

(FORM-14)

(See Rules 77(3) and 81 (2))

**FORM OF APPLICATION FOR FAMILY PENSION ON DEATH OF A GOVERNMENT  
SERVANT/PENSIONER/FAMILY PENSIONER**

1. (i) Name of the Government servant in respect of  
Whom family pension is being claimed :-
- (ii) Office /Department/Ministry served last :-
- (iii) Date of retirement of Government servant :-
- (iv) Date of Death of Government servant :-
- (v) PPO No. of Government servant/pensioner :-

2. Name and other details of claimant-

Name	Date of birth	Relationship with the deceased Government servant	Postal Address

3. In case the claimant is minor or suffering from disorder or disability of mind, including mental retardation, details of guardian nominee, wherever applicable-

Name	Date of birth	Relationship with the minor/ mentally is disabled claimant	Relationship with the deceased Government servant	Postal Address

4. Details of surviving widow/widower, children, dependent parent parents and disabled siblings of the deceased Government servant/pensioner are enclosed in Form3:- Yes, Form 3 along with enclosures.

5. Account No. Name and BSR code of branch of Bank to which, family pension is to be credited: - **Military Pension Branch, Defence Wing, Embassy of India, Kathmandu, Nepal, BSR Code: - NEP0001**

6. Other source of family pension-Military or state Government and/or a Public Sector Undertaking/ Autonomous body/Local Fund under the Central or a State Government, if any:-  
No.

I am aware that future good conduct of the claimant/family pensioner shall be an implied condition for every grant of family pension and its continuance.

Encl: - As per the check-list.

Signature\_\_\_\_\_

Smt/Miss/Shri\_\_\_\_\_

Wife/daughter/son of No.\_\_\_\_\_

Rank\_\_\_\_\_

Name:-\_\_\_\_\_

Mobile No:-

Permanent Accountant Number for  
Income Tax(PAN) - NA

Aadhar No. if available-NA

7. Attested by:-

Name	Full Address	Signature
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(i).....

(ii).....

NOTE – Attestation should be done by two Gazetted Government servants or two or more persons of respectability in the town, village or Pargana in which the applicant resides.

8. Witnesses:-

Name	Full Address	Signature
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(i) .....

(ii) .....

Note:-Form 14 is not to be filled if the spouse had a joint account with the deceased pensioner. In such cases, family pension shall be allowed by the Pension Disbursing Authority on the basis of an application on plain paper. The permanently disabled children/siblings and dependent parents to whom family pension has been authorized in the PPO of the pensioner will submit this Form to the Pension Disbursing Authority.

**DESCRIPTIVE ROLL IN RESPECT OF**  
**EX.NO. LATE OF**

**Family Particulars:-**

S.No.	Name, Surname	Date of birth by Christian Era	Relationship with deceased Govt. servant	Remarks

**Descriptive Roll of**

- (a) Height :  
 (b) Date of birth :  
 (c) Identification Marks:-  
       (i)  
       (ii)

Passport  
size Photo

**Specimen Signature**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**LEFT HAND THUMB AND FINGERS IMPRESSION OF**  
**EX.NO. LATE OF**

Thumb	Fore Finger	Middle Finger	Ring Finger	Little Finger

**RIGHT HAND THUMB AND FINGERS IMPRESSION OF**  
**EX.NO. LATE OF**

Thumb	Fore Finger	Middle Finger	Ring Finger	Little Finger

**NOMINATION:-** (a)

**Home Address:-**

Vill :-  
 PO :-  
 Dist :-  
 Zone :-  
 Ward No.:-  
 (NEPAL)

(b)

**Bank details:-**

Military Pension Branch, Defence Wing  
 Embassy of India, Kathmandu, Nepal  
 BSR Code:- NEP0001

**ATTESTED BY GAZETTED OFFICER**

**COUNTERSIGNED**

(Comdt)

**SPECIMEN SIGNATURE**

Two Specimen signature in respect of \_\_\_\_\_ , wife/daughter/son of

No \_\_\_\_\_ Rank \_\_\_\_\_ (Late) Name \_\_\_\_\_ of \_\_\_\_ Assam Rifles.

(a) \_\_\_\_\_

(b) \_\_\_\_\_

**ATTESTED BY**

(CDO)

**COUNTERSIGNED BY**

‘FORM 3’  
(See Rule 54(12))  
(Details of Family)

Name of the Government servant :-  
Designation :-  
Date of Birth :-  
Details of the members of family as on :-

**DECLARATION OF FAMILY MEMBERS**

S. No	Name of members of family	Relationship with the pensioner	Birth date	Marital status	Remarks	Dated Signature of Head of Officer.

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of the office any addition or alteration.

Signature \_\_\_\_\_  
Smt/Miss/Shri \_\_\_\_\_  
Wife/daughter/son of No. \_\_\_\_\_  
Rank \_\_\_\_\_  
Name:- \_\_\_\_\_

Place:-Military Pension Branch,  
Defense Wing,  
Kathmandu, Nepal

Date :-

**ATTESTED BY**

Note:-1. The original Form submitted by the Government of servant is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head Office in Col7. No. new Form will substitute the original Form. However, the retiring Government servant should be submits the details of family a fresh along with Form 5.

Note:-2.The details of spouse, all children and parents (whether eligible a for family pension or not) and “I disable signings (brothers and sisters) may be given.

Note:-3. The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the “Remarks’ column.

Note:-4. Wife and husband shall include judicially separated wife and husband.

PASSPORT SIZE PHOTOGRAPH OF ..... Wife/daughter/son of  
EX.NO..... ,LATE ..... OF ..... Assam Rifles.



PASSPORT SIZE PHOTOGRAPH OF ..... Wife/daughter/son of  
EX.NO..... ,LATE ..... OF ..... Assam Rifles.



FORWARDED DESCRIPTIVE ROLL IN RESPECT OF \_\_\_\_\_ guardian  
of \_\_\_\_\_ Son/Daughter Ex No \_\_\_\_\_  
Rank \_\_\_\_\_ Name \_\_\_\_\_  
of \_\_\_\_\_ Assam Rifles.

Passport Size  
Guardian

DESCRIPTIVE ROLL

(a) Height: \_\_\_\_\_

(b) Identification Marks:-

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

SIGNATURE OF THE INDIVIDUAL

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

LEFT HAND THUMB AND FINGERS IMPRESSION

Thumb

Fore Finger

Middle Finger

Ringer Finger

Little Finger

ATTESTED

**LETTER OF UNDERTAKING BY THE PENSIONER**

.....  
.....  
.....

Dear Sir,

Payment of pension under PPO \_\_\_\_\_ through your office in consideration of your having, at my request, agreed to make payment of pension due to me every month by credit to my account with you, I the under agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successors, executors and administrators to identify the bank from and against any loss, Suffered or incurred by the Bank in so crediting my pension to my account under the Scheme and to forthwith pay the same to the Bank and also irrevocably deposits the Bank to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the Bank.

Yours faithfully,

Signature\_\_\_\_\_   
Smt/Miss/Shri \_\_\_\_\_   
Wife/daughter/son of No. \_\_\_\_\_   
Rank \_\_\_\_\_   
Name:- \_\_\_\_\_   
Vill:- \_\_\_\_\_ Ward No. \_\_\_\_\_   
GVS/Municipality:- \_\_\_\_\_   
Dist:- \_\_\_\_\_ Zone:- \_\_\_\_\_   
Phone No:- \_\_\_\_\_

**Witnesses:-**

1. Signature \_\_\_\_\_   
Ex.No. \_\_\_\_\_ Rank:- \_\_\_\_\_   
Name:- \_\_\_\_\_   
Vill:- \_\_\_\_\_ Ward No. \_\_\_\_\_   
GVS/Municipality:- \_\_\_\_\_   
Dist:- \_\_\_\_\_ Zone:- \_\_\_\_\_   
Phone No:- \_\_\_\_\_

Signature \_\_\_\_\_   
Ex.No. \_\_\_\_\_ Rank:- \_\_\_\_\_   
Name:- \_\_\_\_\_   
Vill:- \_\_\_\_\_ Ward No. \_\_\_\_\_   
GVS/Municipality:- \_\_\_\_\_   
Dist:- \_\_\_\_\_ Zone:- \_\_\_\_\_   
Phone No:- \_\_\_\_\_

**ATTESTED BY**



**OPTION FOR DRAWAL OF PENSION THROUGH MILITARY PENSION BRANCH, DEFENCE  
WING, EMBASSY OF INDIA, KATHMANDU.**

To,  
Mahanideshalaya Assam Rifles  
Directorate General Assam Rifles  
Unit Pay & Accounts Office  
Family Pension Cell,  
Shillong – 793011

Sir,

I hereby option to draw my pension through Military Pension Branch, Defence Wing,  
Embassy of India, Kathmandu as per details given below:-

**BANKER**

1) Name of Bank & Branch:-		Military Pension Branch Defence Wing Embassy of India Kathmandu
2) BSR Code No.	:-	NEP 0001
3) District	:-	
4) Zone	:-	
5) State	:-	Nepal
6) Account No.	:-	NA

Yours faithfully,

Signature\_\_\_\_\_

Smt/Miss/Shri\_\_\_\_\_

Wife/daughter/son of No.\_\_\_\_\_

Rank\_\_\_\_\_

Name:-\_\_\_\_\_

Vill:-\_\_\_\_\_ Ward No.\_\_\_\_\_

GVS/Municipality:-\_\_\_\_\_

Dist:-\_\_\_\_\_ Zone:-\_\_\_\_\_

**ATTESTED BY**

## DECLARATION

I, \_\_\_\_\_, the wife/daughter/son of Ex No. \_\_\_\_\_, Rank:- \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_ Assam Rifles who expired on \_\_\_\_\_ is hereby give my written consent that outstanding dues, if any, against the late Govt. servant and/ or any excess payment made to me shall be liable to be deducted from the amount of the Death Gratuity/Family Pension to me.

(or)

I, declare that, Ex.No. \_\_\_\_\_ of 4 Assam Rifles who expired on \_\_\_\_\_ was bit ub occupation of any Govt. Quarter or Assam Rifles/ General Pool etc., on the date of his death.

(or)

I, declare that \_\_\_\_\_ wife/daughter/son of Ex.No. \_\_\_\_\_ of \_\_\_\_\_ Assam Rifles who expired on \_\_\_\_\_ that was in occupation of Govt. Quarter No. .... Type ..... at ..... allotted by ..... Since..... which has not been vacated up to this date. My family is presently occupying the said quarter which shall be vacated by .....

Signature \_\_\_\_\_  
Smt/Miss/Shri \_\_\_\_\_  
Wife/daughter/son of No. \_\_\_\_\_  
Rank \_\_\_\_\_  
Name: \_\_\_\_\_  
Vill:- \_\_\_\_\_ Ward No. \_\_\_\_\_  
GVS/Municipality:- \_\_\_\_\_  
Dist:- \_\_\_\_\_ Zone:- \_\_\_\_\_

ATTESTED BY

**UNDERTAKING REGARDING RECEIPT/NON-RECEIPT OF FAMILY PENSION FROM  
ANY OTHER SOURCE**

Certified that I am in receipt of Pension/Family Pension from.....  
vide PPO No.....

(or)

Certified that I am not in receipt of any family pension for eligible for the same from  
any other sources under any other rules of the Central Government or A state  
Government and/or Public Sector Undertaking/Autonomous Body/Local Fund under the  
Central or a State Govt.

Signature\_\_\_\_\_

Smt/Miss/Shri\_\_\_\_\_

Wife/daughter/son of No.\_\_\_\_\_

Rank\_\_\_\_\_

Name:-\_\_\_\_\_

Vill:- \_\_\_\_\_ Ward No.\_\_\_\_\_

GVS/Municipality:-\_ \_\_\_\_\_

Dist:-\_\_\_\_\_ Zone:- \_\_\_\_\_

**ATTESTED BY**

**OPTION FOR AVAILING MEDICAL ALLOWANCE/CGHS FACILITY**

Name:- I, \_\_\_\_\_ wife/daughter/son Ex.No. \_\_\_\_\_ retired employee  
of \_\_\_\_\_ Assam Rifles expired on \_\_\_\_\_ who V/R wef \_\_\_\_\_.

Hereby option as under:-

(i) The place where I am residing former \_\_\_\_\_ VDC, \_\_\_\_\_, Ward No. \_\_\_\_\_, District:- \_\_\_\_\_, Zone:- \_\_\_\_\_, Nepal is neither covered by any Central Government Health Scheme (CGHS) Dispensary nor by any Central Para Military Force (CPMF) hospital, and I do not wish to avail the CGHS facility from nearby CGHS Dispensary. Hence, I wish to draw fixed Medical Allowance along with monthly pension as admissible vide Govt. of Indai, Ministry of Personnel, Public Grievances and Pension OM No.45/97/P & PW© dated 19 Dec 1997.

(or)

(ii) The place where I am residing at \_\_\_\_\_ VDC, Ward No. \_\_\_\_\_, District:- \_\_\_\_\_, Zone:- \_\_\_\_\_, Nepal is covered by CGHS Dispensary/CPMF Hospital. Hence, I wish to avail CGHS facility/CPMF Hospital facility from \_\_\_\_\_

(or)

(iii) The place where I am residing at \_\_\_\_\_ VDC, Ward No. \_\_\_\_\_, District:- \_\_\_\_\_, Zone:- \_\_\_\_\_, Nepal is neither covered by any CGHS Dispensary nor by any CPMF Hospital, but I would like to avail CGHS facilities/CPMF Hospital facilities from \_\_\_\_\_

Date:-

Place:- Kathmandu

Signature \_\_\_\_\_

Smt

of No. \_\_\_\_\_, Rank:-

Name:-

Address :-

**ATTESTED BY**

**PASSPORT SIZE PHOTOGRAPHS**

