

**DAYALBAGH EDUCATIONAL INSTITUTE**  
**DAYALBAGH, AGRA – 282005**

Application for pension and gratuity for employees working on UGC financed posts.

1. Name of employee \_\_\_\_\_
2. Designation \_\_\_\_\_
3. Faculty/Office where the post last held \_\_\_\_\_
4. Father's Name \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Date of Retirement \_\_\_\_\_
7. Address after retirement:  
(a) Permanent Address \_\_\_\_\_  
(b) Address for communication \_\_\_\_\_

8. Details of the service

Name of the Post held	Faculty/ Department	Period of Service		Reasons for Leaving the post	Whether (PF or GPF optee)	Whether post is financed by the UGC or UP Govt./Institute
		From	To			

9. Whether the employee had authorized the Institute to surrender Management share towards his contributory Provident Fund Scheme of U.P. Govt./Institute financed post held prior to being appointed on UGC financed post in terms of Bye-Laws No. 35(vii) (b) (iii) (please give reference) \_\_\_\_\_
10. Three specimen signature of the employee (to be furnished in \_\_\_\_\_ a two separate sheet Annexure-1)
11. Two copies of passport size joint photographs with spouse (to be affixed on two separate sheet Annexure-2)\_\_\_\_
12. Two slips showing particulars of personal marks of identification and height of the employee (Annexure-3)\_\_\_\_
13. Two slips containing thumb and finger impression of right/left hand of the employee (Annexure-4)\_\_\_\_\_
14. Name of Branch of Public Sector Bank at Agra through which the pension is to be drawn \_\_\_\_\_  
\_\_\_\_\_
15. Details of family of the employee (to be furnished in a separate from Annexure-5) \_\_\_\_\_

Date:

Signature of the employee

## Undertaking

I hereby declare that all the particulars as given above, are correct to the best of my knowledge and that nothing has been cancelled. I also authorize the Institute that in case amount of retirement benefits including Pension, Gratuity and Commutation of Pension is paid to me in excess as a result of wrong calculation, I will refund all the excess money at once on demand.

Signature should be affixed in the  
presence of two witnesses

Signature of the employee

Date:

(1) Name	_____	Signature
Designation	_____	
Address	_____	
	_____	

(2) Name	_____	Signature
Designation	_____	
Address	_____	
	_____	

DAYALBAGH EDUCATIONAL INSTITUTE  
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Specimen Signature of Employee/ Family Pensioner

1. Name of Employee/ Family Pensioner \_\_\_\_\_
2. Designation of Employee \_\_\_\_\_
3. Specimen Signature of Employee/ Family Pensioner
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_

Attested

REGISTRAR

DAYALBAGH EDUCATIONAL INSTITUTE  
DAYALBAGH, AGRA – 282005

Specimen Signature of Employee/ Family Pensioner

1. Name of Employee/ Family Pensioner \_\_\_\_\_
2. Designation of Employee \_\_\_\_\_
3. Specimen Signature of Employee/ Family Pensioner
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_

Attested

REGISTRAR

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DAYALBAGH, AGRA – 282005

Photographs

1. Name of Employee/ Family Pensioner \_\_\_\_\_
2. Designation of Employee \_\_\_\_\_
3. Passport size photograph (jointly with the spouses of the pensioner)

Attested

REGISTRAR

DAYALBAGH EDUCATIONAL INSTITUTE  
DAYALBAGH, AGRA – 282005

Identification Marks of Employee/ Family Pensioner

1. Name of Employee/ Family Pensioner \_\_\_\_\_
2. Designation of Employee \_\_\_\_\_
3. Height of Employee/ Family Pensioner or other claimant
4. Identification Marks of Employee/ Family Pensioner
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_

Attested

REGISTRAR

DAYALBAGH EDUCATIONAL INSTITUTE  
DAYALBAGH, AGRA – 282005

Identification Marks of Employee/ Family Pensioner

1. Name of Employee/ Family Pensioner \_\_\_\_\_
2. Designation of Employee \_\_\_\_\_
3. Height of Employee/ Family Pensioner or other claimant
4. Identification Marks of Employee/ Family Pensioner
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_

Attested

REGISTRAR

DAYALBAGH EDUCATIONAL INSTITUTE  
DAYALBAGH, AGRA – 282005

Thumb and fingers impression of right/ left of Employee/ Family Pensioner

1. Name of Employee/ Family Pensioner \_\_\_\_\_
2. Designation of Employee \_\_\_\_\_
3. Left/ Right thumb and finger impression

Thumb	Fore-finger	Middle finger	Ring finger	Small finger

Attested

REGISTRAR

Note: In case of male, thumb and finger impression of left hand and in case of female, thumb and fingers impression of right hand shall be affixed.



1. Name of Employee/ Family Pensioner \_\_\_\_\_
2. Designation of Employee \_\_\_\_\_
3. Left/ Right thumb and finger impression

Thumb	Fore-finger	Middle finger	Ring finger	Small finger

REGISTRAR

Note: In case of male, thumb and finger impression of left hand and in case of female, thumb and fingers impression of right hand shall be affixed.

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DAYALBAGH, AGRA – 282005

FORM – 2

(See Para (xvii) (j) of Pension Bye-law for persons holding post financed by the  
University Grants Commission)

DETAILS OF FAMILY

1. Name of employee \_\_\_\_\_
2. Designation & Department \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Date of appointment to a post financed by UGC \_\_\_\_\_
5. Details of the members of my family\* as on \_\_\_\_\_

S.No.	Name of the members of my family	Date of birth	Relationship with the employee	Remarks
1	2	3	4	5

hereby undertake to keep the above particulars up-to-date by notifying to the Registrar any addition or alteration.

Place:

Dated:

(Signature of the employee)

FORWARDED  
DEAN/HEAD OF OFFICE

COUNTERSIGNED  
REGISTRAR

\* Family for this purpose means family as defined in Explanation-(1) below sub-para (a) para (xvii) of the Pension Bye-law, 1994 for employees retiring from posts financed by the University Grants Commission and include deceased employee's surviving spouse, son(s) who has not attained the age of 25 years and unmarried daughter(s) who has not attained the age of 25 years.

**DAYALBAGH EDUCATIONAL INSTITUTE**

**DAYALBAGH, AGRA – 282005**

**FORM – 3**

(See Para, (xxvi)(a)(1) of Pension Bye-law, 1994 (UGC Financed Posts))

**NOMINATION FOR RETIREMENT GRATUITY/DEATH GRATUITY**

When the employee has a family and wishes to nominate one member or more than one member of the family.

I ..... (Name) 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 the payment of which may be authorized by the Institute in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Original Nominee(s)			Alternate Nominee(s)	
Name, Address of the nominee(s) and relationship with the employee	Age	Amount of Share of Gratuity payable to each*	Name, Address, Relationship and age of the person or persons to whom the right conferred on the nominee shall pass in the event of the nominee pre-deceasing the employee or the nominee dying after the death of the employee but before receiving payment of gratuity	Amount of share of gratuity payable to each**
(1)	(2)	(3)	(4)	(5)

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

**Note:**

1. The employee should draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.
2. Strike out which is not applicable.

\* The column should be filled in to cover the whole amount of the gratuity.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_ at \_\_\_\_\_.

Witnesses to signature:

1. Signature :

Name :

Address :

2. Signature :

Name :

Address :

(Signature of employee)

Designation \_\_\_\_\_

Department/Office \_\_\_\_\_

Faculty \_\_\_\_\_

FORWARDED

DEAN/HEAD OF OFFICE

DATE

(STAMP)

COUNTERSIGNED

REGISTRAR

DATE

(STAMP)

DAYALBAGH EDUCATIONAL INSTITUTE

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FORM – 6

(See Para (xxviii)(b)(ii) of Pension Bye-law, 1994 (UGC Financed Posts))

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION  
WITHOUT MEDICAL EXAMINATION

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

To,  
The Registrar  
Dayalbagh Educational Institute  
Dayalbagh, Agra – 282005  
Subject: Commutation of Pension without medical examination.

Sir,

I desire to commute a fraction of my pension (subject to maximum of one-third of pension) as indicated below in accordance with the provisions of the Pension Bye-law, 1994 (UGC Financed Posts). The necessary particulars are given hereunder:

1. Name (in Block letters) \_\_\_\_\_
2. Father's Name (also husband's name in case of a female employee) \_\_\_\_\_
3. Designation at the time of retirement \_\_\_\_\_
4. Name of Department/Office in which last employed \_\_\_\_\_
5. Date of Birth (by Christian era) \_\_\_\_\_
6. Date of retirement \_\_\_\_\_
7. Class of pension on which retired \_\_\_\_\_
8. Amount of pension authorized (In case final pension has not been authorized, indicate the amount of provisional pension sanctioned/authorized) \_\_\_\_\_
9. Fraction of pension proposed to be commuted \_\_\_\_\_
10. No. and date of pension payment order, if issued \_\_\_\_\_

Yours Faithfully,

Place: \_ \_ \_ \_ \_

Date: \_ \_ \_ \_ \_

(Signature of the Pensioner)

Postal Address: \_\_\_\_\_

\_\_\_\_\_