

**FORM A**  
**[See rule 13 (4) (ii)]**  
**FORM OF APPLICATION FOR DISABILITY PENSION**  
**Part I**  
**(To be filled by the applicant)**

1.	Details of the Applicant: (i) Name (ii) Designation/Rank (iii) IRLA/Personal/ Force/ Regiment No. (iv) Aadhaar Number ( if available) (v) Marks of Identification	Space for  Photograph
2.	Name of Father OR Mother OR Both a) Name of Father b) Name of Mother	
3.	Date of birth of applicant	
4.	(i) Correspondence address with PIN code (ii) Permanent address with PIN code	
5.	Post held at the time of injury/disease	
6.	Bank name, Branch address, Account No. to which pension is to be credited (joint account, either or survivor, with spouse) BSR Code, IFSC Code	
7.	Enclosures: (i) Self-attested copies of certificate of Medical Board, (ii) Form 3 of Central Civil Services (Pension) Rules, 1972 (iii) Nomination Forms (except commutation of pension), (iv) Undertaking in Form 26 of Central Civil Services (Pension) Rules, 1972 (if applicable), (v) Undertaking for refunding any excess payment, (vi) Specimen signature/thumb impression (in case of illiterate applicant) (vii) Three joint photographs with spouse or separate photographs of the applicant and spouse where it is not possible to submit a joint photograph, {Note: Thumb impression ( in the case of illiterate applicant) is to be attested by a Gazetted Officer and photographs are to be attested by Head of Office}	

Note: In case the Head of Office is satisfied that it is not possible for the applicant to open a joint account for reasons beyond his/her control, this requirement may be relaxed.

Place: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature of Applicant

Contact Number:  
 e-mail ID:

Date of receipt of Form: \_\_\_\_\_  
Signature of Head of Office with seal

**Part II**  
**(To be filled by the Head of Office and forwarded to Accounts Officer)**

1.	(i) Present/last post held (ii) Post held at the time of injury/disease (iii) Head quarters/unit with address (iv) Service to which belongs	
2.	(i) Date of entry into service (ii) Date of discharge/boarding out from service	
3.	Net qualifying service (a) Actual (b) Notional for categories 'D' and 'E'	
4.	Pay band and grade pay or pay scale	
5.	(i) Basic pay on the date of injury/disease (ii) Basic pay on the date of medical examination (include non-practising allowance in the basic pay)	
6.	Percentage of disability sustained due to injury/disease (as certified by the medical authorities) and circumstances which resulted in that disability	
7.	(i) Date of injury/disease (as certified by the medical authorities) (ii) Date of medical examination	
8.	Amount of retirement gratuity/death gratuity	
9.	(a) Proposed disability pension (b) Date from which pension is to commence	
10.	Rate of extraordinary family pension if death occurs within 7 years from the date of injury or date of medical report on disease and is on account of the same injury or disease for which he was boarded out.	
11.	Rate of family pension in case of death other than as in item 10 – (i) Enhanced rate (ii) Ordinary rate (iii) Period for which family pension will be payable (a) at enhanced rate (b) ordinary rate	

Accounts Officer

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*Signature of Head of Office with seal*