

## **Forms to be submitted while forwarding the pension papers:**

In respect of Superannuation/Retiring/Voluntary/Invalid cases etc.

- Form 1** - Nomination of DCRG when the Government servant has a family and wishes to nominate one member, or more than one member.
- Form 2** - Nomination for DCRG when the Government servant has no family and wishes to nominate one person, or more than one person.
- Form 3** - Form for sanctioning pension.
- Form 4** - Form for assessing Pension and Gratuity.
- Form 5** - Form of Memo to Audit Officer forwarding the pension papers of a Government Servant.
- Form 6** - Form of Surety Bond.
- Form 10** - Form of Certificate of verification of service for pension.
- Form 14** - Form of Medical Certificate.
- Form 19:** Department Datasheet
- Form 20:** Regulation of Pay
- Form 21:** Details of non qualifying service as per provision of Rule 18 & 20 of MCS (Pension) Rules, 1983.

## **ii) In respect of family pension**

- Form 7** Form of Intimation to Family pensioner.
- Form 8** Form of Application for Family pension.
- Form 9** Form for Sanctioning Family pension.
- Form 11** Form for assessing and sanctioning family pension and DCRG when a Government servant dies while in service.
- Form 12** Form of letter to Audit Officer forwarding the pension papers for the grant of family pension and DCRG to the family of a Government servant who dies while in service.
- Form 13** Form of Application for the grant of Residuary Gratuity on the death of a pensioner.
- Form 15** Indemnity Bond.

- Form 16** Form of bond of indemnity for drawing of DCRG where there is no nomination or nomination does not subsists.
- Form 17** Details of Family.
- Form 18** Annual Superannuation Statement.
- Form 19:** Department Datasheet
- Form 20:** Regulation of Pay
- Form 21:** Details of non qualifying service as per provision of Rule 18 & 20 of MCS (Pension) Rules, 1983.

**Form for Commutation of pension as per the proviso of MCS (Commutation of Pension) Rules 1992.**

- Form 1** - Application for Commutation before retirement.
- Form 2** - Application for Commutation within one year from the date of retirement.
- Form 3** - Application for Commutation after one year from the date of retirement along with Medical Certificate.
- Form 4** - Nomination.
- Form 7** - Letter to the President, State Medical Board.
- Form 8** - Medical Examination Report.
- Form 9** - Declaration by applicant.





PENSION RULES FORMS

**FORM 1**

(See Rule 43)

**Nomination for Death-cum-Retirement Gratuity**

When the Government servant has a family and wishes to nominate one member, or more than one member thereof.

I .....hereby nominate the person/persons mentioned below who is/are member (s) of my family, and confer on him/them the right to receive, to the extent specified below any gratuity that may be sanctioned by the Government in the event of my death while in service or after retirement.

Original nominee (s)				Alternate nominee (s)		
Name and Addresses of nominee/nominees.	Relationship with the Government servant	Age	Amount of share of gratuity payable to each.	Name, address, relationship and get age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity.	Amount of share of gratuity payable to each.	
(1)	(2)	(3)	(4)	(5)	(6)	

This nomination supersedes the nomination made by me earlier on ..... which stands cancelled.

- Note--*
- (i) The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.
  - (ii) Strike out if not applicable.

Date this ..... day of ..... 19, at.....

Witnesses to signature: .....

Signature of Government Servant

1. ....
2. ....

This column should be filled in so as to cover the whole amount of gratuity.

The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee (s)

(To be filled in by the head of Office/Audit officer)

Nomination by .....  
Signature of Head of  
office/Audit Officer

Designation ..... Date .....  
 Office ..... Designation .....

**PRO-FORMA FOR ACKNOWLEDGING THE RECEIPT OF THE NOMINATION FORM  
BY THE HEAD OF OFFICE/AUDIT OFFICER**

To  
 .....  
 .....  
 .....

I acknowledge the receipt of your nomination, dated the ...../cancellation dated the ..... of the nomination made earlier in respect of gratuity in Form..... and state that it has been duly placed on record.

Place .....  
 Dated the.....  
Signature of Head of Officer/  
Audit Officer,  
(Designation)

*Note--* The Government servant is advised that it would be in the interest of his nominees, if copies of the nominations and the related notices and acknowledgements are kept in safe custody so that may come into the possessions of the beneficiaries in the events of his death.

**Form 2**

(See Rule 43)

**Nomination for Death-cum-Retirement Gratuity**

When the Government servant has no family and wishes to nominate one person or more than one person.

I..... having no family, hereby nominate the person/persons mentioned below and confer on him/them the right to receive, to the extent specified below, any gratuity that may be sanctioned by the State Government in the event of any death while in receive or after retirement:-

Original nominee (s)				Alternate nominee (s)	
Name and Addresses of nominee/no minees.	Relationship with the Government servant	Age	Amount of share of gratuity payable to each.	Name, address, relationship and get age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity.	Amount of share of gratuity payable to each.
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nomination made by me earlier on ..... which stands cancelled.

- Note--*
- (i) The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.
  - (ii) Strike out if not applicable.

Date this ..... day of ..... 19, at.....

Witnesses to signature:

- 1. ....
- 2. ....

.....  
Signature of Government  
Servant

This column should be filled in so as to cover the whole amount of gratuity.

The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee (s)

(To be filled in by the head of Office/Audit officer)

Nomination by ..... ..

Signature of Head of  
office/Audit Officer

Designation .....

Date .....

Office .....

Designation .....

**PRO-FORMA FOR ACKNOWLEDGING THE RECEIPT OF THE NOMINATION FORM  
BY THE HEAD OF OFFICE/AUDIT OFFICER**

To

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

I acknowledge the receipt of your nomination dated the...../cancellation, dated the.....of the nomination made earlier in respect of gratuity in Form..... and to state it has been duly placed on record.

Place.....

Dated the.....

.....  
Signature of Head of Office/Audit  
Officer. (Designation)

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*Note--* The Government servant is advised that it would be in the interest of his nominees if copies of the nominations and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death.



**Form 3**

**Form for Sanctioning Pension**

[See rule 62 (b) 67, 72 (7)]

(To be sent in duplicate if payment is desired in a different circle of audit).

Name of the Government servant .....

Father's name (and also husband's name in the case of a female Government servant).....

Present or last appointment, including name of establishment .....

Orders of the pension sanctioning authority—(to be filled in only when pension is reduced).

(a) The undersigned “having satisfied himself/has been directed to state, that the service of Shri/Shrimati/Kumari.....has not been thoroughly satisfactory” hereby orders/ and to say, that the full pension or gratuity or both which may be accepted by the Audit Officer as admissible under the Meghalaya Civil Services (pension) Rules, 1983 shall be reduced by the specified amount or percentage indicated below—

Amount of reduction in the pension.....

Amount of reduction in the gratuity.....

The grant of pension of gratuity shall take effect from.....

(b) This order is subject to the condition that if the amount of pension as authorised be afterwards found to be in excess of the amount of which the Government servant is entitled under the Meghalaya Civil Services (pension) Rules 1983, he/she shall be called upon to refund such excess.

(c) The pension and gratuity are chargeable to the Head of Account.....

Place.....

Signature and designation

Dated the.....

of the Head of Office.

---

\*Strike out whichever is not applicable.

**FORM 4**  
**Form for Assessing Pension and Gratuity**

(Rules 61, 62, 65, 67 and 72)

**PART I**

1. Name of the Government servant.....
2. Father's name (and also husband's name in the case of a female Government servant).....
3. Date of birth (by Christian Era).....
4. Religion and nationality.....
5. Permanent residential address showing village/town, district and state.....
6. Present or last appointment including name of establishment.....
7. Date of beginning of service.....
8. Date of ending of service.....
9. (i) Total period of military service for which pension/gratuity was sanctioned.....  
  
(ii) Amount and nature of any pension/gratuity received for previous civil service.....
10. Amount and nature of any pension/gratuity received for previous civil service.....
11. Government under which service has been rendered in order of employment.....
12. Interruption and non-qualifying service.....
13. Length of qualifying service.....
14. Class of pension or service gratuity applied for by the Government servant and cause of application. (In case of invalid pension, medical certificate to be attached).
15. Emoluments reckoning for gratuity.....
16. Average emoluments reckoning for pension.....
17. Proposed pension.....

18. Proposed death-*cum*-retirement gratuity.....
19. Proposed service gratuity, if any.....
20. Date from which pension is to commence.....
21. Whether nomination made for Death-*cum*- retirement Gratuity.
22. Whether the Government servant has paid all the Government dues.
23. At enhanced rate of..... from..... to..... at normal rate of.....from..... to.....
- (i) Complete and up-to-date details of family is given in form 3:-

Serial number	Name of the member of family	Date of birth	Relationship with Government servant
1	2	3	3
1.			
2.			
3.			
4.			

24. Height ... ..
25. Identification marks ... ..
26. Place of payment of pension/gratuity (Treasury or Sub-Treasury). .....
27. Head of Account to which pension and gratuity, are debitale. ....

Place.....

Dated the.....

.....

Signature of  
Head of Office/Audit  
Officer

**PART II**  
**Section I**

Emoluments drawn during the last 12 months of service

Post held	From	To	Pay	Personal/Special Pay
1	2	3	4	5
Average emoluments				

In a case where the last 12 months include some period not to be reckoned for calculating average emoluments of an equal period backwards has to be taken for calculating the average emoluments.

**Section II**

Details of non-qualifying service

	Y.M.D	Form	To
1. Interruption (S)			
2. Any other service not treated as qualifying		Total	

**Section III**

1. Period of service not verified with reference to a quittance Rolls.
2. Whether the above period has been verified in accordance with the provisions of rule 61 of the Meghalaya Civil Service (Pension) Rules, 1983.

**PART III**  
**Section I**

Audit enforcement

1. Total period of qualifying service which has been accepted for the grant of superannuation/retiring/invalid/compensation/compulsory retirement pension/gratuity with reasons for disallowances, if any.

*Note--* Service for the period commencing from ..... and up to the date of retirement has not yet been verified; this would be done before the pension payment order is issued.

2. Amount of superannuation/retiring/invalid/compensation/compulsory retirement pension/gratuity; that has been admitted.

3. Amount of superannuation/retiring/invalid/compensation/compulsory retirement pension/gratuity, admissible after taking into account reduction if any, in pension and gratuity made by the pension sanctioning authority.
4. The date from which superannuation/retiring/invalid/compensation/compulsory retirement pension/gratuity is admissible
5. Head of Account to which superannuation/retiring/invalid/compensation/compulsory retirement pension/gratuity is chargeable.
6. The amount of family pension becoming payable to the entitled members of the family in the event of death of the Government servant after retirement;

At enhanced rate of.....P.M. From..... To.....

At normal rate of.....P.M. From..... To.....

Accounts Officer  
Assistant Accountants General.

## SECTION II

1. Name of the Government servant.....
2. Class of pension or gratuity.....
3. Amount of pension sanctioned.....
4. Amount of gratuity sanctioned.....
5. Date of commencement of pension.....
6. Amount of family pension admissible in the event of the death of the Government servant after retirement;  
at enhanced rate .....  
at normal rate.....
7. Amount recoverable from gratuity under sub-rule 2 (b) of Rule 73 of the Meghalaya Civil Service (Pension) Rules, 1983.
8. The amount of cash deposit or the amount of gratuity held over for adjustment of unassessed Government dues.

.....

## PART VI

### Instructions:

1. *Average emoluments:* - The calculation of average emolument mentioned in item 17 of part I should be based on the actual number of days contained in each month.
2. Compensation pension or gratuity—
  - (a) If the case is of a compensation pension or gratuity the particulars of the savings affected should be fully stated against item 14 of Part i of this Form.
  - (b) State why employment was not found elsewhere.
3. *Details of Service*—All periods not reckoned as service should be distinguished.
4. *Identification marks*—Specify a few conspicuous marks not less than two, if possible.
5. *Name*—When initials of name of the Government servant are or is incorrectly given in the various records consulted, mention this fact in the letter forwarding the pension papers.
6. *Date of Retirement*—Date of retirement to be indicated in the service book the Last Pay Certificate, if any.
7. *Reinstatement*—In the case of a Government servant who has been reinstated after having been suspended; compulsory retired, removed or dismissed from service, brief statement leading to his reinstatement should be appended.
8. *Alteration*—Alteration to be made in red ink under dated initials of a gazetted Government servant.

**FORM 5**  
**Form of Memo to the Audit Officer forwarding the Pension papers of a Government Servant**

(See Rule 67)

No. ,,.....  
Government of Meghalaya  
Department/Office.....  
Dated the.....

To

The Accountant-General, Meghalaya,

.....

.....

**SUBJECT-Pension papers of Shri/Shrimati/Kumari.....  
for authorisation of pension.**

The pension papers (as detailed in the list of enclosures) of Shri/Shrimati/Kumari..... of this Officer/Department are forwarded herewith for further necessary action.

2. The receipt of the letter may be acknowledged.

Head of Office.

**List of Enclosures**

1. Form 4 along with Form 3 containing the orders of the pension sanctioning authority, if necessary.
2. Medical certificate for invalidation (if the claim is for invalid pension).
3. Service Book.
4. Memorandum of average emoluments is reckoning for pension.
5. (a) Two specimen signature, duly attested by gazetted Government servant 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 servant, and

(b) Three copies of passport size joint photograph with wife/husband duly attested by the Head of Office.

(c) Two slips showing the particulars of height and identification marks, duly attested.

6. Explanation for delay, if any, beyond one month from the date of retirement of the Government servant in forwarding Forms 4 and 3 when necessary.
7. When the fact of service in another office, is not satisfactorily attested the Service Book, duly certified abstract from the Head of Office.
8. Written statement, if any, of the Government servant as required by rule 66 of the Meghalaya Civil Service (Pension) Rules, 1983 duly admitted by the Head of Office.

Only two copies of passport size photograph of Government servant need be furnished:

If a Government servant is Compulsory retired, the Head of Office may forward the pension papers to the Audit Officer even in the absence of papers at serial No. 5.

*Note--* Pardanashin Ladies are exempted from joint photograph. In such a case declaration that applicant is pardanashin lady shall be enclosed.



**FORM 6**

**Form of Surety Bond**

(See Rule 74)

In consideration of the Governor of Meghalaya (hereinafter called the Government which expression shall include his successors assigns) having agreed to settle the final accounts of Shri/Shrimati.....without production of a “No Demand Certificate” form the PWD/PHED, I hereby stand surety (which expression shall include my heirs, executors and administrators) for payment by the said.....of rent and other dues in respect of residence now allotted to him/her by the Government and also for any residence that may be allotted or that was allotted to the said..... from time to time by the Government. I, the surety, further agree and undertake to indemnify the Government against all loss and damage until delivery of vacant possession of the above said residence is made over to the Government.

I hereby also stand surety for any amounts that may be due by said..... to the Government by way of over payment of pay, allowances, leave salary, advance, house building or other purpose, or any other dues.

The obligation undertaken by me shall not be discharged or in a way affected by an extension of time or any other indulgence granted by the Government to the said.....

The guarantee shall remain in force till, (i) the “No Demand Certificate” is issued by the PWD/PHED in favour of the said.....

(ii) The Head of Office in which the said..... was last employed, and in case he/she was drawing pay and allowances on gazetted Government servant bill form the concerned Audit Officer, has certified that nothing is new due to the Government from the said.....

The stamp duty on this instrument shall be borne by the Government

.....

Signature of the surety.

Signed and delivered by the said surety at.....this ..... day of ..... in the presence of—

1. Signature.....  
Address and occupation of witness.....  
.....

2. Signature.....  
Address and occupation of witness.....  
.....

Certified that Shri/Shrimati..... is a permanent Government servant. He/she shall not attain the age of superannuation within 2 years from the date he/she stand surety.

Signature of the Head of the  
Department or Head of  
Office, which the surety  
is employed.

This bond is hereby accepted

.....  
Signature and Designation for  
and on behalf of the Governor of  
Meghalaya.

**FORM 7**

(See rule 53, 75)

**(Pension)**

**Form of Intimation for family Pension**

No.

Government of Meghalaya

.....Department

Office of the.....

Dated.....The.....

**SUBJECT:- Payment of family Pension in respect of Shri/Shrimati .....**

**.....under the Family Pension Scheme, for  
Meghalaya Government Employees (Rule 44 of the Meghalaya Service (Pension)  
Rules, 1983).**

The undersigned has learnt with regret the death of late Shri/Shrimati.....

.....

(Designation)

In this Office/Department and is directed to inform you that under provisions of the Family Pension Scheme, for Meghalaya Government Employees you are entitled to Family Pension for life or till remarriage whichever is earlier/till attaining the maturity.

I am according to suggest that formal claim for the grant of family pension may be submitted by you in the enclosed Form of Application in Form No. 8 (Pension) along with the following documents:-

1. Death certificate.
2. Three copies of a passport size photograph duly attested by a gazetted officer.
3. Guardianship certificate where pension is admissible to the minor children.

Signature.....

(Designation).....

To

Shri/Shrimati.....

.....

.....

(See Rule 53, 75)

**(Pension)**

**Form of Application for family Pension**

Application for a family pension for the family of late  
Shri/shrimati/.....

(Designation)

In the Office/Department of.....

1. Name of the applicant.....
2. Relationship to the deceased Government servant/pensioner.....
3. Date of retirement, if the deceased was a pensioner.....
4. Date of death of the Government servant/pensioner .....
5. Names and ages of surviving kindred of the deceased.....

Name	Date of birth (by Christian era)
------	-------------------------------------

Widow/Widower.....

Son.....

Unmarried daughters.....

6. Name of Treasury/Sub-treasury at which payment is desired.

7. Descriptive Roll of.....  
widow/widower/guardian of the minor children of late.....

i) Date of birth (by Christian era).....

ii) Height.....

iii) Personal marks, if any, on hand or face.....

i) Signature or left hand thumb and finger impressions:-

Small finger	Ring finger	Middle finger	Index finger	Thumb
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8. Full Address of the applicant.....

9. The following documents are also enclosed:-

- i) Death certificate.....
- ii) Three copies of a passport size photograph duly attested by a gazetted officer.....
- iii) Guardianship certificate where pension is admissible to the minor children.....

10. Signature or left hand thumb and finger impression. ....in the case of those who are not literate enough to sign their names.

(1).....	(1).....
.....	.....
(2).....	(2).....

---

*Note:--* The Descriptive Roll (Column 7) and signature or left hand thumb and fingers impressions accompanying application for family pension should be in duplicate (in two separate sheets) and attested by two gazetted officers, or persons of respectability in the town, village, or pargana in which the applicant resides.

**FORM 9**

(See Rule 53)

**(Pension)**

**Form for Sanctioning Family Pension**

(Under the Family Pension Scheme)

1. Name of the Government servant.....
2. Father's name (and also husband's name in the case of a woman Government servant).....
3. Religion and Nationality.....
4. Last appointment held including name of establishment.....
5. Date of beginning of service.....
6. Date of ending of service.....
7. Substantive appointment held.....
8. Pension Rules opted/eligible.....
9. Length of continuous qualifying service prior to death.....
10. 'Pay' (as defined in Note I below rule 46 Family Pension Scheme).....
11. Amount of family pension admissible.....
12. Date from which pension is to commence.....
13. Period up to which the family pension is to continue.....
14. Place of payment (Government Treasury or Sub-Treasury).....

The undersigned having satisfied himself of the above particulars of late  
Shri/Shrimati.....hereby orders the grant of a family  
pension of Rs. P. Only (Rupees.....only)  
per mensem to Shri/Shrimati.....  
Address.....which may be  
accepted by the Audit Officer as admissible under the rules.

.....

(Signature)

.....

.....

(Designation of the Sanctioning Authority)



**FORM 10**

[See rule 26 (10)]

**Form of Certificate of verification of service for pension**

No.....

Government of Meghalaya

Office of.....

Department of.....

**Memorandum**

Dated.....

It is certified, in consultation with the Audit Officer, that Shri.....has completed a qualifying service of ..... years

(name and designation)

Months and.....days as on..... as per details given below.

(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. This verification is subject to final verification of qualifying service which shall be made at the time of the retirement of the Government servant.

From To

**DETAILS OF QUALIFYING SERVICE**

- 1.
- 2.
- 3

Signature of Audit Officer/

Head of Office.

To

Shri.....

(Name and designation)

To be retained in the case of a non-gazetted Government servant.

**FORM 11**

(See rule 75, 77, 78)

**Form for Assessing and Sanctioning Family pension and Death-Cum-Retirement Gratuity when a Government servant dies while in service.**

(To be sent in duplicate if the payment is desired a different circle of audit).

1. Name of the deceased Government servant.....
2. Father's name (and also husband's name in the case of a female Government servant).....
3. Date of birth (by Christian era).....
4. Date of death (by Christian era).....
5. Religion and nationality.....
6. Office/Department in which last employed.....
7. Appointment held last—
  - i) Substantive                    ...                    .....
  - ii) Officiating                    ...                    .....
  - iii) Temporary                    ...                    .....
8. Date of beginning of service                    ...                    .....
9. Date of ending of service                    ...                    .....
10. (i) Total period of military service for which pension/  
gratuity was sanctioned .....
- (ii) Amount and nature of any pension/gratuity received  
for the military service .....
11. Amount and nature of any pension received for previous  
civil service if any .....

12. Government under which service has been rendered in order of employment. ....
13. Interruption and non-qualifying service .....
14. Length of qualifying service .....
15. Emolument reckoning for gratuity .....
16. Proposed death-*cum*-retirement gratuity .....
17. Whether nomination made for ---
- i) Death-*cum*-retirement gratuity .....
- ii) Family pension, if applicable .....
18. If family pension applies and the Government servant had rendered more than 20 years, qualifying service. ....
- i) “Average emoluments” for pension if the Government servant would have retired on the date following the date of his death has he remained alive. ....
- ii) Proposed pension ... ..
19. Persons to whom family pension is payable .....
- Name ... ..
- Relationship with the deceased Government servant. ....
- Full postal Address ... ..

20. Persons to whom death-*cum*-retirement gratuity is payable—

Sl. No.	Name	Amount of the share of the death- <i>cum</i> -retirement gratuity	Relationship with the deceased	Full postal Address
(1)	(2)	(3)	(4)	iv)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

21. Name of the guardian who will receive payment of family pension and death-*cum*-retirement gratuity in the case of minors. ....
22. Government dues, if any, outstanding against the deceased Government servant. ....
23. Head of account to which family pension and death-*cum*-retirement gratuity are debitible. ....
24. Name of the Treasury or Sub-Treasury where the payment of family pension and death-*cum*-retirement gratuity is desired. ....

Place.....  
 Dated the.....  
 Signature of the Head of Office/Audit Officer.

**PART II**  
**Section I**

(To be filled in, if family pension is admissible)  
 Emoluments drawn during the last 12 months

Post held	From	To	Pay	Personal/Special Pay
(1)	(2)	(3)	(4)	(5)

Average emoluments



The grant of gratuity or of family pension or of both shall take effect from.....

Place.....

Dated the.....

.....  
Signature and designation of  
Head of Office.

**PART IV**  
**Section I**

**Audit Enforcement—**

1. Total period of qualifying service which has been accepted for:

i) Death-*cum*-retirement gratuity .....

ii) Family pension .....

*Note--* Service for the period commencing .....  
From..... and up to the date of  
death has not yet been verified:  
this should be done immediately  
and audit office informed.

2. Reduction ordered by pension sanctioning authority. ....

3. Net amount of death-*cum*-retirement gratuity .....  
after taking into account the reduction mentioned  
in item 2 and other government dues.

4. Amount of family pension—

i) If death took place before seven years of .....  
service.

ii) If death took place after seven years of .....  
service, the period of tenability of the  
enhance pension and normal pension with.

5. Amount of family pension after taking into .....  
account this reduction mentioned in item 2 and  
the period for which it is tenable.

6. The date from which finally pension is admissible. ....
7. Head of account to which death-*cum*-retirement gratuity and family pension are chargeable. ....

Accounts Officer

---

Assistant Accountant General

### Section II

1. Name of the deceased Government servant .....
2. Date of death of the Government servant .....
3. Date of submission of claim by the family of the deceased Government servant .....
4. Amount of family pension sanctioned ... ..
5. Amount of gratuity sanctioned ... ..
6. Amount recoverable from gratuity ... ..
7. The amount of gratuity held over for adjustment of unassessed Government dues.

### PART V

**Instructions—**

1. *Average emoluments*: - The calculation of average emoluments, mentioned in item 19 of part I should be based on the actual number of days contained in each month.
2. *Details of Service*—All periods not reckoned as service should be distinguished.
3. *Identification Marks*—Specify a few conspicuous marks, not less than two, if possible.
4. *Name*—When initials of name of the Government servant are or is incorrectly given in the various records consulted, mention this fact in the letter forwarding the pension papers.



5. *Date of death*—Date of death to be indicated in the Service Book and the Last Pay Certificate, if any.
6. *Alterations*—Alterations to be made in red link under dated initials of a gazetted Government servant.

**FORM 12**  
(See Rule 77)

**Form of letter to the Audit Officer forwarding papers for the grant of Family Pension and Death-*cum*-Retirement Gratuity to a Government Servant who dies while in Service.**  
(See Rule 67)

No. ,,.....  
Government of Meghalaya/  
Department/Office.....  
Dated the.....

To

The Accountant-General,  
Meghalaya,

**Subject:--**Grant of family pension and Death-*cum*-retirement Gratuity.

I am to inform you that Shri.....  
(Designation), died on. .... Hid family has become eligible for the grant of family pension and death-*cum*-retirement gratuity. Form 11 duly completed and containing orders of pension sanctioning authority is forwarded herewith for further necessary action.

2. Your attention is invited to the list of enclosures which is forwarded herewith.
3. The receipt of this letter may be acknowledged and this Department/Office informed that necessary instructions for the disbursement of family pension and death-*cum*-retirement gratuity have been issued to the Treasury Officer concerned.

.....  
Head of Office

**List of Enclosures**

1. Specimen signature or left hand thumb and finger impressions of the beneficiary, duly attested.
2. Two attested copies of passport photograph of the beneficiary.

3. Descriptive Roll of the beneficiary, duly attested.

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\*Delete wherever not required.

Purdanashin ladies are exempted from submission of photograph. In such cases declaration that beneficiary is purdanashin lady shall be enclosed.

## FORM 13

[(See Rule 80 (2))]

### **Form of Application of the Grant for Residuary Gratuity on the death of a pensioner.**

(To be filled in separately by each applicant)

1. Name of the Applicant
2. (i) Name of the guardian in case the applicant is a minor.  
  
(ii) Date of birth of guardian
3. Name of the deceased pensioner
4. Office/Department in which the deceased pensioner served last.
5. Date of death of the pensioner.
6. Date of retirement of the deceased pensioner.
7. Amount of monthly pension (including adhoc increase if any) sanctioned to deceased pensioner.
8. Amount of death-*cum*-retirement gratuity received by the deceased pensioner.
9. The amount of pension (including adhoc increase if any) drawn by the deceased till the date of death.
10. If the deceased had commuted a portion of pension before his death, the commuted value of the pension.
11. Total of items 8, 9, and 10
12. Amount of death-*cum*-retirement gratuity equal to 12 times of the emoluments.
13. The amount of residuary gratuity claimed, i.e., the difference between the amount shown against item 12 and item 11.
14. Relationship of the applicant with the deceased pensioner.
15. Date of birth of the applicant.

16. Name of the Treasury or Sub-Treasury at which payment is desired.

---

If a retired Government servant is in receipt of service gratuity or pension dies within five years from the date of his retirement from service including compulsory retirement as a penalty and the sums actually received by him at the time of his death on account of such gratuity or pension including adhoc increase, if any, together with the death-*cum*-retirement gratuity and the commuted value of any portion of pension commuted by him are less than the amount equal to 12 times of his emoluments, a residuary gratuity equal to the deficiency becomes payable to the family.

When a Government servant had retired before earning a pension, the amount of service gratuity should be indicated.

17. Full address of the applicant.

18. Signature or thumb impression of the applicant  
(to be furnished in a separate sheet duly attested)

19. Attested By:--

Name.....Full address.....Signature

(i)

(ii)

20. Witnesses:--

(i)

(ii)

---

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

**FORM 14**

[See Rule 34 (3)]

**Form of Medical Certificate**

Certified that I/(We) have carefully examined..... son of..... in the.....His age by his own statement is.....in years, and by appearance about.....years, I/(We) consider .....to be completely and permanently incapacitated for further service of any kind in the Department to which he belongs in consequence of..... (here state disease or cause). His incapacity does not appear to me/us to have been caused by irregular or intemperate habits.

*NOTE (1)--* If the incapacity is the result of irregular or intemperate habits, the following will be substituted for this sentence:-

In my/our opinion his incapacity is directly due to the irregular or intemperate habits/has been accelerated or aggravated by the irregular or intemperate habits.

*NOTE (2)--* If the incapacity does not appear to be completed and permanent, the certificate should be modified accordingly and the following addition should be made.

I am/we are of opinion that.....is fit for further service of a less laborious character than that which he had been doing/may, after resting for..... months, be fit for further service of less laborious character than that which he had been doing.

.....

Signature and Designation of

Examining Medical Authority

Dated.....

\*Strike out whichever is not applicable.

**FORM 15**

**Indemnity Bond**

[See Rule 41 decision (3)]

KNOW ALL MEN by these presents that we (a) ..... (b) the widow/son/brother etc., of (c).....deceased, resident of.....(hereinafter called “the Obligor”) and (d).....son/wife/daughter of..... resident of.....and..... son/wife/daughter of ..... resident of.....the sureties for and on behalf of the Obligor (hereinafter called “the Sureties”) are held and firmly bound to the Governor of Meghalaya (hereinafter called “the Government”) in the sum of Rs.....(Rs.....) only well and truly to be paid to the Government on demand and without a demur for which payment we bind ourselves and our respective heirs, executors, administrators, legal representatives, successors and assigns by these presents.

Signed this.....day of..... one thousand one hundred and.....of the day of ..... 19

WHEREAS (c).....was at the time of his death in the employment of the Government/receiving a pension at the rate of Rs.....( Rupees.....only) per month from the Government.

AND WHEREAS the said (c).....died on the .....day of.....19 and there was due to him at the time of his death the sum of Rs..... (Rupees.....) for and towards share of his minor son/daughter in the death-*cum*-retirement gratuity.

AND WHEREAS the Obligor claims to be entitled to the said sum as *de facto* guardian of the minor son/daughter of the said (c).....but has not obtained till the date of these presents the certificate of guardianship from any competent court of law in respect of the said minor (s).

AND WHEREAS the Obligor has satisfied the (c).....that he/she is entitled to the aforesaid sum and that it would cause undue delay and hardship if the Obligor is required to produce the certificate of guardianship from the competent court of law before payment to him of the said sum of Rs.....

AND WHEREAS the Government has no objection to the payment of the said sum to the Obligor but under Government Rules and Orders, it is necessary for the Obligor to first execute a bond with one surety/two sureties to Indemnity the Government against all claims to the amount so due as aforesaid to the said (e).....before the said sum can be paid to the Obligor.

NOW THE CONDITIONS OF THIS BOND are such that if after payment has been made to the Obligor, the Obligor and/or the surety/sureties shall in the event of a claim being made by any other person against the Government with respect to the aforesaid sum of Rs....., refund to the Government the said sum of Rs .....and shall otherwise indemnify and keep the Government harmless and indemnified against and from all liabilities in respect of the aforesaid sum and all costs incurred in consequence of the claim thereto. Then the above written bond or obligation shall be void and of no effect but otherwise it shall remain in full force, effect and virtue.

AND THESE PRESENTS ALSO WITNESS that the liability of the sureties here under shall not be impaired or discharged by reason of time being granted by one forbearance act or omission of the Government whether with or without the knowledge or consent of the surety/sureties in respect of or in relation to the obligations or conditions to be performed or discharged by the Obligor or by any other method or thing whatsoever which under the law relating to sureties shall but for this provisions, have the effect of so releasing the surety/sureties from such liability nor shall it be necessary for the Government to sue the Obligor before suing the surety/sureties or either of them for the amount due hereunder, and the Government agrees to bear the stamp duty, if any, chargeable on these presents.

IN WITNESS WHERE OF the Obligor and the surety/sureties here to have set up subscribed their respective hands here unto on the day year above written.

Signed by the above name "Obligor" in the presence of WITNESS.

Signature of Obligor

1. ....
2. ....

Signed by the above named, Surety/Sureties in the presence of

1. ....
2. ....

Signature of Surety/Sureties



Accepted for and on behalf of the Governor of Meghalaya by. ....in  
the presence of.....

(Name and designation of witness)

.....

Name and designation  
of Officer accepting  
the bond.

Signature of witness

*NOTE 1.—* (a) Full name of the claimant referred to as the “Obligor”

(b) State relationship of the Obligor to the deceased.

(c) Name of the deceased Government Officer.

(d) Full name or names of the sureties with name or names of the father  
(s)/husband (s) and place of residence.

(e) Designation of the officer responsible for payment.

*NOTE 2.--* The Obligor as well as the sureties should have attained majority so that the  
bond may have legal effect or force.

**FORM 16**

[See decision (5) under rule 41]

**Form of bond of indemnity for drawing of D.C.R.G where there is no nomination or nomination does not subsists.**

KNOW ALL MEN BY THESES PRESENTS THAT I.....  
(a) .....Widow/husband/son/daughter of Shri/Shrimati ..... (b)  
.....residing at.....(c).....  
(Hereinafter called “the Obligor” which expression shall unless excluded by or repugnant to the context included his/her heirs, executors, administrators and legal representatives) and I/we (I).....(d) ..... on of.....resident of..... and (2).....(e) .....son of.....resident of..... Surety/Sureties on behalf of the obligor (hereinafter called “the surety”/”the Sureties” which expression shall unless excluded by or repugnant to the context includes his their heirs executors, administrator and legal representatives) bind ourselves jointly and severally to pay to the Governor of Meghalaya (hereinafter called “the Government” which expression shall unless excluded by or repugnant to the context includes his successor and assigns) on demand and without a demur a sum of Rs.....(f).....(Rupees .....)  
for which payment well and truly to be made we bind ourselves firmly by these present.

Dated this.....day of ..... 19

WHEREAS the aforesaid Shri/Shrimati.....(b).....  
at the time of his/her death in the employment of Government and he/his/her family was/is entitled to Death-cum-Retirement Gratuity of Rs.....from the Government AND WHEREAS THE said Shri/Shrimati.....(b).....  
died on the.....day of.....19. .... and there was/is due to his/her/legal heirs the sum of Rs.....(f).....  
(Rupees .....) for Death-cum-Retirement gratuity in respect of his/her said employment.

AND WHEREAS the above bounded obligor.....  
(a).....claims to be entitled to the said sum as heir of her/his husband/wife/father, the said Shri/Shrimati.....(b).....  
but has not obtained letters of administration or a succession certificate to the property and effects Shri/Shrimati.....(b).....  
AND WHEREAS the obligor has satisfied the Government that he/she is entitled to the aforesaid sum that it would cause undue delay and hardship if he/she required to produce letters of administration or a succession certificate to the property and effects of the said Shri/Shrimati..... (b).....

AND WHEREAS the Government desire to pay the said sum to the obligor but under Government rules and orders it is necessary that he/she should first execute a bond with one surety/two sureties to indemnify against all claims to the amount so due to the said Shri/Shrimati..... (b) .....before the said sum can be paid to the obligor.

NOW THE CONDITION of this bond is such that if after this payment has been made to the Obligor, the Obligor, or the Surety/Sureties shall in the event of the claim being made by any other person against the Government with respect to the aforesaid sum of Rs..... (f)..... (Rupees ..... ) refund to the Government, the sum of Rs..... (1)..... (Rupees.....) and shall otherwise indemnify and save Government harmless from all liability in respect of the aforesaid sum and all costs incurred in consequence of any claims thereto. THEN the above written bond or obligation shall be void but otherwise the said bond shall remain in full force, effect and virtue.

IN WITNESS WHEREOF the parties hereto have here unto set their respective hands the day and the year first above written.

\* .....

Signed by the above

named obligor in the presence of

\*\* .....

Witness:-

\*\*\* .....

(1).....

(2).....

Signed by the above named

surety/sureties in the presence

of

Witness:-

(1).....

(2).....

Accepted for and on behalf of the Governor of Meghalaya by .....in the presence of.....

Signature of Witness

Signature and designation.

\*\*\*\* Certified that Shri/Shrimati.....is a permanent Government Servant and he/she shall not attain the age of superannuation within 2 years from the date.....

Signature of Head of Office in which  
Surety/Sureties is employed.

- (a) Full Name of the claimant.
- (b) Name of the deceased Government Servant/Pensioner.
- (c) Full address and place of residence of the Claimant.
- (d) First Surety.
- (e) Second Surety.
- (f) Amount of the claim.

\*Signature of the Obligor.

\*\* Signature of the First Surety.

\*\*\* Signature of the Second t Surety.

Name and designation of the officer directed or authorised, in pursuance of Article 299 (1) of the Constitution, to accept the bond for and on behalf of the Governor of Meghalaya.

Name and designation of witness.

Signature of the officer accepting the bond.

*Note--* The obligor as well as the Sureties have attained majority so that the bond may have legal effect or force.

\*\*\*\* In respect of every surety Certificate shall be obtained.

**FORM 17**  
(See Rule 52)

**Details of Family**

Name of Government Servant \_\_\_\_\_

Designation \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of appointment \_\_\_\_\_

Details of the members of my family as on \_\_\_\_\_

---

Sl. No	Name of the Members of 'family'	Date of birth	Relationship with the Government Servant	Initials of the head of Office	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

---

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

---

I hereby undertake to keep the above particulars up to date by notifying to the Audit Officer/Head of Office any addition or alteration.

Place \_\_\_\_\_

Dated the \_\_\_\_\_

\_\_\_\_\_

Signature of the Government  
Servant

---

(To be filled in by Head of Office/Audit Officer)

Details of family—

Filed by \_\_\_\_\_

Designation \_\_\_\_\_

Office \_\_\_\_\_

\_\_\_\_\_

Signature of Head of  
Office

Dated \_\_\_\_\_

Designation \_\_\_\_\_

**FORM 18**

[Rule (56)]

The annual superannuation Statement shall be prepared in following form

**Annual Superannuation Statement**

Statement of officers and staff due to retire on superannuation during the next official year  
19.....

(From 1<sup>st</sup> January to 31<sup>st</sup> December)

Name of establishment(s)/or \_\_\_\_\_

Department(s) \_\_\_\_\_

Appointment held							Whether the pensioner has been granted			
Sl. No.	Name of Officers	Substantive post and Scale and classification	Official post, scale and classification	Date of birth	Name of Office/ Department where employed	Date of superannuation	Extension for what period	Re-employment and for what period	Provident Fund Account No.	Remarks
1	2	3	4	5	6	7	8	9	10	11

A.B. SENGUPTA  
22-12-82  
Special Officer,

Finance (Revision of Rules and Manual)

Department.

Class I officers  
Class II officers  
Class III officer

Class IV officers

