

# FORM 6

(Referred to in Rules 108 and 90 of Part III, K.S.R.)  
(To be used in death cases)

Application for \*Family Pension (under Rules 80 to 89, Part III) Contributory Family Pension 1964  
(under sub-rules 1 to 13 of Rule 90, Part III) Death-cum-Retirement Gratuity for the family of  
late Sri/Smt.....(Designation)  
in the Office/Department of.....

1. Name of Applicant :
2. Relationship to the deceased Government Employee/Pensioner :
3. Date of retirement (in the case of deceased pensioner) :
4. Date of death of the Government Employee/Pensioner :
5. Name and address of the members of the 'Family' of the deceased      Name and address      Date of birth (in Christian era)
  - (a) Widow/Widower
  - Sons
  - Unmarried/divorced daughters
  - Widowed daughters
  - Minor brothers
  - Unmarried sisters
  - Widowed sisters
  - Father
  - Mother
  - Married daughters
  - Children of the predeceased son
  - (b) Widow/Widower
  - Minor sons
  - Unmarried minor daughters
  - Father
  - Mother
6. (a) Name of District/Sub-Treasury
- (b) Post Office at which payment is desired

SUKUMAR

\*Strike out whichever is not applicable.

7. Descriptive roll of the applicant  
(See instructions below)

- (i) Date of birth (in Christian era)
- (ii) Height
- (iii) Identification marks
- (iv) Left hand thumb and finger impressions

Thumb	Fore Finger	Middle Finger	Ring Finger	Little Finger
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Date.....

Signature.....

Full postal address of the applicant

.....

.....

.....

.....

.....

Attested by (1).....

(2).....

Witnesses by (1).....

(2).....

**INSTRUCTIONS**

1. Item 5 (a) Members of the family for the purpose of DCRG (See Rule 71, Part III, KSRs).
2. Item 5 (a) Members of the family entitled to family pension, under Rules 81 to 86, Part III, Kerala Service Rules, do not include the last two items.
3. Items 5 (b) applicable in respect of Contributory Family Pension Scheme [See Rule 90 (6) & 6(A)].
4. Descriptive roll including left hand thumb and finger impression should be in duplicate (in two separate sheets) and attested by two gazetted employees or persons of respectability in the town or village in which the applicant resides.

**HISTORY OF SERVICE**

1. Name of deceased Government employee :
  2. Appointment held at the time of death/retirement :
  3. Office where last employed :
  4. Date of commencement of service : ..... D M Y
  5. Date of ending of Service : .....
  6. Length of Military Service : From To Y M D
  7. Length of total Service : .....
  8. Period of non-qualifying service with full particulars : Y M D
  9. Net qualifying service : .....
- (Rounded to)
10. How verified :
  11. Remarks, if any :
  12. Remarks of the Audit Officer :

**Calculation of Family Pension and Death-cum-Retirement Gratuity****(a) Family Pension.—**

EMOLUMENTS (for 12 months)	From	To	Rate of pay		Total	
			Rs.	P.	Rs.	P.

- |   |   |  |     |    |     |    |
|---|---|--|-----|----|-----|----|
| <b>Average emoluments</b>                       | : |  | Rs. | P. | Rs. | P. |
| <b>Total period of service</b>                  | : |  |     |    |     |    |
| <b>Pension sanctioned previously/arrived at</b> | : |  |     |    |     |    |
| <b>Non-Contributory Family Pension payable</b>  | : |  |     |    |     |    |
| <b>Pay at the time of retirement/death</b>      | : |  |     |    |     |    |
| <b>Contributory Family Pension payable</b>      | : |  |     |    |     |    |

**(b) Death-cum-Retirement Gratuity.—**

- |  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| <b>Pay at the time of retirement/death</b>       | : |  |  |  |  |  |
| <b>Death-cum-Retirement Gratuity admissible</b>  | : |  |  |  |  |  |
| <b>Deduct:—</b>                                  |   |  |  |  |  |  |
| <b>(i) Amount already paid</b>                   | : |  |  |  |  |  |
| <b>(ii) For Contributory Family Pension</b>      | : |  |  |  |  |  |
| <b>(2 months pay last drawn)</b>                 | : |  |  |  |  |  |
| <b>Net Death-cum-Retirement Gratuity payable</b> | : |  |  |  |  |  |

Station.....

*Dated Signature of the Head of office  
Department or Audit Officer.*

**(A) REMARKS BY THE RECEIVING AUTHORITY**

1. As to the character and past conduct of deceased employee :
2. Explanation of any suspension or degradation. :
3. Regarding any death-cum-retirement gratuity or pension/ gratuity already received by the deceased pensioner. :
4. Any other remarks. :
5. Specific opinion of the Receiving Authority whether the service claimed is established and should be admitted or not. (See Rule 115 (c) (ii) of Part III, K.S.R.) :

Station.....

Signature.....

Date.....

Designation.....

**(B) ORDERS OF THE SANCTIONING AUTHORITY**

1. The undersigned having satisfied himself/herself that the service of late Shri/Smt./Kumari..... has been thoroughly satisfactory, hereby orders the grant of a Family Pension of Rs.....(Rupees.....) per mensem for the period from.....to..... Shri/Smt/Kumari.....  
 .....(here state name, address and relationship to the deceased) of the said late Shri/Smt/ Kumari..... Which may be accepted by the Accountant General as admissible under the rules. The undersigned also orders the grant of a death-cum-retirement gratuity of Rs.....(Rupees.....) to the following persons as specified against each which may be accepted by the Accountant General as admissible under the rules.

<i>Sl.No</i>	<i>Name and address</i>	<i>Relationship to the deceased .</i>	<i>Amount payable</i>
(1)	(2)	(3)	(4)

1.

2.

3.

4.

The undersigned having satisfied himself/herself that the service of late Shri/Smt/Kumari.....  
 ..... has not been thoroughly satisfactory, hereby orders that the family pension  
 of Rs..... (Rupees.....) per mensem for the period  
 from.....to..... which may be accepted by the Accountant General as  
 admissible under the rules to Shri/Smt/Kumari.....  
 .....(here state name, address, relationship to the deceased) of the said late  
 Shri/Smt./Kumari ..... shall be reduced by the specified  
 amount or percentage indicated below:—

**Amount or percentage of reduction in family pension.**

The death-cum-retirement gratuity of Rs..... (Rupees.....)  
 Which may be accepted by the Accountant General as admissible under the rules to the following persons as  
 specified against each shall also be reduced by the specified amount or percentage indicated below:—

<i>Sl.No</i>	<i>Name and address</i>	<i>Relationship to the deceased</i>	<i>Amount payable Rs.</i>
(1)	(2)	(3)	(4)

**Amount or percentage of reduction in death-cum-retirement gratuity**

2. The grant of this Family Pension and/or death-cum-retirement gratuity shall take effect  
 form.....
- \*3. A sum of Rs.....(Rupees.....) on account  
 of..... is to be held over from the death-cum-  
 retirement gratuity till the outstanding dues are assessed and adjusted.
4. The Family Pension and /or Death-cum-Retirement Gratuity is/are payable at District/Sub Treasury/Post  
 Office.....
5. This order is subject to the condition that should the amount of family pension and /or death-cum-retirement  
 gratuity as authorised by the Accountant General be afterwards found to be in excess of the amounts to  
 which the person concerned is entitled under the rules he/ she will be called upon to refund such excess.

**Note.**— In cases where death takes place after retirement the service of the deceased employee who have  
 already been verified and the expression “having satisfied .....  
 thoroughly satisfactory” above would not be used.

Station.....

Date.....

*Signature and Designation  
 of the Sanctioning Authority.*

\*To be filled in, in case a surety bond or suitable cash deposit is not forthcoming.

## (C) AUDIT ENFORCEMENT

Y M D

1. Total period of qualifying service which has been accepted for the grant of family pension/Death-cum-Retirement Gratuity, with reasons for disallowances, if any, other than disallowances, if any, of service, the reasons for which are recorded by the Audit officer in the second page.

*Note.*— Service for the period commencing from.....  
and up to the date of retirement/death has not yet been verified; this would be done before the Pension Payment Order/Authorisation for the drawal of the amount of death-cum-retirement gratuity is issued.

2. Amount of Family Pension/Death-cum-Retirement Gratuity that has been admitted.

Rs. P.

D.C.R.G .....

Family Pension.....

3. Amount of the Family Pension/Death-cum-Retirement Gratuity admissible after taking into account the reduction in Pension and Gratuity made by the sanctioning authority

D.C.R.G .....

Family Pension.....

4. (a) The family pension is payable to Shri/Smt./Kumari.....  
Son/Widow/daughter of the deceased and is tenable for the period from.....  
to.....or up to the date of death/marriage or remarriage (in the case of the female member) whichever event occurs earlier.

- (b) The death-cum-retirement gratuity is payable to the following persons as specified against each.

<i>Sl.No</i>	<i>Name and address</i>	<i>Relationship to the deceased</i>	<i>Amount payable Rs.</i>
(1)	(2)	(3)	(4)

1.

2.

3.

4.

Head of Account to which the Family Pension/  
Death-cum-Retirement Gratuity is chargeable

Date.....

Audit Officer

**APPLICATION FOR FAMILY PENSION AND DEATH-CUM-RETIREMENT GRATUITY**

**Date of Application** :

**Name of Applicant** :

**Sanctioning Authority** :

**Amount of Family Pension Sanctioned** :

**Amount of D.C.R.G sanctioned** :

**Date of commencement** :

**Date of sanction** :

**Family Pension for life to disabled sons / daughters of Government servants / Pensioners - Format for the Medical Certificate**

*[G.O. (P) No. 526 03 Fin. dated 9-10-2003]*

**MEDICAL CERTIFICATE**

(Medical Board .....)

Certified that Shri/Smt .....

.....  
.....  
(address) aged ..... years has been examined by the Board.

The Board is of the opinion that he / she is physically crippled / disabled / is suffering from disorder / disability of mind and that this disability has rendered him / her unable to earn his / her living.

Identification Marks.

Members of Medical Board

1.

2.

3. Chairman

Date:

SUKUMAR

(Seal)



ANNEXURE V

**CERTIFICATE OF NON-REMARriage / NON - MARRIAGE**

(a) I hereby declare that I am not married / I have not been married during the past one year.

OR

\*(b) I hereby declare that I have not been re-married and I undertake to report such an event promptly to the Bank.

Signature:

Place .....

Name of the Pensioner:

Date .....

P.P. O. No.

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

Signature of a responsible Officer or  
a Well-known person

Place .....

Date .....

Name .....

\*Note:- Applicable only to widow recipient of Family Pension and to be furnished only once.