GOVERNMENT OF INDIA(BHARAT SARKAR) MINISTRY OF RAILWAYS (RAIL MANTRALAYA) (RAILWAY BOARD)

2016/F(E)III/1(1)/8

New Delhi, dated: 12 .11.2018.

The GMs/PFAs, All Zonal Railways/Production Units. (As per mailing list)

Sub: Settlement Forms to be filled by the retiring Railway servant.

During the interaction of Board (MS) with the pensioners, the issue of simplification of the settlement forms was raised.

- 2. The said issue has been examined by Board(MS & FC) in the light of the various forms contained in the Railway Services(Pension) Rules, 1993, which were amended with the approval of the Ministry of Law & Justice vide Board's letter No.2015/F(E)III/1(1)/4 dated 17.06.2016, on the basis of corresponding amendments made by the Department of Pension & Pensioners' Welfare (DOP&PW) in the CCS(Pension) Rules, 1972 and also the other forms being used in some Railways and Railway Board.
- 3. It has been felt by the Board that simplified forms should be uniformly used across all the Railways/PUs.
- 4. Accordingly, simplified settlement forms required to be filled by the retiring railway employees are enclosed herewith for compliance. Other forms required to be filled by the Head of Office and the Accounts Officer will remain the same as contained in the updated Railway Services(Pension) Rules, 1993 available on the website of the Ministry of Railways.
- 5. PCPO & PFA of the Zonal Railways/PUs would be directly responsible to ensure compliance of the aforesaid instructions.
- 6. Non-compliance of the said instruction would be viewed seriously by the Board.

7. Please Acknowledge receipt.

(G. Priya Šudarsani) Director, Finance(Estt.)

Railway Board.

D.A.: As above.

Application Form for payment of Pension & other Retirement Benefits to the Railway employees.

(Note: Application Form to be filled up in all respect by the employee and submitted in triplicate)

requ	est to arrange to pay me DCF	RG/Gratuity, SRPF, CGEGI		· ·	•
1.	Full Name (in Block Letters) :				
2.	Father's/Husband's Name :				······································
3.	Date of Birth	:	4.	Date of Appointment	:
5.	Designation	:	6.	RUID Number	:
7.	Basic Pay	:	8.	Pay Level	:
9.	SRPF No.	:	10.	PAN No.	:
11.	Mobile Number		12.	E-mail Id ·	
13.	Aadhaar No.	•	14.	Mark of Identification	:
15.	Religion				
16.	Present/Correspondence Address with PIN Code				PIN
17.	Permanent Address with PIN Code	:			PIN
18.	Details of Railway/ Directorate of Estate Quarter, if allotted	:	······································		PIN
19.	Date of Retirement	•	20.	Date of start of Pension	
21.	Class of Pension	: Superannuation/Volunta	ry etc.		
22	Details of Public Sector Bank	from where pension will be d	rawn :		
(a)	Savings Bank Account No.		(b)	Name of Bank	:
(c)	Branch		(d)	City	•
(e)	District		(f)	IFSC	•
23	. Medical facility being availed at present (CGHS/RMA)	:	24.	Medical Card(s) No.	:
25.	Details of Military / Other Se	rvice, if any			
(b)	Total Period of Military Server Amount of gratuity received to PPO No & Date of Issue (at the PPO)	for the Military Service	: : opy of		to
No	te : Please attach : (i) a can	celled cheque, issued for	Bank	Account mentioned al	pove at S.No.21,
	(ii) self a	attested photocopies of PA	AN, A	adhaar and Medical Ca	rds
Plac	ce :	Date:			Employee's Signature

DECLARATION FOR NON ACCEPTING COMMERCIAL EMPLOYMENT

I note that I cannot accept any commercial employment before the expiry of one year from the date of retirement, or any employment under a government outside India at any time without prior sanction of the President of India. I cannot seek employment as contractor for or in connection with the execution of public works (Whether on the Railways, or under P.W.D. or Defence Forces) or employment of such contractors, within one year of my retirement, without the prior permission of the President of India.

DECLARATION FOR NON RECEIPT OF PENSIONARY BENEFITS

retirement Grawhich ordinary	atuity in respect of any porty Gratuity/Pension/Death-c	tion of the service included in um-Gratuity is claimed herei	n this application and in respect of n, nor shall I submit an application ers which may be passed thereon.
agree to withh		on m	House No ny retirement from Railway Service, I till such time, I vacate the Railway
		6	Employee's Signature
1 st Witness Sigr	nature:		
Name	:	,	
Designation			•
RUID No.	:		3
2 nd Witness Sig	nature :		
Name	:		
Designation	:	•••••	
RUID No.		******	·

Note: After vacating the government accommodation, employee may apply for refund of withheld gratuity in prescribed performa, along with all required documents. In case of Directorate of Estates' accommodation, the retiring employee has to apply online for obtaining the "No Demand Certificate".

DETAILS OF FAMILY MEMBERS

1.	Name and	Designation of the employee :	# T	
2.	Father's/H	usband's Name :		
		Affix Joint Photo (to be duly signed across by self and spouse)	Affix Employee's Photo	

3. Details of all family members :-

S.	Name	Relationship	Date of Birth	Aadhaar No.
No.	(in Block Letters)	with Railway	(attach a photocopy	(attach a photocopy of
		Servant	of valid document as proof)	Aadhaar Card)
1	2	3	4	5
(i)		-		
(ii)				
(iii)				(*
(iv)				· ·
(v)			*	
(vi)				

S. No.	Date of marriage in case of married children	Name of spouse of married child	Indicate the nature of handicap (mental/physical), if any, of the child and whether it is permanent or temporary	Remarks/Any other information
	6	7	8	9
(i)			·	
(ii)	. ,			
(iii)				
(iv)				
(v)	1			
(vi)				

a)Specimen Sigr	nature			
to) I do natifico al com M	larks (i)			
b) identification is				
(a) Eingard Impre	, ,			• • • • • • • • • • • • • • • • • • • •
Thumb	ession of Left Hand Index Finger	Middle Finger	Ring Finger	Little Finger
THOMAS	maox i mgo.	military miger	7 9 7 9 0.	
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(a) Specimen Sigr	natúre			
(b) Identification N	Marks (i)			
(b) Identification N	Marks (i)			
	(ii)	\$		
(c) Fingers' Impre	(ii)ession of Left Hand	:-		
	(ii)	\$		
(c) Fingers' Impre	(ii)ession of Left Hand	:-		
(c) Fingers' Impre	(ii)ession of Left Hand	:-		
(c) Fingers' Impre	(ii)ession of Left Hand	:-		
(c) Fingers' Impre	(ii)ession of Left Hand	:-		
(c) Fingers' Impre	ession of Left Hand Index Finger	:- Middle Finger	Ring Finger	Little Finger
(c) Fingers' Impre	(ii)ession of Left Hand	:- Middle Finger	Ring Finger	
(c) Fingers' Impre	ession of Left Hand Index Finger	:- Middle Finger	Ring Finger	Little Finger
(c) Fingers' Impre	(ii)ession of Left Hand Index Finger	Middle Finger Ate:	Ring Finger	Little Finger
(c) Fingers' Impre	(ii)	Middle Finger ate:	Ring Finger & Shriand the info	Little Finger
c) Fingers' Impre	(ii) ession of Left Hand Index Finger Date of Left Hand Date of Left Hand Date of Left Hand Date of Left Hand Date of Left Hand	Middle Finger ate:- ge (Column 2) is of Smt.	Ring Finger & Shriand the info	Little Finger
c) Fingers' Impre	graph pasted at pre-pag	Middle Finger ate:- ge (Column 2) is of Smt.	Ring Finger & Shriand the info	Little Finger
c) Fingers' Impre	graph pasted at pre-pag	Middle Finger ate:- ge (Column 2) is of Smt.	& Shri	Little Finger

Rubber stamp with name of certifying authority

LETTER OF AUTHORITY UNDERTAKING FOR DRAWAL OF PENSION THROUGH PUBLIC SECTOR BANK WITH PERMANENT ADDRESS & MODE OF PAYMENT

1.	I hereby author	rize Manager,		Bank			
	to receive my	_	e same to my saving t	pank account (pension) on the			
	Amount of pen	sion per month at the time of re	etirement :				
	Rs	(Rupees)			
2.	I agree to undertake that any amount excess/wrong payment of pension if credited to my above savings bank account may be recovered or withdrawn from the said savings bank account by the public sector bank.						
3.	The authority s	shall remain in force until due n	otice in writing is given	by me.			
st.			Facilities de Oissantes				
1"\	Vitness Signatu	re:	Employee's Signature	ə :			
Nan	ne		Name	•			
Des	ignation	:	Designation	·			
RUI	D No.	:	RUID No.	·			
		4.	Mobile No				
			E-mail id	:			
2 nd	Witness Signatu	ıre :	Permanent Address	after Retirement:			
Nan	ne	:					
Des	ignation	:					
RUI	D No.	:					
			PIN Code:				
Date	e :	L.					
2411							

PAYEE'S LETTER OF AUTHORITY

I request that my Provident Fund and Death-cum-Retirement Gratuity/Compassionate gratuity/Leave Encashment/SRPF/CGEGIS/Pension Commutation amount may be remitted to me through ECS/RTGS/NEFT.

I agree that the remittance made in the aforesaid manner shall be at my sole risk and shall be a complete discharge of Government from all liability on the amount being remitted by ECS/NEFT/RTGS/Money order/Cheque/Bank Draft forwarded by registered post, as the case may be.

PRE-RECEIPT

Received	l· from	Pay &	Accounts				sum of
Rs	/Gratuity/Comp	assionate grat					rovident Fund on Value :
		g					
						٦	
		Revenue (to be duly across i emplo	y signed by the				
				Signature	of Employee		
				ě			
S	igned before m	e.					
s	ignature of Witr	ness:					
N	ame			******			
D	esignation	:		*******			
R	UID No.	:				•	
D	ate .	:					
¥					*		
				Sig	nature of Head	of office*	
				_	**************		
				/0	towar)		
				(5	tamp)		

^{*} Head of Office, means a gazetted officer whom the appointing authority may, by order declare as Head of office and includes such other authority or person whom the appointing authority may specify in the like manner.