of ending of service \_\_\_\_\_
- 10. Total period of military service for which pension/gratuity was sanctioned; and received for Military service \_\_\_\_\_
- 11. Amount and nature of any pension received for previous Civil service; if any \_\_\_\_\_
- 12. Government under which service has been rendered in order of employment \_\_\_\_\_
- 13. The date on which intimation regarding the death of HUDA employee was received by the Head Office \_\_\_\_\_
- 14. Period of non-qualifying service.
  - (I) Interruption service condoned under rule 3.17 A \_\_\_\_\_
  - (II) Extraordinary leave not qualifying for gratuity \_\_\_\_\_
  - (III) Period of suspension treated as non-qualifying from to \_\_\_\_\_
  - (IV) Any other service not treated as qualifying service \_\_\_\_\_

Total period of non-qualifying service

FORM PEN 17 (Contd)

15. If family pension at:-

- i) Proposed family pension at \_\_\_\_\_
- (a) Enhanced rates (if service rendered at the time of death is more than seven years) (as in para 2 of Appendix 1 to these rules) \_\_\_\_\_
- (b) Ordinary rates as (in para I of Appendix I to these rules) \_\_\_\_\_
- (ii) Period of tenability of family pension 1964. From \_\_\_\_\_ To \_\_\_\_\_
- (a) Enhanced rates \_\_\_\_\_
- (b) Ordinary rates \_\_\_\_\_

17. Pension to whom family pension is payable \_\_\_\_\_

Name: - \_\_\_\_\_  
(Relationship with the deceased employee)...

Full postal address \_\_\_\_\_

- (i) Licence fee for occupation of authority accommodation  
(See rule 9.27) \_\_\_\_\_
- (ii) Dues referred to in rule 9.27 (2) \_\_\_\_\_

18. Date on which claim received from the claimant (s) \_\_\_\_\_

19. Name of guardian who will receive payment of family pension in the case of minor (s) \_\_\_\_\_

20. Place of payment branch of public Sector Bank & Saving Bank A/c No \_\_\_\_\_

Place: -

Date, the

Signature Head of Office

SECTION -II

Details of provisional family pension to be sanctioned by Pension sanctioning Authority in accordance with rule 9.25.

Provisional family pension	Rs _____
(a) Other authority dues as mentioned in item 21 (iii) of Part-I	Rs _____
(b) Total of (a), (b)	Rs _____

Place

Dated, the

Signature Head of Office

## ANNEXURE - I

Form of letter to the widow/widower of a deceased employee for the grant of a family pension

To

No \_\_\_\_\_

\_\_\_\_\_  
Urban Development Authority

Haryana

Panchkula

Dated the \_\_\_\_\_

Subject: - Payment of Family Pension Scheme, 1964 in respect of  
Late Sh. / Shrimati \_\_\_\_\_

Sir/Madam,

I am directed to say that in terms of Appendix I of Punjab Civil Services Rules, Volume II a family pension is payable to you as widow/widower of the Late Sh./Shrimati \_\_\_\_\_ (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 Annexure II.

3. The Family pension will be payable till your death or re-marriage whichever event occurs earlier, In the event of your death or re-marriage the family pension shall be granted to the minor child or children, if any, through the guardian.

Yours faithfully,

Head of Office

Attestation should be done by two Gazetted Government employees or two or more persons of respectability in the town, village of paragana in which the applicant resides.

## ANNEXURE-II

Form of application for the grant of family pension on the death of a HUDA employee/pensioner.

1. Name of the applicant

(i) Widow/Widower,

(ii) Guardian, if the deceased pensioner is survived by minor child or children.

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

Sr. No.	Name	Relationship with the deceased pensioner	Date of birth by Christian era with Age proof (to be attested by the head of office)
1			
2			
3			
4			
5			
6			
7			

3. Date of death of the authority employee/ pensioner.

4. Office /Department in which the deceased employee/pensioner served last

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

5A If the applicant is a widow/widower the amount of service pension which she/he may be in receipt in the event of death of the husband/wife.

6. Full address of the applicant.

7. Place of payment of the applicant Public Sector Bank Branch).

8. Enclosures:-

(i) Two specimen signatures of the applicant duly attested (To do furnished in two separate sheets).

(ii) Two copies of passport size photograph of the applicant, duly attested.

(iii) Two slips each bearing left hand thumb and finger impression of the applicant, duly attested.

(iv) Descriptive Roll of the applicant, duly attested, indicating (a) height and (b) personal marks, if any, on the hand, face, etc. (To be furnished in duplicate).

(v) Certificate (s) of age (in original with two attested copies) showing the date of birth of the children. The certificate should be according to the Rules of the Municipal Authorities or from the Local panchayat or from the head of a recognised school if the child is children the particulars of whose date of birth are not available with the Audit Office/head of Office).

(vi) Death Certificate.

Signature DDO

ANNEXURE III  
FORM FOR SANCTIONING FAMILY PENSION

Name of the Employee \_\_\_\_\_

2. Father's Name (and also husband's name in the case of a woman employee) \_\_\_\_\_

3. Religion and Nationality \_\_\_\_\_

4. Last appointment held including name of establishment \_\_\_\_\_

5. Date of beginning of service \_\_\_\_\_

6. Date of ending of service \_\_\_\_\_

7. Substantive appointment held \_\_\_\_\_

8. Pension Rules opted/eligible \_\_\_\_\_

9. Length of continuous qualifying service prior to death \_\_\_\_\_

10. Pay as per paragraph 2 of the Punjab Govt. Finance Department's letter No. 7856 (7) Fri/64/9661, dated the 16<sup>th</sup> October, 1964 (Annexure I to Punjab CSR Vol, 11 1969 Edition as applicable to Haryana State)

11. Amount of family pension admissible ...

12. Date from which pension is to commence ...

13. Place of payment (Branch of Public Sector Bank with address and Saving Bank A/c No.) \_\_\_\_\_

The undersigned having satisfied of the above particulars of late Shri/Smt \_\_\_\_\_ hereby orders the grant of a family pension of Rs \_\_\_\_\_ P.M. to Shri/Smt \_\_\_\_\_ which may be accepted by the C.A. HUDA, as admissible under the rules.

Signature and Designation  
of Sanctioning authority



## Calculation Sheet of Family Pension

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Joining of service \_\_\_\_\_

Total qualifying service \_\_\_\_\_

Less period of extraordinary leave \_\_\_\_\_

Net qualifying service \_\_\_\_\_

### PERIOD OF CALCULATION

Period	Pay	Sp.	Total	Grand Total

Net family pension admissible: \_\_\_\_\_

Signature \_\_\_\_\_

Designation with Stamp

PHOTOGRAPHS

Name \_\_\_\_\_ Designation \_\_\_\_\_

Date of Retirement \_\_\_\_\_

---

---

ATTESTED

Space for two number photographs

---

---

ATTESTED

Space for two number photographs

---

---

ATTESTED

Space for two number photographs

---

---

Note: - 1. Three copies of passport size photograph with wife or husband (either jointly or separately) duly attested by the Head of Office.

2. Two copies of passport size photographs of self need be furnished is the Government servant if governed by Appendix-I of Punjab C.S.R. Vol. 11 and is unmarried or a widower or widow.

**DETAILS OF MEMBERS OF FAMILY**

Shri \_\_\_\_\_

Sr. No.	Name	Relation	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			
9			

Attested \_\_\_\_\_ (Signature)

Designation with Stamp

**Particulars of Height/Identification Marks**

Name \_\_\_\_\_ Designation \_\_\_\_\_

Particulars of Height \_\_\_\_\_

Personal Marks of Identification \_\_\_\_\_

\_\_\_\_\_

Attested \_\_\_\_\_ (Signature)

Designation with Stamp

**Address for Correspondence**

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Attested \_\_\_\_\_ (Signature)

Designation with Stamp

**Table-I**  
**Details of Qualifying Service**

Name \_\_\_\_\_

Name under which employee (in order of employment)	Name of Establishment	From	To	Total Period	Less Non - Qualifying Service (See table - II)	Qualifying Service
1	2	3	4	5	6	7

Signature (Head of Office)

To be checked and verified by Senior Accounts Officer concerned with seal.

Table - II  
 Details of Non - Qualifying Service

Name: - \_\_\_\_\_

Designation: - \_\_\_\_\_

Name of Office under which employed	Name of Establishment	From	To	Period of interruption for pension				Another period non-treated as period		Total non - qualifying period
				Extra-ordinary Leave not qualifying for pension		Suspension period not non - qualifying		From	To	
				From	To	From	To			

Checked by

Signature

Signature

Head of Office

To be Checked and verified by Senior Accounts Officer concerned with seal

**No Dues Certificate**

Certified that there is no term advances and other advances outstanding/pending against.

Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Date of Death \_\_\_\_\_  
Date of Birth \_\_\_\_\_

(Signature Head of Office)

**No Complaint/Enquiry Certificate**

Certified that there is no Complaint/Enquiry pending against

Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Date of Death \_\_\_\_\_  
Date of Birth \_\_\_\_\_

(Signature Head of Office)

**Specimen Signatures/left hand thumb and finger impressions**

Name \_\_\_\_\_  
Specimen Signatures

1. \_\_\_\_\_ 2. \_\_\_\_\_  
OR

Left-hand thumb and finger impressions (In case the pensioner is illiterate);

(Little Finger) (Ring Finger) (Middle Finger) (Index Finger) (Thumb)

Attested  
Signature \_\_\_\_\_

Designation \_\_\_\_\_  
(with stamp) ...

**Specimen Signatures/left hand thumb and finger impressions of family pensions**

Name \_\_\_\_\_  
Specimen Signatures

1. \_\_\_\_\_ 2. \_\_\_\_\_  
OR

Left-hand thumb and finger impressions (In case the pensioner is illiterate);

(Little Finger) (Ring Finger) (Middle Finger) (Index Finger) (Thumb)

Attested  
Signature \_\_\_\_\_

Designation \_\_\_\_\_  
(with stamp)

Last Pay Certificate

Office of the \_\_\_\_\_

No \_\_\_\_\_

Office Case \_\_\_\_\_

LAST PAY CERTIFICATE OF \_\_\_\_\_

On the \_\_\_\_\_ proceeding on to \_\_\_\_\_

2. He has been paid up to \_\_\_\_\_

At the following rate: -

Particulars

Substantive Pay

Officiating Pay

Exchange Compensation Allowance

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEDUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. He has made over charge of the office of \_\_\_\_\_ on the \_\_\_\_\_ noon of the \_\_\_\_\_ 19\_\_\_\_\_ -

4. Recoveries are to be made from the pay of the Government servant as detailed on the reverse.

5. He has been paid leave salary as detailed below. Deductions have been made as noted on the reverse.

Period		Rate Amount		
From	to	at	Rs.	a month
From	to	at	Rs.	a month
From	to	at	Rs.	a month

6. He is entitled to draw the following scale of pay \_\_\_\_\_

7. The Details of the income tax recovered from him up to the date from the beginning of the current year are noted on the reverse.

**Detail of Recovery**

Numerical Recovery \_\_\_\_\_ Balance \_\_\_\_\_

Dated \_\_\_\_\_ 20\_\_\_\_\_

Head of Office/Depptt.





--	--	--	--	--	--

Average emoluments for one month \_\_\_\_\_

Signature (Head of Office)

To be Checked and verified by Senior Accounts Officer concerned with seal

**AFFIDAVIT**  
**(On Stamp paper worth Rs.5/- )**

I \_\_\_\_\_ W/o Late Shri \_\_\_\_\_ Resident of \_\_\_\_\_,do hereby solemnly affirm and declare as under :-

1. That I am legeally wedded wife of Shri \_\_\_\_\_
2. That the detail of my family members is given below:-

S.No	Name of family member	Date Of Birth

3. That my husband Late .Sh. \_\_\_\_\_ has expired on \_\_\_\_\_ while working in the office of HUDA \_\_\_\_\_.
4. That I have not received /applied for pension from R.P.F.C Karnal/Faridabad
5. That my husband has opted for HUDA pension.
6. That I undertake to pay the excess payment/overdraw of pension/Family pension.
7. That my husband have not taken any refundable or non-refundable CPF/GPF advance out of HUDA contributory share during service from HUDA or RPFC Karnal/Faridabad.

Deponent

Verification:-

Verified that the contents of the above said affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed the rein.

Deponent