

File No. _____

Name _____

Father's/Husband's Name _____

Designation _____

Office _____

Date of Birth _____

Date of Joining Service _____

Date of Superannuation _____

Class of Pension _____

Address _____

Tel./Mob. No. _____

E-mail Address _____



**Haryana State Agricultural Marketing Board
PANCHKULA**

FORM PEN-16

[See rule 9.17]

Form of letter to the Audit Officer forwarding the pension papers of a Board Employee

No.

Haryana State Agricultural Marketing Board, Panchkula

Dated, the

To,

The Controller, Finance & Accounts
HSAMB, Panchkula.Subject :— **Pension paper of Shri/Shrimati/Kumari** _____
For authorization of pension.

Sir,

I am directed to forward herewith the pension papers of Shri/Shrimati/Kumari _____ of this department/office for further necessary action.

2. The details of Government dues which will remain outstanding on the date of retirement of the board employee and which need to be recovered out of the amount of death-cum-retirement gratuity are indicated below —

(a)	Balance of the house building or conveyance advance	...	Rs.
(b)	Overpayment of pay and allowances including leave salary	...	Rs.
(c)	Income Tax deductible at source under the I.T.A. 1961 (43 of 1961)	...	Rs.
(d)	Arrears of licence fee for occupation of Board accommodation	...	Rs.
(e)	The amount of licence fee for the relation of Board accommodation for the permissible period of 2 months beyond the date of retirement	...	Rs.
(f)	Any other assessed dues and the nature thereof	...	Rs.
(g)	The amount of gratuity to be withhold for adjustment of unassessed dues, if any	...	Rs.
	Total	...	Rs.

3. Your attention is invited to the list of enclosures which is forwarded herewith.

4. The receipt of this letter may be acknowledged and this Department/Office information that necessary instructions for the disbursement of pension have been issued to disbursing authority concerned.

Yours faithfully

Head of Office/Pension sanctioning Authority

Enclosures :

1. Form PEN 1 and Form PEN 9 duly completed.
2. Medical certificate of Incapacity (if the claim is for invalid pension)
3. Statement of the saving effected and the reasons why employment could not be found elsewhere (If claim is for compensation pension or gratuity).
4. Service book (date of retirement to be indicated in the service book).
5. (a) Two specimen signature duly attested by a gazetted Government employee or in the case of pensioner not literate enough to sign his name two slips bearing the left hand thumb and finger impressions duly attested by a gazetted Government employee.
(b) Three copies of passport size photograph with wife or husband (either jointly or separately duly attested by the head of office.
(c) Two slips showing the particulars of heights and identification marks duly attested by a gazetted Government employee.
6. A Statement indicating the reasons for delay in case the pension papers are not forwarded before six months of the retirement of government employee.
7. Written statement if any of the government employee as required under rule 9.5 (1) (a).
8. Brief statement leading to reinstatement of the government employee in case the government employee has been reinstated after having been suspended compulsorily retired removed or dismissed from service.

Note : When initials or name of the board employee are incorrectly given in the various records consulted this fact should be mentioned in the latter.

* If a board employee is compulsorily retired from service and delay is anticipated in obtaining Form PEN 9 from the government employee the Head of Office may forward the pension papers to the Accounts Officer without Form PEN 9. The Form may be sent as soon as it is obtained from the board employee.

** Only two copies of passport size photograph need to be furnished if the Board employee is governed by Appendix-I (i.e. a Family Pension Scheme, 1964) and is unmarried or a widower or a widow.

FORM PEN 1

[See rule 9.4, 9.6, 9.7(1), (3) and 9.11 (1)]

(To be sent in duplicate if payment is desired in a different circle of accounting unit)

PART I

1. Name of the Board / employee
2. Father's Name
Husband's name (In the case of a female Board employee)
3. Date of Birth (by Christian era)
4. Religion and Nationality
5. Permanent residential address
(Showing village, district & state)
6. Present and last appointment including name of establishment
(i) Substantive
(ii) Officiating, if any
7. Date of beginning of service
8. Date of ending of service
9. (i) Total period of military service for which
pension or gratuity was sanctioned
(ii) Amount and nature of any pension/
gratuity received for the military service
10. Amount and nature of any pension/gratuity
received for previous civil service
11. Government under which service has been Years Months Days
rendered in order of employment
12. Class of pension applicable
13. The date of which action installed to
(i) obtain the No demand certificate from
the Accounts officer (Rent)/Rent Assessing
Authority as provided in rule 9.3
(ii) assess the service and emoluments qualifying
for pensioner as provided in rule 9.5 and
(iii) assess the Board dues other than the
dues relating to the allotment of Govt.
accommodation as provided in 9.19(1)
14. Details of omissions, imperfections or
deficiencies in the service book which have
been ignored under rule 9.5 (1)(b)(ii)
15. Total length of qualifying service (for the
purpose of adding towards broken periods,
a month is reckoned as thirty days)
16. Periods of non-qualifying service From To
(i) Interruption in service condoned under
rule 3.17A
(ii) Extraordinary leave not qualifying for
pension
(iii) Period of suspension not treated as
qualifying for pension
(iv) Any other service not treated as
qualifying for pension
Total

FORM PEN 1 (Contd.....)

17. Emoluments reckoning for gratuity
18. Last Pay
- (a) Scale of Post held
- (i) In case where the last ten months include some period not to be reckoned for calculating average emoluments an equal period backwards has to be taken for calculating average emoluments.
- (ii) The calculation of average emoluments should be based on actual number of days contained in each month.
19. Date on which from PEN 9 has been obtained from the Board/employee (to be obtained eight months before the date of retirement of Board/employee)
20. (i) Proposed pension
- (ii) Proposed granted relief
21. Proposed death-cum-retirement gratuity
22. Date from which pension is to commence
23. Proposed amount of provisional pension, if departmental or judicial proceedings is instituted against the Board/employee before retirement
24. Details of Government dues recoverable out of gratuity—
- (i) Licence fee for the allotment of Board accomodation [See sub-rule (2), (3) and (4) of rule 9.18]
- (ii) Dues referred to in rule 9.19
25. Wheher nomination made for death-cum-retirement gratuity
26. (i) The amount of the family pension becomming payable to the family of the Board/employee. If death take place after retirement.
- (a) before attaining the age of 65 years Rs.
- (b) after attaining the age of 65 years Rs.
- (ii) Complete and up to date details of the family, as given below—

Serial No.	Name of the member of the family	Date of birth	Relations with the Government employees
1	2	3	4

27. Height
28. Identification marks
29. Place of payment of pension
(Treasury, Sub Treasury or Branch of Public Sector Bank)
30. Head of account ot which pension and gratuity are debitable

Signature of the Head of Office.

FORM PEN 9

(See rule 9.2)

Particulars to be obtained by the Head of Office from the retiring Board employee before eight months of the date of retirement

1. Name of the Board / employee
2. (a) Date of Birth
- (b) Date of retirement
- ¹[3. Two specimen signatures duly attested (to be furnished in a separate sheet)
- ¹[4. Three copies of passport size Joint photographs of the Board employee with his/her wife/husband.
5. Two slips showing the particulars of height and personal identification marks duly attested.
6. Present Address
- ¹[7. Address after retirement
8. Name of the Treasury/Public Sector Bank Branch through which the Board/employee wants to draw his pension
- ¹[9. Details of the family as defined in Appendix-I of the Punjab C.S.R. Vol. II

Signature

Designation

Department/Office

.....

.....

Dated the

¹[Two slips each bearing the left hand thumb and finger impressions duly attested, may be furnished by a person who is not literate enough to sign his name. If such a Board employee on account of physical disability is unable to give left hand thumb and finger impressions, he may give the thumb and finger Impressions of the right hand. Where a Board employee has lost both the hands, he may give his two impressions. Impressions should be duly attested by a Gazetted Government employee.

¹[Only two copies of passport size photographs of self need be furnished if the Board employee is governed by Appendix 1 of Punjab C.S.R. Vol. II and is unmarried or a widower or widow.

¹[Where it is not possible for a Board employee to submit photograph with his wife/her husband he/she may submit separate photographs. The photographs shall be attested by the Head of Office.

⁴[Any subsequent change of address should be notified to the Head of Office/Audit Office.

⁵[Applicable only where Appendix 1 of the Punjab C.S.R. Vol. II is applied to the Board employee.

Name	Designation
Establishment 1	Appointment as 2
Substantive pay 3	Officiating Pay 4
Date of beginning service 5	Date of ending of service Y-M-D 6
Period reckoned as service Y-M-D 7	Period not reckoned as service 8
Reason of Non-Qualifying service Officer 9	How verified 10
Remarks by the Accounts 11	

CALCULATION SHEET OF PENSION

Name _____

Father's / Husband's Name _____

1. Designation of the Post from which retired _____
2. Office last served _____
3. Date of Birth _____
4. Date of entry into Govt. service _____
5. Date of Retirement/Superannuation _____
6. Rules under which pensionary benefits were settled _____
7. Total period of Service _____
8. Period not recognised as service _____
9. Period recognised as service _____
10. Average emoluments for last ten months _____
11. Average emoluments on which Pension fixed _____
12. Total amount of pension _____
13. Total amount of family pension _____
14. Death-cum-Retirement Gratuity _____
15. Percentage/amount of monthly pension commuted _____
16. Amount of commuted value of pension authorised _____
17. Remarks _____

(Signature of Head of Office)

Designation _____
(with Stamp)

[illegible]

[illegible]

Table - II Details of Non-Qualifying Service

[illegible]

.....

Sr. No.	Period		Month	Pay & Per Month (Rs.)	Total Pay (Rs.)
	From	To			

Average emoluments for one month :

Declaration/undertaking to refund Pension/Gratuity DCRG if paid in excess

(Annexure 'A' The rule 9.15 of Punjab Civil Services Rule Volume I to be signed by the Retiring Government Servants)

Whereas the has consented to grant me the sum of Rs..... per month as the amount of my pension w.e.f..... and/or the sum of Rs..... as the amount of my gratuity/death-cum-retirement gratuity, I hereby acknowledge that in accepting the said amount(s). I fully understand that the pension, gratuity/death-cum-retirement gratuity, is subject to revision and the same being found to be in excess of that to which I am entitled under the rules and I promise to raise no objection to such revision. I further promise to refund any amount paid to me in excess of that to which I may be eventually found entitled.

Signature

Designation

1. Signature of witness Attested
Occupation
Address
2. Signature of witness (Head of Office)
Occupation Designation
Address (with Stamp)

The deduction should be witnessed by two persons, of responsibility in the town, village or pargana in which the applicant resides.

Authority Letter to Recover Board Dues from pension

I hereby authorise to recover any Govt. dues such as overpayment of pay, allowances, leave salary or admitted and obvious dues such as house rent, postal life insurance premium, outstanding house building advance, travelling allowances and other advances or any amount, if any discrepancy is found recoverable from me at any stage from my pension.

Attested

(Head of Office)

Signature

Designation

Declaration Regarding Non-Receipt of Pension or Death-cum-Retirement Gratuity

I hereby declare that I have neither applied for nor received any pension or gratuity in respect of any portion of the service included in this application and in respect of which pension or gratuity is claimed herein; nor shall I submit an application hereafter without quoting a reference to this application and the orders which may be passed thereon.

Attested

(Head of Office)

Signature

Designation

Declaration Regarding Anticipatory Pension

"Whereas the (here state the designation of the authority sanctioning the advance has consented provisionally to advance me the sum of Rs..... a month in anticipation of the completion of the enquiries necessary to enable the Government to fix the amount of my pension. I hereby acknowledge that in accepting this advance, I fully understand that my pension is subject to revision on the completion of necessary formal enquiries and promise to raise no objection to such revision on the grounds that the provisional pension now to be paid to me exceeds the pension to which I may be eventually found entitled. I further promise to repay any amount advanced to me in excess of the pension to which I may be eventually found entitled."

Attested

Signature

(Head of Office)

Designation

Certificate Regarding Military Service

Certified that I have not rendered and military service, nor have received any pension or gratuity.

OR

Certified that I have rendered military service, and have received pension/gratuity. Details are as follows :

1. Total period of military service
Date of Commencement and end
of each period of military service/
2. Amount and nature of any pension/gratuity
received for the military service.

Attested

Signature

(head of Office)

Designation

NO DUES CERTIFICATE

Certified that there is no term advances and other advances outstanding/pending against

Name _____

Designation _____

Date of Retirement _____

Date of Birth _____

(Signature of Head Office)

NO COMPLAINT/ENQUIRY CERTIFICATE

Certified that there is no complaint/Enquiry pending against

Name _____

Designation _____

Date of Retirement _____

Date of Birth : _____

(Signature of Head Office)

CERTIFICATE OF VERIFICATION OF SERVICE FOR PENSION

Certified that Sh./Smt./Km _____

Designation _____ has completed a qualifying service of _____
 years _____ months _____ day as on _____ (date). The service
 has been verified on the basis of his service documents and in accordance with the rules regarding
 qualifying service in force at present. The verification of service shall be treated as final and shall
 not be reopened except when necessitated by a subsequent change in the rules and orders
 governing the conditions under which the service qualifies for pension.

(Signature of Head of Office)

[illegible][illegible]

ADDRESS FOR CORRESPONDENCE	
Present Address	
Address for Retirement	
ADDRESS FOR CORRESPONDENCE	
Present Address	
Address for Retirement	

PARTICULARS OF HEIGHT/IDENTIFICATION MARKS

Name _____ Designation _____

Particulars of Height _____

Personal Marks of Identification _____

Attested

(Signature)

Designation with stamp

PARTICULARS OF HEIGHT/IDENTIFICATION MARKS

Name _____ Designation _____

Particulars of Height _____

Personal Marks of Identification _____

Attested

(Signature)

Designation with stamp

ADDRESS FOR CORRESPONDENCE

Present Address _____

Address after Retirement _____

ADDRESS FOR CORRESPONDENCE

Present Address _____

Address after Retirement _____

Specimen Signatures/left hand thumb and finger impressions

Name..... Designation

Specimen Signature

1. 2.

OR

Left-hand thumb and finger impression (in case the pensioner is illiterate) :

(Little Finger)

(Ring Finger)

(Middle Finger)

(Index Finger)

(Thumb)

Attested

Signature

Designation
(with Stamp)**Specimen Signatures/left hand thumb and finger impressions**

Name..... Designation

Specimen Signature

1. 2.

OR

Left-hand thumb and finger Impression (in case the pensjoner is illiterate) :

(Little Finger)

(Ring Finger)

(Middle Finger)

(Index Finger)

(Thumb)

Attested

Signature

Designation
(with Stamp)

Last Pay Certificate (Contd....)

DETAILS OF RECOVERIES

Name of recovery

Amount Rupees

To be recovered in Instalments

SALARY DEDUCTIONS MADE FROM LEAVE SALARY

From to on account of Rs.

From to on account of Rs.

From to on account of Rs.

Head of Office/Deptt.

Signature with Stamp

Name of months	Pay	Gratuity Fee	Funds and other Deductions	Amount of Income-tax recoveries	Remarks
April 20					
May 20					
June 20					
July 20					
August 20					
September 20					
October 20					
November 20					
December 20					
January 20					
February 20					
March 20					

He tookover/assumed charge of the Office of.....
on the noon of

(Signature)

(Designation)

LAST PAY CERTIFICATE (L.P.C.)

Office of the

NO

Office case (Provincial)

LAST PAY CERTIFICATE OF
 of the Proceeding on
 to

2. He has been paid upto

at the following rate :—

Particulars

RATE

Substantive Pay

Officiating Pay

Exchange Compensation Allowance

DEDUCTIONS

3. He has made over charge of the office of
 on the noon of the 20

4. Recovered are to be made from the pay of the Board servant as detailed on the reserve.

5. He has been paid leave salary as detailed below. Deductions have been made as noted
 on the reverse :—

Period		Rate	Amount
From	to	at	Rs.
From	to	at	Rs.
From	to	at	Rs.

6. He is entitled to draw the following scale of pay
 increment accrues on

7. He is also entitled to joining time for days.

8. The details of the income tax recovered from him upto the date from the beginning of the
 current year are noted on the reverse.

Dated 20

Head of Office/Deptt.

FORM PEN 12-A

(See rule 11.1, 11.11, 11.18, 11.19, 11.20, 11.21)

Form of application for COMMUTATION OF A FRACTION OF PENSION.

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

PART-I

To

The

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

Sub : Commutation of pension

Sir,

I furnish below the relevant particulars and request that I may be permitted to commute a part of my pension as indicated below —

1. Name (in Block letters)
2. Father's Name
Husband's name (in case of female Board employee)
3. Designation at the time of retirement
4. Name of Office/Department 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 authorised
(in case final amount of pension has not been authorised indicate the amount of provisional pension)
- 9*. Fraction of pension proposed to be commuted
10. Designation of the Accounts Officer
who authorised the pension and No. and date of 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 Nationalised
 Bank with complete
 postal address
 (ii) Bank Account No.
 to which monthly pension is being credited each month.

Place

Signature

Date

Postal Address

NOTE: The payment of commuted value of pension shall be made through the disbursing authority from which pension is being drawn. It is not open to an applicant to draw the commuted value of pension from disbursing authority other than the disbursing authority from which pension is being drawn.

- * The applicant should indicate the fraction of the amount of monthly pension (subject to the maximum of one-third thereof) which he desires to commute and not the amount in rupees.
- ** Score out which is not applicable.

PART III

No.

Dated

Forwarded to the Accounts Officer, (here indicate the address & 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. (Rupees)
 - (iv) the amount of residuary pension after commutation will be Rs. (Rupees)
2. It is requested that further action to authorise the payment of the amount of commuted value of pension may please be taken in accordance with Rule 11.21 of these rules.
 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 namely

Place

Signature

Date

Head of Office

----- (Detach from here) -----

PART II**Acknowledgement**

Received from Shri/Smt.
 (Name & former designation) Application in Part I of Form 12-A for the Commutation of a fraction of pension without medical examination.

Place

Signature

Date

Head of Office

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

To

The

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

Sub. : -Application for Payment of accumulation under Hr. Board Employees Group Insurance Sch. 1985

Sir,

I have been a member of the Haryana Govt. Employee Group Insurance Scheme, 1985 since (month & year of becoming a member of the scheme). I have retired from service after attaining the age of (years/I have ceased to be in employment of the Haryana Govt. with effect from I was holding the post of before retirement/cessation of employment of the Haryana State Agricultural Marketing Board.

I request that the amount due to me under the Haryana Government Employees Group Insurance Scheme may be paid to me.

Yours faithfully

Place

Signature

Date

Name

Designation

Office of the

Order No.

Dated.....

Sub. : Sanction of Group Insurance Scheme, 1985

1. Sanction is hereby accorded under Rule 11 of Group Insurance Scheme, 1985 for withdrawal of Rs.
(Rupees only) on account of payment of Savings/Insurance fund
payable to Sh.
(Designation)
S/o Sh.
GIS No. an employee of this office/institution in Group A/B/C/D
retired on
2. Certified that Shri
Designation was a member of Group Insurance Scheme since
Monthly subscription of Rs. (Rupees only) per month
was deducted from his salary.
3. The expenditure will be debited under :-
Head-8011 Insurance & Pension Fund
Minor Head-Haryana State Govt. Employees Group Insurance Scheme:
Sub-Head : Insurance Fund/Savngs Fund

Head of Office

Copy forwarded to the following for information and necessary action :

1. The Controller, Finance and Accounts
HSAMB, Panchkula.
2. TO/ATO
3. Official concerned
4. Pension File

Head of Office

LEAVE ENCASHMENT

Name Designation

Calculation Sheet of Encashment of Earned leave

Earned leave due at the time of retirement to the maximum of 240 days	X	Pay including S.P. & P.P. + Dearness Allowance
		<hr/>
		30

Office of the

Order No.

Dated

Subject : Sanction of Leave Encashment

Sanction is hereby accorded vide Haryana Govt. Finance Deptt. circular letter No.11/5/78-FR II dt. 13.2.1978 as modified from time to time under Rule 8.122(5) of Punjab Civil Services Rules, Volume I, Part I for withdrawal of Rs. (Rupees only) on account of payment of days earned leave payable to Sh./Smt. Designation Official address retired on

It is further certified that days earned leaves are due as per balance in his/her service book.

The expenditure will be debited under Major Head (Salary Head of Account)

(Head of Office)

Copy forwarded to the following for information an necessary action :-

1. Accountant General, Haryana, Chandigarh
2. T.O./A.T.O.
3. Official concerned
4. Pension File

(Head of Office)

Application for drawal of Pension through Public Sector Banks

(To be submitted in duplicate)

To

The Treasury/Assistant Treasury Officer,

..... (Place)

Sir,

I opt to draw my pension through Public Sector Bank and give below necessary particulars to enable you to make arrangements in this regard :

1. Particulars of Pension

(a) Name

(b) P.P.O. No.

(c) Present Address

2. Particulars of authorised Public Sector Bank

(a) Name

(b) Branch where payment desired

3. Pensioner's S.B./^{*}Current Account No. at the branch to which pension is to be credited

^{*} Not joint or either/or survivor's account

Yours faithfully

Place :

Date :

(Pensioner)

Pensioner's Specimen Signature

FOR USE OF SUB TREASURY

Forwarded to the manager, HARCO Bank, Panchkula alongwith Disburser's half of shri/Smt./km.

..... the pensioner has been paid for the period upto the month of

Manager
HARCO Bank, Panchkula

FOR USE IN TREASURY

Forwarded to the Manager/Agent (link branch of PSB).

The Disburser's half/both halves P.P.O. of Sh./Smt./Km. bearing No. is (are) sent herewith.

The pensioner has been paid pension upto the month of pension due from the month of is to be arranged by the Bank.

Manager
HARCO Bank, Panchkula
(with his seal)

Certificate to be Submitted by Pensioner

(See Paragraph 12)

I. Life Certificate

Certified that I have seen the pensioner Sh./Smt./Kum.
Pension Payment Order No.
and that he is alive on this date.

Place Name
Date Designation
Seal

II. Non-Employment Certificate

I declare that I have accepted commercial employment after obtaining/without sanction of the Board.
I declare that I have/have not accepted any employment under any Government outside India after obtaining/without obtaining sanction of the Board.
(To be furnished during the first two years from the date of retirement).

Place Signature
Date Name of the Pensioner
P.P.O. No.

III. Certificate of Remarriage/Non-marriage

I have declared that I am not married/I have not be married during the past six months.
C
I hereby declare that I have not remarried. I undertake to report such an event promptly to the Treasury Officer/Bank.

Place Signature
Date Name of the Pensioner
P.P.O. No.

I certify to the best of my knowledge and belief that the above declaration is correct.

Place Signature of Responsible Officer or
Date a Well Known Person
Name
Designation

IV. Undertaking for Payment of Income Tax

I hereby solemnly declare that I will pay 'INCOME TAX' on my pension/pension arrears paid to me during the financial year. I shall be liable for non-payment of Income Tax on the due dates.

Saving Fund No. Signature
File No. Name of the Pensioner
Government P.P.O. No.

**Affidavit on Stamp Paper of Rs.3/- Or Above to be Duly Attested
by the Magistrate 1st Class/Notary Public**

I

S/o (W/o) Aged

R/o

do hereby solemnly affirm and declare as under :

- 1) That I retired from the office of the
on as after attaining the age of superannuation.
- 2) That I am issued P.P.O. No. by for
commencement of pension from
- 3) That I am not drawing any other Pension/Family Pension/Anticipatory pension of any kind from any other
department.
- 4) That I am not re-employed in any capacity in any establishment. I further undertake to inform the Bank
immediately in case such event take place.
- 5) That I shall maintain my income tax account myself and shall be liable personally for non payment of
income tax on the due amount on due dates.
- 6) That I hereby undertake to authorise the (Name
& Branch of the Bank) to recover any amount from my Saving Bank/Current A/c No.
..... paid in excess or erroneously to me.

Deponent

Verification :

Verified that the contents of the above statement of this affidavit of mine are true to the best of my
knowledge and belief.

Form of Surety Bond

(Amendment from of Surety to be substituted for Annexure IV to Punjab Government Finance Department Letter No. 6034-2FRI 59/8941 dated the 2nd September, 1959 in supersession of the revised form introduced vide Punjab Government Letter No. 233-FRI 60/3692 dated the 19th April, 1960.)

In consideration of the governor of Haryana (herein after called "The government") which expression shall include his successors and assigns having agreed to settle the final account of Shri/Shrimati _____ without production of a 'No demand certificate' from the Estate Officer, I hereby stand _____ surety which expression shall include my heirs, executors, administrators, legal representative and assign) for payment by the said _____ of rent allotted or that was allotted to the said _____ from time to time by Government, I the surety, further agree to undertake to indemnify the Government against all losses and damages until delivery of vacant possession of the above said residence made over to the govt.

I hereby also stand surety for any amount that may be due by the said _____ to Government by way of over payment of pay, allowances, leave, salary, advance for any amount that may be due by the said _____ to government by way of over payment of pay allowances leave salary advance for conveyances house building or other purpose for any amounts that may be paid or payable by govt. under or in respect of any guarantees given by Govt. on behalf of the said _____ or any other dues what so ever to the govt.

The obligation undertaken by me shall not be discharged or in any way affected any extension of time or any other indulgence granted by the govt. of the said _____ and the govt. shall have the fullest liberty without affecting guarantee to postpone for any time from time to time any of the powers exerciseable by it _____ against the said _____ and either to enforce or before hear any of its rights against the said _____ and will not be released from the liability under this Guarantee by any exercise of the government of liberty with reference to the matter before said or by reason of any other forbearance, act or omission of the part of the govt. of any indulgence by the government to said _____ or any other matter of things whatsoever which under the law relates to sureties shall, but for this provision have the effect of so releasing me from such liability.

The guarantee shall remain in force till.

- (i) The 'No Demand Certificate' is issued by the Estate Officer in favour of said _____
- (ii) The Head of Office in which the said _____ was last employed and in case he/she was drawing pay and allowance on gazetted government servants bill forms the concerned audit officer has certified that nothing is now due to the govt. from the said _____ and _____
- (iii) The 'No Demand Certificate' is issued by the Estate Officer in favour of the said _____ in respect of water and electricity dues in case govt. had given a guarantee for these dues, on behalf of the said _____

The stamp duty on this instrument shall be borne by the govt.

Signature of the Surety this

Signed and delivered by the said Surety at _____ day of _____ in the presence of this _____

1. Signature, address and occupation of the witness _____

2. Signature, address and occupation of the witness _____

Certified that Shri/Smt. _____ is permanent govt. servant.

Signature of the Head of the
Department/office in which
the surety is employed

The above bond is accepted.
for & on behalf of the governor of Haryana

(Signature & Designation)

ANNEXURE E
FORM NO. PF-5
(see rule 24)

APPLICATION FOR FINAL PAYMENT/TRANSFER TO CORPORATE BODIES/OTHER
GOVERNMENTS

To

The CFA
HSAMB
Panchkula
(Through the Head of Office)

Sir,

I am to retire/have retired/have been discharged/dismissed/have been permanently transfer to _____/have resigned finally from Government service/have resigned service _____ Government to take up appointment with _____ and my resignation has been add with effect from _____ forenoon/afternoon. I joined service with _____ on _____ forenoon/afternoon.

2. My fund Account No. is _____

3. I desire to receive payment through my office _____ or through the _____ Treasury / Sub-Treasury. Particulars of my personal marks of identification, left hand thumb and finger important (in the case of illiterate subscribers) and specimen signature (in the case of literate subscribers) in duplicate attested by a Gazetted Officer of the Government are enclosed.

4. I request that the entire amount at my credit with interest due under the rules may be paid to me/tranfer to _____

Yours Faithfully

Date :-
(To be specified)

(Signature)

Name :
Address

(FOR USE BY HEAD OF OFFICE)

Forwarded to the Accountant-General, Haryana for necessary action

2. Sh./Ms _____ has finally retired/has been discharged/dismissed/hs permanently transferred to _____ / has resigned finally from Government service/has resigned under _____ Government to take up tup appointment _____ forenoon / afternoon. He/She joined service _____ on _____ forenoon / afternoon.

3. The last fund deduction was made from his/her pay in the Office Bill No. _____ dated _____ for Rs. _____ (Rupees _____) Treasury No. _____ of _____ Treasury, the amount of deduction being Rs. _____ and record account of refund of advance Rs. _____

4. Certified that he/she had taken the following advances in respect of which _____ instalment Rs. _____ are yet to be recovered and credited to the fund Account. The details of advance withdrawal(s) granted to him/her during the twelve months immediately preceding the date of his/her service/proceeding on leave preparatory to retirement or thereafter are also in below :-

Serial Number	Amount of Advances/Withdrawals	Place of Encashment	Voucher Name & Date
1			
2			
3			
4			
5			
6			
7			

5. Certified that he/she has not resigned from Government service with prior permission of the Government to take up an appointment in Central Government or under State Government or under a body owned or controlled by the state.

6. Certified that no advance/withdrawal will be sanctioned to the subscribed henceforth without the concern of Accountant General, Haryana.

7. Certified that the subscriber/claimant submitted the application on _____ Date _____
Month _____ Year.