

**FORM B**  
[ Rule 13 (4 (ii)) ]

FORM OF APPLICATION FOR FAMILY PENSION

Application for extraordinary pension for the family of the late Shri / Shrimati

	Killed or died of <u>injury/Disease</u> claimed as being Injuries/Diseases
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attributable to Government service.

**I. Information regarding the claimant**

1. Full name and address, residence (showing Village, Post Office, District, State )	
2. Age and date of birth	
3. Height	
4. Identification Marks	
5. Present occupation and pecuniary circumstances	
6. Degree and nature of relationship with the deceased	

**II. Information regarding the deceased**

7. Full name Father's name, residence (indicating Village, Post Office, District, State )	
8. Particulars of post and service with full name and address of the Establishment	
9. Full particulars of service, length of service, etc.	
10. Pay at the time of death	
11. Date of birth	
12. Age at the time of death	
13. Nature of <u>Injury/Disease</u> causing death* Injuries/Diseases	

\*(as per the Certificate of the Medical Authorities and the circumstances in which the same resulted)

<b>III. Other Information</b>	
14. Amount of pension, etc., claimed	
15. Place of payment	
16. Date from which benefit(s) claimed	
17. Other relevant information, if any	

<b>IV. Names and ages of<sup>1</sup> surviving kindred of the deceased</b>		
Relation	Name	Date of birth by Christian era
Sons:		
Widows:		
Daughters:		
Father:		
Mother:		
Place		Claimant
Date		
		Head of Office
Place		Seal
Date		

Note 1. - Please strike out the word or words not applicable.

Note 2. - If the deceased has left no son, widow, daughter, father or mother surviving him the word "none" or "dead" should be entered opposite to such relative.