To,

Executive Director
(Pension Section) M.T.N.L.,
New Delhi-110050

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Sir,

I here by declare that I am/was not a member of Central Sectt. Library. If any state, any book of the said Library is found to be issued in my name, I shall be responsible for the some.

Dated : .....

Yours Faithfully,

Signature _____

Name in Block letters _____

_____

Unit where _____

Last worked _____

Date or retirement/Resign _____

Present Postal _____

Address & Tele No. _____

VR. NO. _____

Pay Bill _____

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श्री / श्रीमती / कुमारी.....पदनाम.....

Specimen Signature of Shri./Smt. Kumari .....

.....के नमूना हस्ताक्षर

Designation..... Office .....

1. .....

2. .....

3. .....

4. .....

अनुप्रमाणित
Attested.

श्री / श्रीमती / कुमारी.....पदनाम.....

Specimen Signature of Shri./Smt. Kumari .....

.....के नमूना हस्ताक्षर

Designation..... Office .....

1. .....

2. .....

3. .....

4. .....

अनुप्रमाणित
Attested.

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FORM - A

Pension Disbursing Authority/Head of Office

(Name of Bank/Treasury/Post Office/Accounts officer etc _____

Place _____

I, _____ (Name of the pensioner in capital letters) hereby nominate the person named below under Rule 5 of the payment of Arrears of Pension (Nomination) Rules 1983.

Name and Address of the nominee	Relationship with the pensioner	If nominee is minor Name and address of person who may receive the said pension during the nominee's minority	Name and address of other nominee in case the nominee under column (1) predeceases the pensioner	Relationship with the Pensioner	Date of birth if the other nominee is minor	Name and Address of person who may received the pension during the other nominee's minority	Contingency on happening of which nomination shall become invalid

Place _____

Date _____

Witness Signature :

Name and address :

Signature of Pension Disbursing Authority/Head of Office

ATTESTED

Signature (or thumb impression if illiterate)

Name of pensioner

Address :

Acknowledgement to be sent by the Pension disbursing Authority/ Head of Office.

Certified that application/nomination has been received from _____

_____ (Name of pensioner)

whose address is _____

Place : Date :

Signature of Pension Disbursing Authority Bank/Treasury/Post Office Accounts Officer Head of Office

Full Address :

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फार्म–1–ए
FORM - 1-A

(नियम 5(2),12,13,(3) 14(1) एवं 15(3) देखें)

(See Rules 5(2):12:13:(3): 14(1) and 15(3)

चिकित्सा परीक्षा के बिना सेवा–निवृति–पेंशन के भाग को परिवर्तित करने के लिए

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUATION

आवेदन फार्म जब प्रार्थी चाहता हो कि पेंशन की परिवर्तित राशि का भुगतान पेंशन के आदेश द्वारा ही प्रधिकृत किया जाये।

Pension without medical Examination when Applicant Desires that the Payments of the Commuted values of a pension should be authorised through the pension payment order

(सेवा निवृति की तारीख से तीन मास पूर्व इसे तीन प्रतियों में प्रस्तुत किया जाये)

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

Part-1

सेवा में

The

.....

.....

.....

.....

.....

विषय :- चिकित्सा परीक्षा के बिना पेंशन का परिवर्तन ।

Subject:- Commutation of pension without medical examination

महोदय

Sir :

मैं केन्द्रीय सिविल सेवा पैंशन का परिवर्तन (नियम 1981 के उपलबन्धों के अनुसार

I desire of commute a fraction of my pension in accordance with the provisions of the Central

अपनी पेंशन के एक भाग को परिवर्तित/कम्यूट कराना चाहता हूँ। आवश्यक विवरण

Civil Services (Commutation of pension) .....

निम्नलिखित है :

Rules: 1981 the necessary particulars are furnished below .....

1. स्पष्ट अक्षरों में नाम

1. Name (in Block Letters) .....

2. पिता का नाम (यदि सरकारी कर्मचारी स्त्री है तो पति का नाम)

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

3. पदनाम

3. Designation .....

4. कार्यालय/विभाग/मंत्रालय जिसमे वह नियुक्त है का नाम

4. Name of office/Department/Ministry in which employed .....

5. जन्म तिथि (ईस्वी सन् में)

5. Date of Birth (by christian era) .....

6. सेवा–निवृति की तारीख अथवा एफ आर 56(डी) के अधीन

6. Date of retirement on superannuation or the expiry of extension in service granted under F.R. 56(d) .....

सेवा की बढ़ाई गई अवधि की समाप्ति की तारीख

7. सेवा–निवृति पेंशन का भाग जिसको परिवर्तित किये जाने का प्रस्ताव हैं।

7. Fraction of superannuation Pension proposed to be commuted .....

8. वितरण अधिकारी का नाम जिसमे सेवा–निवृति के बाद पेंशन ली जानी है

8. Disbursing authority from which pension is to be drawn after retirement .....

(1) पोस्ट आफिस/उप पोस्ट आफिस का नाम

(a) Treasury/Sub-treasury (Name and Complete address of the Treasury / Sub-treasury to be indicated

P.T.O

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(b) (1) राष्ट्रकृत बैंक की शाखा का नाम व पूरा पता

(i) Branch of the nominated nationalised bank with complete postal address .....

(11) बैंक का खाता संख्या जिसमे हर माह पेंशन जमा होनी है

(ii) Bank account no to which monthly pension is to be credited each month .....

(C) मंत्रालय / विभाग / कार्यालय का लेखा कार्य

Account office of the Ministry / Department office .....

स्थान :
Place :

दिनांक :
Date :

हस्ताक्षर
Signature
वर्तमान डाक पता
Present Postal address
.....
सेवा-निवृत्ति के बाद का
Postal address after
डाक पता
retirement
.....

.....

FORM - 5

(See Rule - 7)

Officer

_____

_____ hereby nominate the person named below

(Name of the pensioner in capital letters)

Rule of the Central Civil Service (Commutation of Pension Rule 1981)

Name and Address of the nominee	Relationship with the pensioner	Date of Birth	If nominee is minor Name and address of person who may received the said commuted value during the nominee's minority	Name and address of other nominee in case the nominee under column (1) predeceases the pensioner	Relationship with the Pensioner	Date of birth if the other nominee is minor	Name and Address of person who may received the commuted value of pension during the other nominee's minority	Contingency on happening of with nomination shall become invalid.
1	2	3	4	5	6	7	8	9

Place _____

Date _____

Witness Signature :

Name and address :

Signature of thumb impression if illiterate and name of Pensioner

Address :-

ATTESTED

Acknowledgement to be sent by the Head of Office

Signature of Head of Office with stamp

Name of Pensioner

Certified that the nomination has been received from _____

_____ whose address is

_____

Place : _____ Date : _____

MAHANAGAR TELEPHONE NIGAM LIMITED

Form No. E-5 Appendix-VIII

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)

(MODEL MANDATE FORM)

(INVESTOR/CUSTOMER'S OPTION TO RECEIVE PAYMENTS THROUGH CREDIT CLEARING MECHANISM)

(Scheme name and Periodicity of payment)

No.

1. **INVESTOR / CUSTOMER'S NAME** :

2. **PARTICULARS OF BANK ACCOUNT** :
   - A. BANK NAME :
   - B. BRANCH NAME :
     Address :

     Telephone No. :
   - C. 9-DIGIT CODE NUMBER OF THE BANK & BRANCH :
     (Appearing on the MICR cheque issued by the bank) :
     IFSC code : .
   - D. ACCOUNT TYPE
     (S.B. Account / Current Account or Cash Credit with Code 10/11/13)
   - E. LEDGER NO./LEDGER FOLIO NO. :
   - F. ACCOUNT NUMBER :
     (As appearing on the Cheque Book)

(In lieu of the bank certificate to be obtained as under, please attach a blank cancelled cheque, or photocopy of a cheque or front page of your savings bank passbook issued by your bank for verification of the above particulars)

3. **DATE OF EFFECT**

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the User institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

Signature of the Investor/Customer.

Certified that the particulars furnished above are correct as per our records.

Signature of the Authorised official
From the Bank.