

Form I

Form of application for commutation of a fraction of superannuation pension without medical Examination when Applicant desires that the payment of the commuted value of pension should be authorised through the pension payment order.

(To be submitted in duplicate at least three months before the date of retirement).

PART I

Subject : Commutation of Pension without medical examination.

Sir,

I desire to commute a fraction of my pension. The necessary particulars are furnished below :-

1. Name in block letters.
2. Father's Name (and also husband's Name in the case of a female Govt. Servant.)
3. Designation & Token No.
4. Name of Office/Deptt./ in which employed.
5. Date of Birth (by Christian era)
6. Date of retirement on superannuation or on the expiry of extension in service granted under FR 56 (d).
- *7. Fraction of Superannuation pension proposed to be commuted.
- **8. Disbursing authority from which Pension is to be drawn after retirement.
 - a) i) Branch of the nominated nationalised Bank with complete postal address.
 - ii) Bank Account No. to which monthly pension is to be credited each month.

b) Account Office of the DTC/
Department/Office.

Form of application for commutation of a portion of superannuation pension without medical examination when Applicant desires that the payment of the commuted value of pension should be authorized through the pension payment order.

Place :

(To be submitted in duplicate at least three months before the date of retirement)

Date :

PART I

Signature

Subject : Commutation of Pension without medical examination.

Present Postal Address

Sir

The necessary particulars are furnished

Postal Address
after retirement

2 Father's Name (and also husband's Name in the case of a Govt. servant)

Note :-

The payment of commuted value of Pension shall be made through the disbursing authority from which pension is to be drawn after retirement. It is not open to an applicant to draw the commuted value of Pension from a disbursing authority other than the disbursing authority from which pension is to be drawn.

* The applicant should indicate to the fraction of the amount of monthly pension (Subject to a maximum of one third thereof) which he/she desires to commute and not the amount in rupees

** Score out which is not applicable.

Form 3

Details of Family

Name of the Employee :

Designation :

B. No. :

P. T. No. :

Date of Birth :

Date of Appointment :

Details of the members of my family*

S. No.	Name of the members of Family*	Date of birth	Relationship with the Officer/employee	Initials	Heads of Office
1	2	3	4		5
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

Place :

Dated :

(Signature of Employee)

*Family for this purpose means :—

- (a) Wife, in the case of a male employee.
- (b) Husband, in the case of a female employee.
- (c) Sons below twenty one years of age and unmarried daughters below twenty four years of age, including such son or daughter or daughter adopted legally before retirement.

Note : Wife and husband shall include respectively Judicially deparated wife and husband.

Form 5

Particulars to be furnished by ex-employee/employees who are eligible for Pension.

1. Name of the employee :
2. a) Date of birth :
b) Date of retirement :
3. *Two specimen signatures duly attested to be furnished in a separate sheet
4. **Three copies of passport size joint photographs of the ex-employee/employee with his/her wife/husband.
5. Two slips showing the particulars of height and personal identification marks duly attested by Gazetted Officer or Officer of D.T.C.
6. Present Address :
7. Address after retirement :
8. Name of the Public sector Bank Branch through which the ex-employee/employee wants to draw his pension.
9. Details of the family in Form 3

Place :

Dated :

Signature

Designation

P.T. No.....Name of Unit.....

*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 an ex-employee/employee on account of physical disability is unable to give the thumb and finger impressions of the right hand where an ex-employee/employee has lost both the hands, he may give his to impressions. Impressions should be dully attested.

**Only two copies of Passport size photographs of self need be furnished.

i) If the ex-employee/employee of DTC is unmarried or a widower or widow.

***Where is not possible for an ex-employee/employee to submit a photograph with his wife/her husband, he/she may submit separate photographs. The photographs shall be attested by the Head of unit.

Any subsequent change of address should be notified to the Chairman

UNDERTAKING

I,S/o W/o Sh.....
Design.....T. No.....hereby declare that I am availing Medical benefits
from (Name of the Deptt.).....or
not availing medical benefits :—

- A. Being dependent upon my children.
- B. Being ex-serviceman.
- C. Being employed in DTC/any other Department
- D. Whether ex-serviceman & drawing pension from
Military Department Rs.....

Signature of Pensioner

The Deputy Manager (Pension),
Delhi Transport Corporation,
1.P. Estate, New Delhi.

Sir,

It is requested that my pension may be paid to me through Syndicate Bank. I am ready to bear the Bank charges, if any for the same. My Bank particulars are as under :-

1. Syndicate Bank Account No. (Saving).....
2. Full Address of Syndicate Bank Branch.....

(Signature of Pensioner)

Name.....

Designation.....

T. No.....

Address.....

.....

Dated :-



DELHI TRANSPORT CORPORATION

(Govt. of N.C.T. of Delhi)

I.P. Estate, New Delhi-110002

UNDE TAKING

AFFIDAVIT

I S/o, W/o

Design. T. No.

R/o.....

Unit certify as under :-

- (I) That I have drawn N.R.A. from Management's share of provident fund Rs..... onduring my service period.
- (II) That I have drawn Management's share of provident fund amounting to Rs. on and total Gratuity amounting to Rs. on
- (III) That I have not been in employment in any Government/Commercial Establishment after my retirement till today and I shall inform as and when I join any employment.
- (IV) That I have been in employment in since..... and drawing monthly salary of Rs. in total.
- (V) That I am not drawing any kind of pension from any State/Central Govt. Department/ Military Department.
- (VI) That I am drawing pension/family pension amounting to Rs. w.e.f. from.....(Name of the Deptt.).
- (VII) That I have drawn a sum of Rs..... Dated..... from RPFC. In case I will draw any amount from RPFC in future, I shall deposit the same in Pension Cell (HQ.)
- (VIII) I am widow of Late Shri In case of re-marriage I shall inform to Pension Cell (HQ.) immediately.
- (IX) If any excess payment is paid to me, the same can be recovered from my Pension at any time.
- (X) That I shall abide by the C.C.S. Pension Rules, 1972, as amended from time to time.

DEPONENT

Certified that the above facts are true to the best of my knowledge and belief and nothing has been cancelled. Certified on day of

DEPONENT

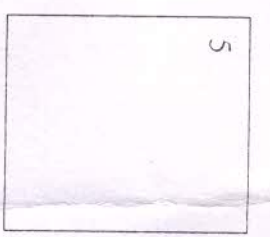
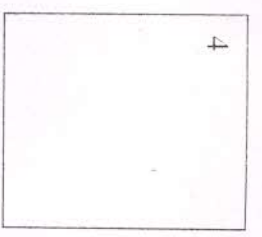
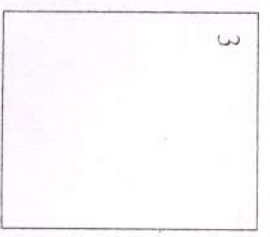
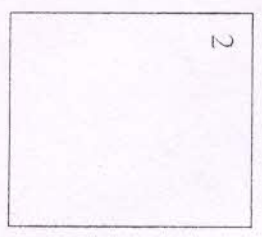
Note : Please ensure that each and every column should be filled in typing only.

DTC EMPLOYEES SUPERANNUATION PENSION TRUST
(NOMINATION FORM FOR CLAIMING DUES)

I hereby nominate the following Person/Persons for receiving the Pension Arrear/Commutation of Pension, other dues of Pension etc. in the event of my death.

S.No.	Name of Nominee	Address of Nominee	Date of Birth	Relationship with Pensioner/Family Pensioner	Total amount or share of accumulations in Pension Arrear/dues etc. to be paid to each nominee	Specimen Sign

Paste the recent passport photograph of each nominee.



Signature of Pensioners/ Family Pensioner

Name:-----

Design:----- I.No.-----

Telephone No.-----

Dated: