APPENDIX

Annexure-1

A Hybrid Model for a Globally Competitive Insurance and Pension Sector

Privatization → More players → More variety of products → Increase in Insurance/Pension Penetration

Regulation → Improved Industry Standards → Employees Protection

Source: Silpa Rastogi & Runa Dhar, Enhancing Competitiveness: The Case of Indian Life Insurance Industry (Paper Presented in a Conference at IIT Kanpur)
Annexure-2

Indian Insurance and Pension System: An Overview

India's Social Security System

- EPFO Schemes
- Civil Service Schemes
- Public Sector Enterprises (Usually DB Schemes)
- Occupational Pension Schemes (traditionally DB but significant shift to DC)
- Voluntary Tax-Advantaged Schemes
- Scheme for Unorganized Sector

- EPF-DC
- EPS-DB
- EDLI
- Central Government
- State Government
- Local Bodies
- Small savings schemes
- National Assistance Schemes
- State Assistance Schemes
- Welfare Bodies
- NGOs, Family and Community
- Group Insurance

Annexure-3

Architecture of New Pension System

## Annexure-4

### States which have adopted the New Pension System

<table>
<thead>
<tr>
<th>State</th>
<th>Fraction of India’s population</th>
<th>Cutoff date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>7.37</td>
<td>September 2004</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>6.05</td>
<td>April 2003</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>5.88</td>
<td>n.a.</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>5.50</td>
<td>January 2004</td>
</tr>
<tr>
<td>Gujarat</td>
<td>4.93</td>
<td>n.a.</td>
</tr>
<tr>
<td>Orissa</td>
<td>3.67</td>
<td>n.a.</td>
</tr>
<tr>
<td>Kerala</td>
<td>3.10</td>
<td>April 2005</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>2.62</td>
<td>December 2004</td>
</tr>
<tr>
<td>Assam</td>
<td>2.59</td>
<td>February 2005</td>
</tr>
<tr>
<td>Punjab</td>
<td>2.37</td>
<td>n.a.</td>
</tr>
<tr>
<td>Chhattisgarh</td>
<td>2.02</td>
<td>November 2004</td>
</tr>
<tr>
<td>Himachal Pradesh</td>
<td>0.59</td>
<td>May 2003</td>
</tr>
<tr>
<td>Manipur</td>
<td>0.23</td>
<td>January 2005</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38.58</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: Ajay Shah, A Sustainable and Scalable Approach in Indian Pension Reform, World Scientific 2006.
Annexure-5

Multi-pillar New Pension Taxonomy of India

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Life time poor</th>
<th>Informal sector</th>
<th>Formal Sector</th>
<th>Characteristics</th>
<th>Participation</th>
<th>Funding/Collateral</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>x</td>
<td></td>
<td>x</td>
<td>Public pension plan, publicly managed, defined benefit</td>
<td>Mandated</td>
<td>Fully funded by General tax revenue or cess</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>x</td>
<td></td>
<td>Public pension plan, privately managed, defined contribution</td>
<td>Mandated</td>
<td>Fully funded by the Employee</td>
</tr>
<tr>
<td>3</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Supplemental Retirement plan, privately managed, defined contribution</td>
<td>Voluntarily</td>
<td>Fully funded by the employee</td>
</tr>
</tbody>
</table>

Note: The ‘X’ Show the importance of each pillar for target group.
Annexure-6

Capital base of insurers in 2004-2005

Source: Compiled from IRDA Annual Report 2003-2004
Annexure-7

Market share of insurers in 2005-06, based on first year premiums

Source: Compiled from The Economic Times, Sept. 1, 2006
### Annexure-8

#### First Year Premium of Life Insurers for the Period Ended December 2008

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Insurer</th>
<th>Premium U/W (Rs. in crore up to Dec. 2008)</th>
<th>No. of policies/schemes up to Dec. 2008</th>
<th>No. of live covered under scheme up to Dec. 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LIC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual single premium</td>
<td>10418.89</td>
<td>2889392</td>
<td>21166374</td>
</tr>
<tr>
<td></td>
<td>Individual non single premium</td>
<td>102451</td>
<td>17657332</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Group single premium</td>
<td>8013.73</td>
<td>13895</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Group non single premium</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>SBI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual single premium</td>
<td>38268</td>
<td>66658</td>
<td>122254</td>
</tr>
<tr>
<td></td>
<td>Individual non single premium</td>
<td>18385</td>
<td>531207</td>
<td>4142933</td>
</tr>
<tr>
<td></td>
<td>Group single premium</td>
<td>196.75</td>
<td>5</td>
<td>89</td>
</tr>
<tr>
<td>3</td>
<td>TATA AIG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual single premium</td>
<td>3082</td>
<td>6354</td>
<td>74791</td>
</tr>
<tr>
<td></td>
<td>Individual non single premium</td>
<td>591.15</td>
<td>472740</td>
<td>254970</td>
</tr>
<tr>
<td></td>
<td>Group single premium</td>
<td>2609</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group non single premium</td>
<td>54.99</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Bajaj Allianz</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual single premium</td>
<td>425.30</td>
<td>69263</td>
<td>2269</td>
</tr>
<tr>
<td></td>
<td>Individual non single premium</td>
<td>3316.06</td>
<td>1738758</td>
<td>4839582</td>
</tr>
<tr>
<td></td>
<td>Group single premium</td>
<td>8.25</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group non single premium</td>
<td>30.54</td>
<td>472</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Birla Sunlife</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual single premium</td>
<td>2574</td>
<td>115011</td>
<td>39369</td>
</tr>
<tr>
<td></td>
<td>Individual non single premium</td>
<td>160352</td>
<td>696618</td>
<td>202082</td>
</tr>
<tr>
<td></td>
<td>Group single premium</td>
<td>1525</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group non single premium</td>
<td>14421</td>
<td>146</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** IRDA Journal, March 2009
The terms of reference of the Sixth Central Pay Commission as contained in the Ministry of Finance (Department of Expenditure) Resolution No. 5-2-2006-E.III(A), dated 5-10-2006, as amended from time to time, inter alia included "to examine the principles which should govern the structure of pension, death-cum-retirement gratuity, family pension and other terminal or recurring benefits having financial implications to the present and former Central Government employees appointed before January 1, 2004". The Commission submitted its Report to the Government on the 24th March, 2008. Government have considered the recommendations of the Commission on pensionary benefits to Central Government Civil employees, including employees of the Union Territories and Members of the All India Services, contained in Chapters 4, 5 and 6 of the Report of the Commission and have decided that the recommendations shall be broadly accepted subject to certain modifications.

2. The revised pension structure will be effective from 1st January, 2006. 40% of the arrears of pension will be paid in cash in the year 2008-09 and the remaining 60% in the year 2009-10.

3. Detailed recommendations of the Commission and the decisions taken thereon by the Government are listed in the statement annexed to this Resolution. The recommendations made by the Commission, which are not included in the Annexure are being examined by the Government and decisions thereon will be taken as early as possible.

4. Government of India wishes to express their deep appreciation of the work done by the commission in dealing with the various complicated issues involved and presenting a valuable Report.

ANNEXURE

Statement showing the recommendations of the Sixth Central Pay Commission relating to principles which should govern the structure of pension and other terminal benefits - contained in Chapters 4, 5 and 6 of the Report and decisions of Government thereon.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Recommendation</th>
<th>Decision of Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Older pensioners require a better deal because their</td>
<td>Accepted</td>
</tr>
</tbody>
</table>
needs, especially those relating to health, increase with age. Quantum of pension available to the old pensioners should be increased as follows:

<table>
<thead>
<tr>
<th>Age of Pension</th>
<th>Additional Quantum of Pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 years</td>
<td>20% of basic pension</td>
</tr>
<tr>
<td>85 years</td>
<td>30% of basic pension</td>
</tr>
<tr>
<td>90 years</td>
<td>40% of basic pension</td>
</tr>
<tr>
<td>95 years</td>
<td>50% of basic pension</td>
</tr>
<tr>
<td>100 years</td>
<td>100% of basic pension</td>
</tr>
</tbody>
</table>

(5.1.32)

2. Linkage of full pension with 33 years of qualifying service should be dispensed with. Once an employee renders the minimum pensionable service of 20 years, pension should be paid at 50% of the average emoluments received during the past 10 months or the pay last drawn, whichever is more beneficial to the retiring employee. Simultaneously, the extant benefit of adding years of qualifying service for purposes of computing pension/related benefits should be withdrawn as it would no longer be relevant. (5.1.33)

3. The recommendation regarding payment of full pension on completion of 20 years of qualifying service will take effect only prospectively for all Government employees other than PBORs in Defense Forces from the date it is accepted by the Government. (6.5.3)

4. All future cases of commutation of pension should be considered as per the revised commutation table annexed to the Report which may be revised periodically by the Government keeping in view the interest rates and the mortality table. (5.1.35)

5. The revised commutation table will only be used for all future commutations and will not be applied for the past commutations in respect of post 31, 12.2005 pensioners who have already commuted their pension, the revised commutation table shall be used only to compute the

(5.1.35)

(5.1.32)
amount of pension that has become additionally commutable on account of retrospective implementation of the revised pay scales, in case such an option is exercised by the retiree. For all future pensioners, the commutation of pension shall be computed and paid as per the revised commutation table. (6.5.3)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>The maximum pecuniary limit of Rs.3.5 lakh on payment of gratuity should be raised to Rs. 10 lakh. (5.1.37)</td>
<td>Accepted</td>
</tr>
<tr>
<td>7</td>
<td>In case of Government employees dying in harness, family pension may be paid at enhanced rates for a period of 10 years. (5.1.42)</td>
<td>Accepted</td>
</tr>
<tr>
<td>8</td>
<td>The dependency criteria for all purposes should be the minimum family pension along with dearness relief thereon. This should also be followed in cases relating to payment of family pension as well. (5.1.42)</td>
<td>Accepted</td>
</tr>
<tr>
<td>9</td>
<td>In accordance with recommendations for paying higher quantum of pension to very old pensioners, quantum of family pension payable to similarly old family pensioners would also need to be increased. Quantum of pension available to the family pensioners should also be increased as per with that recommended for pensioners as under: On attaining Additional quantum of age of family pension</td>
<td></td>
</tr>
<tr>
<td></td>
<td>80 years</td>
<td>- 20% of basic family pension</td>
</tr>
<tr>
<td></td>
<td>85 years</td>
<td>- 30% of basic family pension</td>
</tr>
<tr>
<td></td>
<td>90 years</td>
<td>- 40% of basic family pension</td>
</tr>
<tr>
<td></td>
<td>95 years</td>
<td>- 50% of basic family pension</td>
</tr>
<tr>
<td></td>
<td>100 years</td>
<td>- 100% of basic family pension</td>
</tr>
<tr>
<td>10</td>
<td>In the case of disability pension, for 100% disability where the individual is completely dependent on somebody else for day to day functions, no Constant Attendant Allowance is available under the CCS (Extraordinary) Pension Rules, 1939. Such Constant Attendant Allowance is available in the Defence Forces. A similar allowance needs to be extended in respect of civilian</td>
<td>Accepted</td>
</tr>
<tr>
<td></td>
<td>retirees as well because their requirement would be similar. Accordingly, a constant attendant allowance should be introduced, on the lines existing in Defence Forces under the CCS (Extraordinary) Pension Rules, 1939 as well. (5.1.42)</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>The rates of ex gratia may be doubled and raised to Rs.10 lakhs in cases of death occurring due to accidents in the course of performance of duty whether attributable to acts of violence by terrorists, anti-social elements etc. or otherwise and to Rs. 15 lakhs in cases of death occurring due to enemy action in international year or border skirmishes or action against militants, terrorists, extremists in the border posts or on account of natural disasters, extreme weather conditions while on duty in the specified high altitude, inaccessible border posts, etc. (5.1.45)</td>
<td></td>
</tr>
</tbody>
</table>
|12| All past pensioners should be fitment benefit equal to 40% of the pension excluding the effect of merger of 50% dearness allowance/dearness-relic pension (in respect of pensioners retiring on. or after 1/4/2004) and dearness pension (for other pensioners) respectively. The increase will be allowed by subsuming the effect of conversion of 50% of dearness relief/dearness allowance as dearness pension/dearness pay. Consequently, dearness relief at the rate of 74% on pension (excluding the effect of merger) has been taken for the purposes of computing revised pension as on 1/1/2006. This is consistent with the fitment benefit being allowed in case of the existing employees. The fixation

<table>
<thead>
<tr>
<th></th>
<th>Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Accepted with the modification that fixation of pension shall be based on a multiplication factor of 1.86, e.g. basic pension + Dearness Pension (wherever applicable)+ dearness relief of 24% as on 1.1.2006, instead of 1.74</td>
</tr>
</tbody>
</table>
Application for Gratuity by a Nominee

I beg to apply (or payment of gratuity to which I am entitled under sub-section (i) of section 4 of the Payment of Gratuity Act, 1972 as a nominee of late ............... [name of the employee] who was an employee of your establishment and died on the ............... The gratuity is payable on account of the death of the aforesaid employee while in service/superannuation of the aforesaid employee on retirement of/resignation of the aforesaid employee on ..... after completion of years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the ................................................................. Necessary particulars relating to my claim given in the statement below:

Statement

1. Name of applicant nominee.
2. Address in full of the applicant nominee.
3. Marital status of the applicant nominee (unmarried/married/widow/widower)
4. Name in full of the employee.
5. Marital status of employee.
6. Relationship of the nominee with employee.
7. Total period of service of the employee.
8. Date of appointment of the employee.
9. Date and cause of termination of service of the employee.
10. Department/Branch/Section where the employee last worked.
11. Post last held by the employee with Ticket or Serial No. if any
12. Total wages last drawn by the employee.
13. Date of death and evidence/witness as proof of death of the employee.
14. Reference No. of recorded nomination, if available.
15. Total gratuity payable to the employee.

2. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.

3. Payment may please be made in cash/crossed or open bank cheque.

As the amount payable is less than Rupees one thousand, I shall request you to arrange for payment of the sum due to me by Postal Money Order at the address mentioned above after deducting Postal Money Order commission therefrom.

Yours faithfully,

Signature/Thumb impression

Note: 1. Strike out the words not applicable
    2. Strike out the paragraph or paragraphs not applicable
FORM ‘K’
[See sub-rule (3) of rule 7]

Application for Gratuity by a Legal Heir

[Give here the name or description of the establishment with full address]

Sir/Gentlemen,

I beg to apply for payment of gratuity to which I am entitled under sub-section (1) of section 4 of the Payment of Gratuity Act, 1972 as a legal heir of late [name of the employee] who was an employee of your establishment and died on the [date]. Without making any nomination. The gratuity is payable on account of the death of the aforesaid employee while in service/superannuation of the aforesaid employee on the retirement or resignation of the aforesaid employee on the after completion of years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the

Necessary particulars relating to my claim are given in the statement below:

Statement

1. Name of applicant legal heir.
2. Address in full of applicant legal heir.
3. Marital status of the applicant legal heir (unmarried/married/widow/widower)
4. Name in full of the employee.
5. Relationship of the applicant with the employee.
6. Religion of both the applicant and the employee.
7. Date of appointment and total period of service of the employee.
8. Department/Branch/Section where the employee worked last.
9. Post last held by the employee with Ticket or Serial No., if any.
10. Total wages last drawn by the employee.
11. Date and cause of termination of service of the employee (death or otherwise).
12. Date of death of the employee and evidence/witness in support thereof.
13. Total gratuity payable to the employee.
14. Percentage of the gratuity claimed.
15. Basis of the claim and evidence/witness in support thereof.

2. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.

3. Payment may please be made in cash/open or crossed bank cheque.

4. As the amount payable is less than Rupees one thousand, I shall request you to arrange for payment of the sum due to me by Postal Money Order at the address mentioned above, after deducting Postal Money Order commission therefrom.

Yours faithfully,

Place
Date

Signature/Thumb impression

Note: Strike out the words not applicable.
FORM '26'
(Regulation 07)
Certificate for the Payment of Disablement Benefit

Certificate for permanent disablement benefit
Insurance No. .................. of permanent disabled person.
Certified that ................. w/s/d of ........... is alive this day the .......... day of ...............
Date ...............  

Signature ..................

Rubber stamp or seal of the attesting authority or person  
Designation ...............
FORM ‘27’
(Regulation 107A)
Declaration and Certificate for Dependant Benefit

Declaration and certificate for dependants’ benefit
Insurance No. of deceased
Insured person.
I........................ of (address) ................. do hereby solemnly declare:-
*(1) that I have not re-married/married.
**(2) that I have not attained the age of eighteen years but I continue to be infirm date
........................

Signature of thumb-impression of the dependant.

Certified that w/s/d of.................. is alive this day, the .................. day of ............
19............. and that the declaration made above are true to the best of my knowledge and belief.
Date............... 

Signature .............

Rubber stamp or seal of the attesting authority or person

Designation.............

Note: (1) In the case of a minor, the guardian should sign the declaration on behalf of the minor and
add the following words below his signature............................
(Name of minor) through............................
(Name of the guardian)
*(2) This declaration is to be given only by a widow or female dependant or deceased insured person
who is claiming dependant’s benefit under the Act.
*** (3) This declaration is to be given only in respect of a legitimate son/legitimate or adopted
unmarried daughter who is infirm.
Strike out what is not applicable.

Confidential
From
The Manager
.....................Local Office
E.S.I. Corporation
To
M/s...............................

Name of the insured person..........................
insurance No..........................
Department...............................-

Dear Sir/s

The above named employee of your factory has submitted a certificate of incapacity for the period from............. to............. and has declared that he/she has not worked on any day during this period. He/She has further declared that he/she has not received wages for any leave holiday weekly off/lay-off and was not on strike for the above period of incapacity.

I shall be grateful for your confirmation on the Form appended within (en days of the receipt of this Form.

Yours faithfully, Manager

REPLY TO BE FURNISHED BY THE EMPLOYER IN RESPECT OF FORM NO. 28 QUERY

Name of the insured person..........................
insurance No..........................

Returned with the remarks that the employee in question has not worked on any day during the period from............. to.............

It is further confirmed that—
(a) He/she had remained on leave with wages for the period from .......... to
(b) He/she had remained on holidays with wages from ............. to.
(c) He/she was on weekly off with wages for...
(d) He/she was on lay-off with wages from to.............
(e) He/she was on strike from.... to.............

1. If the IP is paid any wages for any of the days during the above period subsequently, the same will be notified to you in due course.
2. The day preceding the first day of absence* was/was not a holiday for the insured person.

Signature .........................
Name and Designation Code NO..................

* Strike out which is not applicable
FORM No. 5
(Revised) Nomination for Arrears of Pension

[See Rule 5 (5) of the Payment of Arrears of Pension (Nomination) Rules, 1983]

Pension Disbursing Authority ..........................................................
Name of Bank/Treasury/Post Office/Accounts Officer, etc.
Place ................................................

I, ............................................... (Name of the Pensioner in capital letters) hereby make the following alternative nomination in cancellation of the previous nomination made on ..................................... under Rule 5 of the Payment of Arrears of Pension (Nomination) Rules, 1983.

<table>
<thead>
<tr>
<th>Name and address of nominee</th>
<th>Relationship with the pensioner</th>
<th>If nominee is minor</th>
<th>Name and address of the person who may receive the said pension during the nominee's minority</th>
<th>Relationship with pensioner</th>
<th>Date of birth if other nominee is a minor</th>
<th>Name and address of person who may receive the pension during the other nominee's minority</th>
<th>Contingency on the happening of which nomination shall become invalid</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(7)</td>
<td>(8)</td>
</tr>
</tbody>
</table>

Place: ................................................

Date: ................................................

Witness: Signature: ...........................................
Name and address: ................................................

Signature of Pension Disbursing Authority ................................................
Date Stamp: ................................................

Certified that application/nomination (Form 'B') has been received from ................................................ (name of pensioner) whose address is ................................................

Form 'A' has been cancelled and returned to him.

Place: ................................................

Date: ................................................

Signature of Pension Disbursing Authority ................................................

P.O./Bank/Treasury with full address: ................................................
FORM No. 12

Nomination for Payment of Commuted Value of Pension

[See Rule 7 of Swamy's — CCS (Commutation of Pension) Rules, 1981]

To
Head of Office
(Place) ..................................................

1. ........................................... (Name of the Pensioner in capital letters) hereby nominate the person named below, under Rule 7 of the Central Civil Services (Commutation of Pension) Rules, 1981.

<table>
<thead>
<tr>
<th>Name and address of the nominee</th>
<th>Relationship with the pensioner</th>
<th>If nominee is minor</th>
<th>Name and address of person who may receive the said commuted value during the nominee's minority</th>
<th>Name and address of other nominee in case the nominee under Column (1) predeceases the pensioner</th>
<th>Relationship with pensioner</th>
<th>Date of birth if the other nominee is minor</th>
<th>Name and address of person who may receive the commuted value of pension during the other nominee's minority</th>
<th>Contingency on the happening of which nomination shall become invalid</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(7)</td>
<td>(8)</td>
<td>(9)</td>
</tr>
</tbody>
</table>

Place: ............................................
Date: ............................................

Signature (or thumb-impression if illiterate) and name of pensioner

Witness: Signature: ..........................................................
Name and address: ..........................................................

Signature of Head of Office: ..........................................................
STAMP

Acknowledgement to be sent by the Head of Office

Certified that the nomination has been received from .......................................................... (Name of pensioner) whose address is

Place: ..........................................................
Date: ..........................................................

Signature of Head of Office: ..........................................................
Full Address: ..........................................................
FORM No. 14

Application for commutation of a fraction of pension without medical examination

(To be submitted in duplicate after retirement but within one year of the date of retirement)

[ See Rules 5 (2), 6 (1), 12, 13 (1) and (2), 14 (1) and (2), 15 (1) and (2) and 16 (1) and (2) of Swamy's — CCS (Commutation of Pension) Rules, 1981 ]

PART-I

To

The

(Here indicate the designation and full address of the Head of Office)

Subject: — Commutation of pension without medical examination.

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below—

1. Name (in Block Letters) ...
2. Father's name (also husband's name in the case of a female Government servant) ...
3. Designation at the time of retirement ...
4. Name of Office/Department/Ministry in which employed ...
5. Date of birth (by Christian era) ...
6. Date of retirement ...
7. Class of pension on which retired ...
8. Amount of pension authorized. [ In case final amount of pension has not been authorized, indicate the amount of provisional pension sanctioned under Rule 64 of the Central Civil Services (Pension) Rules, 1972 ] ...
9. *Fraction of pension proposed to be commuted ...
10. Designation of the Accounts Officer who authorized the pension and the number and date of the Pension Payment Order, if issued ...
11. **Disbursing Authority for payment of pension—
   (a) Treasury/Sub-Treasury (Name and complete address of the Treasury/Sub-Treasury to be indicated) ...
   (b) (i) Branch of the Nationalized Bank with complete postal address ...
   (ii) Bank Account No. to which monthly pension is being credited each month ...
   (c) Accounts Office of the Ministry/Department/Office ...

Place:                     Signature
Date:                     Postal Address
FORMS

PART-II

ACKNOWLEDGEMENT

Received from Shri ........................................... (name) ...........................................
(former designation) application in Part-I of Form 1 for the commutation of
a fraction of pension without medical examination.
Place: ................................................................. Signature ............................................
Date: .......................................................... Head of Office

NOTE.— This acknowledgement is to be signed, stamped and dated and is to be detached
from the Form and handed over to the applicant. If the form has been received by the post, it
has to be acknowledged on the same day and the acknowledgement sent under registered cover.

PART-III

Forwarded to the Accounts Officer ..............................................................
(here indicate the address and designation) with the remarks that—

(i) the particulars furnished by the applicant in Part-I have been verified and are correct;
(ii) the applicant is eligible to get a fraction of his pension commuted
without medical examination;
(iii) the commuted value of pension determined with reference to the
Table applicable at present comes to Rs. ..............................................
(iv) the amount of residuary pension after commutation will be
Rs. ..............................................................

2. It is requested that further action to authorize the payment of the
amount of commuted value of pension may be taken as in Rule 15 of the
Central Civil Services (Commutation of Pension) Rules, 1981.

3. The receipt of Part-I of the Form has been acknowledged in Part-II
which has been forwarded separately to the applicant on ................................

4. The commuted value of pension is debitable to Head of Account.
Place: ................................................................. Signature ............................................
Date: .......................................................... Head of Office
FORM OF APPLICATION FOR FAMILY PENSION

Application for Extraordinary Pension for the family of the late Shri/Shrimati ...............

......................... killed or died of Injury/Disease Injuries/Diseases claimed as being 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 ... ...

EXTRAORDINARY PENSION RULES

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.

........................................ Head of Office

Place: Date: .................................. Seal
FORM C

(Form to be used by the Medical Board when reporting on Injuries/Diseases/Death)

[ Rule 13 (4) (iii) ]

Instructions to be observed by the Medical Board while preparing the Report

(1) The Medical Board before recording their opinion should invariably consult the proceedings of the previous Medical Board, if any, as also all previous Medical/Hospital documents connected with the Government servant brought before them for examination, or who has died.

(2) If the injuries/diseases be more than one, they should be numbered separately, giving percentage of disability for each, with full details.

(3) In answering the questions in the prescribed Form, the Medical Board will confine itself exclusively to the medical aspect of the case, and will carefully discriminate between the Government servant's/claimant's unsupported statements and the documentary evidence available.

(4) The Medical Board will not express any opinion, either to the Government servant examined (or any of his relatives or friends, etc.) or in their Reports, as to whether he or his family is entitled to compensation or as to the amount of it, nor will it inform the Government servant or any other person connected with the Government servant of anything about the nature of the Medical Report given by it.

(5) The Medical Board shall give their Report herein below in the light of the provisions of O.M. No. 23 (15)-E. V (A)/73-Main & Pt. I., dated the 20th January, 1978 [Decision (1)], particularly Schedules I and I-A, IV and the Appendix thereto.

(6) The Report of the Medical Board, on each occasion, shall be supported by all the necessary and full Medical and Hospital documents which shall be maintained and preserved for reference, from time to time, as may be necessary, until the same would no longer be required for reference.

Proceedings of the Medical Board

CONFIDENTIAL

Proceedings of the Medical Board assembled by the order of ................. for the purpose of examining and reporting on—

(i) the present state of the ................. sustained/contracted by, or

(ii) death of, Shri/Shrimati ................. on the ................. (Please give date, month and year).

(a) State briefly the circumstances under which the ................. was/ were sustained/contracted or death occurred and the date thereof:

EXTRAORDINARY PENSION RULES

(a) has the Government servant been unfit for duty?

(b) is the Government servant likely to remain unfit for duty?

Place: .......................................................... Presiding Medical Officer of the Medical Board

Date: .......................................................... Member of the Board

.......................................................... Member of the Board
FORM D

(Please see also Forms 'C' and 'E')

REPORT ON ACCIDENTAL AND SELF-INFLICTED INJURIES

1. Declaration by the injured person.

   1. (Number, rank, name and unit) hereby declare that the injury sustained by me on (Date) did/did not occur while I was in the performance of Government duty.

      (Medical Officer before whom the declaration is made)  (Injured person)
      Station ............ Date ...................  Station ............ Date ...................

2. Nature, location and severity of injury

   NOTE.—Hospital to be notified at once if wound is believed to be self-inflicted.

      (Medical Officer)

3. Short statement of the circumstances of the case

   (Signed statements of witnesses giving a detailed account of the circumstances of the accident must be attached to this Form. Place or sketch of place of accident and how it occurred in cases of lorry, motor car or cycle accidents.)

4. Opinion of the Commandant/Head of Office

   (a) (i) Was the individual in the course of performance of an official task or a task the failure to do which would constitute an offence triable under the disciplinary code applicable to him? (Indicate the nature of the task, by whom it was ordered and when)...

      or

   (d) Was the individual under the influence of intoxicating drink or drug at the material time?...

   (e) Has any Court of Enquiry been held or will be held? [If so, indicate the date and the place of the enquiry, and attach the Enquiry Report (in original)]...

      Station ........................................
      Date ...........................................

      Officer Commanding
      Head of Office

5. The injury/disability/death occurred in peace/field/operational Area and is/is not attributable to Government service.

      Date ..........  Station ............

      2 Head of State/Border DG
      Head of Office
      Head of Department
FOR USE ON FIELD SERVICE ONLY (Items 6-8)

(To be completed in all field service cases where injuries are, or are suspected to be self-inflicted)

6. (a) Opinion of the Unit Commander ...

(b) Disciplinary action taken or proposed, whether against injured individual or another ...

Commandant of Unit

To

Dy. I.G.,
State

7. Forwarded with reference to my casualty signal No. ..........., dated ..............

Dated .............................................

Commanding DIG
State