

THE UNIVERSITY OF BURDWAN

Finance Department

PENSION

A. LIFE CERTIFICATE

Certified that I have seen the Pensioner..... P. P. O. No. and that he/she is alive on this day of the.....20.....

.....
Signature & Date

Name.....

(Designation with Office Seal)

B. NON EMPLOYMENT\RE-EMPLOYMENT\EMPLOYMENT CERTIFICATE (Strike out which is not applicable)

I declare that I have not been serving in any capacity either in a Government Office/Company/Corporation/ Autonomous body or Society of Central or State Government or Union Territory or a Local Fund during the year ended on May.....

OR

I declare that I have been employed/re-employed in the and was in receipt of monthly emoluments during the year ended on May..... or during the month of.....(falling within the said year) at the following rates :

- (a) Pay : Rs.....
- (b) Special Pay : Rs.....
- (c) Allowance : Rs.....
- (d) Honorarium : Rs.....
- (e) Any other :

OR

I declare that I have not accepted any commercial employment.

.....
Signature

Name of Pensioner.....

Date.....

I certify that the above declaration is correct to the best of my knowledge & belief.

Signature & date

Name.....

Designation with Office Seal

- N. B. : (1) Pensioners will submit the certificate in the month of June every year.
(2) Certificate to be signed by member of the Court/Executive Council of this University/Pradhan of Gram Panchayat/Commissioner of Municipality/Gazetted Officer/Officer/ Teacher of this University.

বর্ধমান বিশ্ববিদ্যালয়

অর্থদপ্তর ; পেনশন শাখা

ক. জীবিত থাকার স্বপক্ষে শংসাপত্র (সার্টিফিকেট)

আমি শ্রী/শ্রীমতি.....পি. পি. ও. নং..... যিনি বর্ধমান বিশ্ববিদ্যালয় হইতে পেনশন গ্রহণ করেন, তাহাকে চিনি এবং অদ্য.....তারিখে তাহাকে জীবিত দেখিয়াছি।

.....
স্বাক্ষর ও তারিখ

নাম.....

প্রত্যয়নকারীর পদ ও সীলমোহর

খ. কর্মে নিযুক্ত থাকা/না থাকা/পুনঃনিযুক্তির শংসাপত্র (সার্টিফিকেট)

(অপ্রয়োজনীয় অংশ বাদ দিন)

আমি এতদ্বারা ঘোষণা করিতেছি যে বিগত আর্থিক বৎসরের.....তারিখ পর্যন্ত কোন রাজ্য বা কেন্দ্রীয় সরকারী/কেন্দ্রশাসিত অঞ্চল/রাজ্য বা কেন্দ্রীয় স্বায়ত্ত্ব শাসন সংস্থা/স্বশাসিত সংস্থা/সোসাইটি/কর্পোরেশন/বেসরকারী/বা সরকার অনুমোদিত কোন সংস্থায় কর্মরত ছিলাম না।

অথবা

আমি এতদ্বারা ঘোষণা করিতেছি যে, বিগত আর্থিক বৎসরে.....তারিখ পর্যন্ত.....অফিসে চাকুরী করিয়াছি/পুনঃনিযুক্ত হইয়াছি এবং নিম্নলিখিত হারে বেতন পাইয়াছি/পাইতেছি। (সংস্থার নাম)

এক	—	মূলবেতন	টাকা—
দুই	—	বিশেষ বেতন	টাকা—
তিন	—	ভাতাদি	টাকা—
চার	—	সাম্মানিক	টাকা—
পাঁচ	—	অন্যান্য	

অথবা

আমি এতদ্বারা ঘোষণা করিতেছি যে কোন বাণিজ্যিক সংস্থায় কর্মে নিযুক্তির প্রস্তাব গ্রহণ করি নাই।

.....
স্বাক্ষর ও তারিখ

পেনশন প্রাপকের নাম.....

শ্রী/শ্রীমতি.....যাহার পি. পি. ও. নং..... এবং যিনি বর্ধমান বিশ্ববিদ্যালয় হইতে পেনশন গ্রহণ করেন তাহার উপরোক্ত বিবৃতি আমার জ্ঞান ও বিশ্বাসমতে সত্য।

.....
স্বাক্ষর ও তারিখ

নাম.....

প্রত্যয়নকারীর পদ ও সীলমোহর

বিঃ দ্রঃ— (১) পেনশন প্রাপকেরা প্রতি বৎসর জুন মাসে উপরোক্ত মর্মে শংসাপত্র (সার্টিফিকেট) দাখিল করিবেন।

(২) নিম্নলিখিত পদাধিকারীরা যেমন বিশ্ববিদ্যালয় কোর্টের সদস্য/কর্মসমিতির সদস্য/শিক্ষক/আধিকারিক/পঞ্চায়েতের প্রধান বা সভাপতি বা সহসভাপতি/পৌর কমিশনার বা পৌরপতি বা উপ পৌরপতি/গেজেটেড অফিসার বা সমতুল ব্যক্তি শংসাপত্র (সার্টিফিকেট) প্রদান করিতে পারিবেন।

THE UNIVERSITY OF BURDWAN

Application for Retirement Gratuity/Death Gratuity

Name of the Applicant.....

Name of Employee.....

Designation.....Department.....

This is to certify : 1. That I was an employee of the.....
before my appointment in the University of Burdwan as.....
and received Pension and/of Gratuity/Additional Contribution to Provident Fund
amounting Rs.....and Rs.....
Respectively as retirement benefit in respect of my previous employment.

2. That I was an employee of.....
before my appointment in the University of Burdwan as.....
and did not draw any pension and/or gratuity/additional contribution to Provident Fund
from my previous employer.

3. That I was not employed anywhere before my appointment in the University of
Burdwan.

Date :

Signature

1. Checked/Verified C.P.F./G.P.F. A/c. No.....

.....

Signature of Supdt. P.F.

2. Checked/Verified Last Basic Pay.....

Dearness Pay.....

Dearness Allowance.....

.....
Signature of Supdt. Estab. Section
Finance Department.

3. Checked/Verified Date of Birth.....

..... Date of Appointment.....

Signature of Supdt. Regr. Estab. Section Date of retirement/Death.....

Length of Service.....

Extra ordinary Leave (if any).....

.....
Countersigned

Registrar, Burdwan University

THE UNIVERSITY OF BURDWAN

Finance Department

Name of the employee/Pensioner.....

Code No.....

Specimen Signature.....

"Left thumb and fingers impression"
(in case of illiterate employees)

Certified that the above is the Specimen Signature/Left thumb and fingers impression of.....
.....an employeem has signed/given left thumb and fingers impression in
my presence.

*Signature of the Head of the Institution
with Office Seal and date*

**Strike out which is not applicable*

THE UNIVERSITY OF BURDWAN

Finance Department

(UNDERTAKING PARA 4 OF G.O. NO. 85-EDN(U) DATED : 31.01.2000)

I do hereby declare and undertake to refund to the University the share of Employer's contribution actually drawn by me together with interest accrued thereon at the rate to be prescribed by the State Government and calculated from the date of drawal of the said amount(s) to the date of actual deposit to the State Government.

Place :

Date :

.....
(Full signature of the Pensioner)

P. P. No.....

THE UNIVERSITY OF BURDWAN

Finance Department

(DECLARATION VIDE PARA 10 OF G.O. NO. 85-EDN(U) DATED : 31.01.2000)

I do hereby accept the fixation of.....
as provisional and undertake to accept the amount of.....
after determination of the same by the director of Pension, Provident Fund and Group Insurance, West Bengal.

I, Further, undertake to refund any excess amount that may be drawn by me owing to the provisional fixation of.....being higher than the amount to which I am entitled.

Place :

Date :

.....
Full signature of the pensioner)

P. P. O. No.....

THE UNIVERSITY OF BURDWAN

The payment of Arrears of Pension (Nomination) Rules, 1986.

Form - A

I.....hereby nominate the person below under Rule 5(1) of the payment & arrears of pension (Nomination) rule, 1986.

1	2	3	4
Name & address of nominee	Relationship with Pensioner	Date of Birth	If nominee is minor, Name & address of persons Who may receive the said Pension during the nominee's minority

5	6	7	8
Name & address of Nominee, if the nominee Under Co1(1) pre decease the Pensioner	Relationship of other nominee with the pensioner	Date of birth if other nominee is monor	Name of person who may receive the pension during the other nominee's minority

Place :

Date :

Signature of Pensioner.....

Name.....

Address.....

THE UNIVERSITY OF BURDWAN

Form - C

(The Executive Council's resolution dated 22/01/93 vide Item No. 174)

Form of Application for commutation of Pension without Medical Examination.....

I furnish below the relevant particulars and request that I may be permitted to commute a portion of my pension as indicated below :

1. Name (in Block letters) :
2. (a) Date of Birth :
(b) Date of Appointment :
3. Date of superannuation on attaining the age of 60 years (or earlier due to resignation/voluntary retirement/termination) :
4. Designation of the post held at the time of superannuation/resignation/voluntary retirement/termination :
5. Amount of pension sanctioned :
6. Name of Bank and A/c. No. from which pension is being drawn :
7. Name of the Bank A/c. No. through which the commuted value is desired to be paid :
8. Amount of pension and portion of pension proposed to be commuted :

Date :

Signature.....

Full address.....

.....

.....

PART II (Acknowledgement)

Received from Shri/Smt.....

Retired.....(Designation).....

an application for commutation of pension without medical examination.

Date :

FINANCE OFFICER
UNIVERSITY OF BURDWAN

THE UNIVERSITY OF BURDWAN

Pre-Receipt for Commutation Value of Pension

Received from the University of Burdwan a sum of Rs.....

(Rupees.....)

only as Commutation value of pension.

Name in full.....

Signature.....

Date.....

Bank A/c. No.....

Name of the Branch.....

.....

Revenue
Stamp

Signature in full

THE UNIVERSITY OF BURDWAN



Affix joint Passport
Size
Photograph
here

APPLICATION OF PENSION

1. a) Name of applicant (in Block Letters) :
- b) Designation :
- c) Department :
- d) Present address :
- e) Permanent address :
- f) Telephone No. If any :
2. Religion & Nationality :
3. Father's name/Husband's name :
4. Name of Husband/Wife/Nominees :
5. Name of establishment where the employee served and the period(s) of service (Original certificates is to be furnished) :

	Name of the Institution	Period of Service
i)		
ii)		
iii)		

6. a) Whether the employee is in receipt of any pension from his/her previous employer(s)/Detail(s) is to be furnished. :
- b) Whether the employee has drawn any P. F. from his/her previous employer(s)/Details(s) is to be furnished. :
7. Details of service in this University :

Date of joining	Date of retirement	Length of service			Period of Extra Ordinary Leave (without pay)		
		Years	Months	Days	Years	Months	Days

8. Qualifying Service :Yrs.....Months.....Days
9. Whether re-employed with date :
10. Last Basic pay drawn :
11. Descriptive roll of employee
 - i) Passport size Photograph both applicant & Nominee (two copies) :

- ii) Date of birth as recorded in the Matriculation/School Final/H. S. Certificate :
- iii) Date of birth as recorded in the age register of the University :
- iv) Height :
- v) Identification Mark :
- vi) Left Thumb and other finger Impressions :

Thumb	Fore finger	Middle finger	Ring finger	Little finger

- 12. Whether Nomination made for
 - i) Family Pension :
 - ii) Death-cum-Retirement Gratuity :
- 13. Whether all dues of the University have been paid? If not, details of outstanding dues :
- 14. (a) Whether opted for General Provident Fund :
- (b) P.F. A/c. No. :CPF/GPF
- 15. Pension Payment Order No. :
- 16. i) Name of Banker through which payment will be paid :
- ii) Account No. :
- iii) Status of Account : Joint/Single
- *17. Date from which pension is to commence :
- 18. Date on which the employee applied for pension :

- Enclo : (i) Recent joint passport size photos 4.5 cm. in length & 3.5 cm. in width (Both applicant & nominee).
- (ii) Specimen signature/slips duly attested.

* *Not to be filled by the employee*
Signature of applicant in full with date

.....
Countersignature of the Registrar with date

-
- N. B. i) This form is to be filled by the employee and submitted to the Registrar, B. U. at least six month before the employee due to retire. The Registrar will forward the application with service book (where necessary) to the Finance Officer immediately on receipt of the application.
 - ii) The nomination form is to be submitted along with this form, If not submitted earlier.
 - iii) Life certificate and Non-employment certificate in prescribed form is to be submitted in the month of June in every year.

THE UNIVERSITY OF BURDWAN



FORM - FP NOMINATION FOR FAMILY PENSION

I, hereby nominate the person(s) mentioned below who is/are member(s) of my family and confer on him/her/them the right to receive family pension that may be sanctioned by the University in the event of my death while in service and the right to receive on my death any family pension which having become admissible to my nominated person(s) on my retirement.

Name & address of the Nominee(s)	Relationship with the employees	Age	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person or persons if any, to whom the right conferred on the nominee(s) shall pass in the event of the nominee(s) predeceasing the employee.

This nomination supersedes the nomination made by earlier on.....which stands cancelled.

Dated this.....day of.....20.....at.....

Witness to sign :

1.

2.

.....
Full Signature of employee

N. B. (i) Family pension shall be payable to only one member of the family.

Designation.....

Department.....

(ii) When an employee has more than one wife the same may be mentioned with relevant documents so that pension may be paid to them in equal share.

(iii) For the purpose of family pension 'family' includes the following relatives of an employee namely :

Sl. No.	Relation	Period
(1)	Widow/Widower	Up to the death or remarriage whichever is earlier
(2)	Minor Son	Until the son attains the age of 18 years
(3)	Unmarried daughter	Until the daughter attains the age of 21 yrs. of marriage whichever is earlier
(4)	Dependent parents	Up to the date of their death or remarriage whichever is earlier.

THE UNIVERSITY OF BURDWAN



FORM - DG NOMINATION FOR DEATH GRATUITY

I, hereby nominate the person(s) mentioned below who is/are member(s) of my family and confer on him/her/them the right to receive any gratuity that may be sanctioned by the University in the event of my death while in service and the right to receive on my death any gratuity which having become admissible to me on retirement may remain unpaid at the time of my death.

Name and address of nominee(s)	Relationship with the employee	Age	Share of gratuity payable to each	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person or persons of any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the employee or the nominee dying after the death of the employee but before receiving payment of the gratuity.

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

Dated this.....day of.....20.....at.....

Witness to sign :

.....
Full Signature of employee

Designation.....

Department.....

(1)

- N. B. :**
- (i) The employee shall draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.
 - (ii) For the purpose of death gratuity 'family' includes the following relatives of an employee namely :
 - (a) Wife in the case of a male employee
 - (b) Husband in the case of a female employee
 - (c) Sons including step sons
 - (d) Unmarried and widowed daughters including step daughters
 - (e) Adopted sons/daughters
 - (f) Brothers below the age of 18 years and unmarried or widowed sister
 - (g) Father
 - (h) Mother

THE UNIVERSITY OF BURDWAN

Declaration of employment and marital status of application applying for widow in service/family pension.

I, Smt.....widow of
Late.....do hereby declare the following.

1. That I am engaged/not engaged in remunerative employment in.....
.....since.....
2. That I have/have not married since my husband expire on.....

I also declare that the above statements made by me are true to the best of my knowledge. If the declarations are found incorrect or proved false, the University Authority may take appropriate penal action which will be binding upon me.

.....
Signature of the applicant

.....
Counter signature with official seal
of the Employer/Anchal Pradhan/
Local Municipal Commissioner/
Gazetted Officer

THE UNIVERSITY OF BURDWAN



Affix joint Passport
Size Photograph
here

FORM OF APPLICATION

(Family Pension, West Bengal State-aided Universities, Death-cum-Retirement Benefit Scheme 1986)
(TO BE SUBMITTED IN DUPLICATE)

Application for a Family Pension for the family of Late.....
.....Designation.....in the Office/Department
of.....

1. (a) Name of applicant
2. (a) Relationship to the deceased
University employee/Pensioner
- (b) Date of joining of the deceased employee
3. Date of retirement, if the deceased was a pensioner
4. (a) Date of birth of the deceased employee
- (b) Date of Death of the deceased employee/Pensioner
5. (a) Whether the applicant is an employee in the
University or elsewhere
- (b) If employed
- (i) Designation
- (ii) Office Address
6. (a) Name of S.B.I. Branch at which payment is desired
- (b) Bank A/c. No (An individual pension A/c. is necessary)
7. Left hand thumb and finger impression
Small Ring Middle Index Thumb
Finger Finger Finger Finger
8. Descriptive roll of applicant
- (i) Copy of Passport size Photograph (Two copies)
duly attested by the Registrar
- * (ii) Date of birth of (Christian era) is applicant (Attested
copy of Admit Card/School leaving certificate
showing date of birth)
- (iii) Height
- (iv) Identification Marks, if any on hand or face
- (v) Address for Communication (i) Permanent
- (ii) Present

.....
Signature in full with date

.....
Countersignature of Registrar with date