

FORM B
[See rule 13 (4) (ii)]

FORM OF APPLICATION FOR FAMILY PENSION

Application for extraordinary family pension in respect of late Shri/Smt. killed or died of injury(ies)/disease(s) claimed as attributable to Government Service.

I. Information regarding the deceased

| | | |
|----|-------------------------------------|--|
| 1. | Full name and address | |
| 2. | Name of Father OR Mother Or Both | |
| 3. | Date of death | |

II. Information regarding the claimant

| | | |
|----|-----------------------------------------------------------------------------------|--|
| 4. | Name and address, (showing Village, Post Office, District, State, PIN code) | |
| 5. | Date of birth | |
| 6. | Aadhar Number (if any) | |
| 7. | Monthly income from all sources | |
| 8. | Relationship with the deceased | |
| 9. | Bank name Branch address Account No. BSR Code/IFSC Code | |

III. Details of surviving members of family of the deceased

| Relation | Name | Date of birth (Christian Era) | Disability, if any | Marital status |
|---------------|------|----------------------------------|-----------------------|-------------------|
| Widow/Widower | | | | |
| Sons | | | | |
| Daughters | | | | |
| Father | | | | |
| Mother | | | | |
| Brother | | | | |

| | | | | |
|--------|--|--|--|--|
| Sister | | | | |
|--------|--|--|--|--|

IV. In case the claimant is minor or suffering from disorder or disability of mind, including mental retardation, details of guardian/nominee, wherever applicable-

| Name | Date of birth | Relationship with the minor/mentally disabled claimant | Relationship with the deceased Government servant | Postal address |
|------|---------------|--------------------------------------------------------|---------------------------------------------------|----------------|
| | | | | |

- Enclosures: 1. Report of medical examination of the deceased employee
(Copies of) 2. Guardianship certificate, if applicable
3. Disability certificate of the claimant, if any
4. Income certificate

Specimen signature/thumb impression and two photographs of the applicant, attested by a Gazetted Officer are enclosed.

Place:

Date:

(Signature of claimant)

Phone No:

Permanent Account Number for Income Tax (PAN).....

Aadhar No., if available -

NOTE: If the deceased has left no son, widow, daughter, father or mother, brother or sister surviving him, the word “None” should be entered opposite to such relative.

Place:

Date:

(Signature and Seal of Head of Office)