

FORM B
[See Rule 13(4) (ii) of CCS (Extraordinary Pension) Rules]

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
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
Injury/Disease/Injuries/Diseases
causing death
(as per the Certificate of the Medical Authorities)
and the circumstances in which the same
resulted)

III. Other Information

- | | | | |
|--|-----|-----|-----|
| 14. Amount of pension, etc., claimed | ... | ... | ... |
| 15. Place of payment | ... | ... | ... |
| 16. Date from which benefit(s) claimed | ... | ... | ... |
| 17. Other relevant information, if any | ... | ... | ... |

IV. Name and ages of * surviving kindred of the deceased

Relation	Name	Date of birth by Christian era
Sons:		

Widows:

Daughters:

Father:

Mother:

Place:

Date:

Claimant

* means -

The term 'child' includes a posthumous child of the Government servant and is covered by the term surviving kindred.

[G.I., M.F., U.O. No. 9614-E/V/66, dated the 2nd January, 1967]

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.

.....

Head of Office

Seal

Place:

Date: