Application Form for payment of Pension & other Retirement Benefits to the Railway Employees.
(Note: Application Form to be filled up in all respect by the employee and submitted in triplicate.)

I..... Furnish below my relevant particulars and request to arrange to pay my DCRG/Gratuity, SRPF, CGEGIS & Pension and may be permitted to commute ..... % (..... ..... percent) of my pension:-

1. Full Name (in Block Letters) : .....
2. Father's/Husband's Name ; .....
3. Date of Birth : ..... 4. Date of appointment:.....
5. Designation : ..... 6. RUID Number : .....
7. Basic Pay : ..... 8. Pay Level : .....
9. SRPF No. : ..... 10. PAN No. : .....
11. Mobile No. : ..... 12. E-Mail Id : .....
13. Aadhaar No. : ..... 14. Mark of Identification: .....
15. Religion : .....
16. Present/Correspondence : .....
    Address with PIN Code ..... PIN.....
17. Permanent Address with : .....
    ..... PIN .....
18. Details of Railway/Directorate: .....
    of Estate Quarter, if allotted ..... PIN.....
19. Date of Retirement : ..... 20. Date of start of Pension: .....
21. Class of Pension : Superannuation/Voluntary etc. .....
22. Details of Public Sector Bank from where pension will be drawn:
    (a) Saving Bank Account No. : ..... (b) Name of Bank : .....
    (c) Branch:..... (d) City: .....
    (e) District: .....(f) IFSC : .....
23. Medical facility being availed 24. Medical Card(s) No. : .....
    At present (CGHS/RMA) : .....
25. Details of Military / Other service, if any
    (a) Total Period of Military Service : From ..... To .....
    (b) Amount of gratuity received for the Military service: .....
    (c) PPO No. & Date of issue (attach a self attested photocopy of
    The PPO .: .....

Note : Please attach : (i) a cancelled cheque, issued for Bank Account mentioned above at S.No.21,
(ii) self attested photocopies of PAN, Aadhaar and Medical Cards

Employee's Signature

Place : .... Date.....

Signature
Subordinate Incharge.

DECLARATION FOR NON ACCEPTING COMMERCIAL EMPLOYMENT

I note that cannot accept any commercial employment before the expiry of one year from the date of retirement or any employment under a government outside India at any time without prior sanction of the president of India. I cannot seek employment as contractor for or in connection with the execution of public works (whether on the Railway or under P.W.D. or Defence Forces) or employment of such contractors, within one year of my retirement, without the prior permission of the president of India.

DECLARATION FOR NON RECEIPT OF PENSIONARY BENEFITS

I hereby declare that I have neither applied for not received any ordinary Gratuity/Pension/Death-cum-retirement Gratuity in respect of any portion of the service included in this application and in respect of which ordinary Gratuity pension/Death-cum-Gratuity is claimed here in, no shall I submit an application hereafter without quoting a reference to this application and to the orders which may be passed thereon

I am in occupation of Railway/ Directorate of Estates' (DOE) House No ..... on my retirement from Railway Service, I agree to withhold Death-cum-Retirement gratuity as per extant orders till such time, I vacate the Railway Quarier/DOE accommodation.

Employee's Signature

1st Witness signature .....
Name : .....
Designation : .....
RUID No. : .....

Subordinate Incharge
Signature

2nd Witness signature .....
Name : .....
Designation : .....
RUID No. : .....

Attestation by Gazetted officer

Note:- After vacating the government accommodation, employee may apply for refund of withheld gratuity in prescribed Performa, along with all required documents. In case of Directorate of Estates accommodation, the retiring employee has to apply online for obtaining the "No Demand Certificate"

DETAILS OF FAMILY MEMBERS

1. Name and Designation of the employee: .....
2. Father's/ Husband's Name : .....

Affix joint photo (to be duty signed across By self and Spouse)	Affix Employee's photo

3. Details of all family member :-

Sl. No.	Name (in block letter)	Relationship With Railway Servant	Date of Birth (attach a photo copy of valid document as proof)	Aadhaar No. (attach photo copy of Aadhaar Card)
1	2	3	4	5
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				

Sl. No.	Date of marriage in case of married children	Name of spouse of married child	Indicate the nature of handicap (mental/physical)If any, of the child and whether it is permanent or temporary	Remarks/Any other information
	6	7	8	9
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				

Employee's Signature

Signature of Subordinate Incharge

Attestation by Gazetted officer

4. Three specimen signature, Identification Mark(s) and Fingers" Impression of left hand of the Railway Employee :

(a) Specimen Signature

(b) Identification Marks (i) .....

(ii) .....

(c) Fingers' Impression of left Hand :-

Thumb	Index Finger	Middle Finger	Ring Finger	Little finger

5. Three specimen signature, Identification Mark(s) and Fingers" Impression of left hand of the of Spouse.

(a) Specimen Signature

(b) Identification Marks (i) .....

(ii) .....

(c) Fingers' Impression of Left Hand :-

Thumb	Index finger	Middle Finger	Ring Finger	Little Finger

Place:- ..... Date:- ..... Employee's Signature

Certified that the joint photograph pasted at pre-page (Colum-2) is of Smt.& Shri. .....

.....and the Information.

Declared from Colum No 1 to 5 by the Railway employee are believed to be true and both persons signed and put fingers' Impression before me.

Signature of the Gazatted officer

Name .....

Designation .....

Signature of Subordinate Incharge

Rubber stamp with name
Of certifying authority

PAYEE'S LETTER OF AUTHORITY

I request that my Provident Fund and Death-cum-Retirement Gratuity/Compassionate Gratuity/Leave Encasement / SRPF/CGEGIS/Pension Commutation amount may be remitted to me through ECS/RTGS/NEFT.

I agree that the remittance made in the aforesaid manner shall be at my sole risk and shall be a complete discharge of Government from all liability on the amount being remitted by ECS/NEFT/RTGS/Money order/cheque/bank Draft forwarded by registered post, as the case may be.

PRE-RECEIPT

Received from pay & Accounts officer, ...a sum of Rs. . ..... as full and final settlement of my claim to provident fund Amounts/Gratuity /Compassionate gratuity /leave Encashment/GIS/Pension on Commutation value.

Revenue stamp (to be duly signed across by the employee)	**Signature of Employee**

Signed before me.

Signature of Witness: .....
Name :.....
Designation :.....
RUID No. :.....
Date :.....

Signature of Subordinate Incharge

Signature of Head of officer
.....

(Stamp) .....

- Head of office, means a gazetted officer who mane appointing authority may by order declare as Head of office and includes such other authority or person whorn the appointing authority may specify in the like marner.

LETTER OF AUTHORITY UNDERTAKING FOR DRAWAL OF PENSION THROUGH PUBLIC DECTOR BANK WITH PERMANENT ADDRESS & MLDE OF PAYMENT

1. I hereby authorize Manager .....Bank to receive my motherly pension and credit the same to my saving bank account (pension) on the first working day of every month as per particulars given :-

   Amount of pension per month at the time of retirement:
   Rs. .....(Rupees .....)

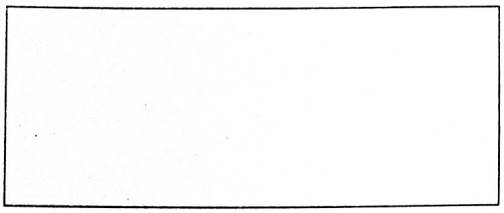
2. I agree to undertake that any amount excess/wrong payment of pension if credited to my above saving bank account may be recovered or withdrawn from the said savings bank account by the public sector bank.
3. The authority shall remain in force until cue notice in writing is given me.

1st Witness Signature:	.....	Employee's signature:	.....
Name	:	Name	: .....
Designation	:	Designation	: .....
FUID No.	:	FUID No.	: .....
		Mobile id	: .....
		E-mail id	: .....
2nd Witness Signature:	.....	Permanent Address after Retirement:-	
Name	:	.....	
Designation	:	.....	
FUID No.	:	.....	
		.....	
		PIN Code:	.....

Date : .....
Place : .....

Signature of Subordinate Incharge

Attestation by Gazetted officer



सेवानिवृत्ति के पश्चात मिलने वाले मानार्थ पास का पार्थना पत्र।

APPLICATION FOR COMELEMENTRY PASS

1. नाम / Name पिता / पति का नाम / Fathers / Husbands Name
2. पदनाम / Designation जन्म तिथि / DOB
   नियुक्ति की तिथि / DOA सेवानिवृत्ति की तिथि / DOR
3. वेतन (रुपयों में) Pay in Rs ग्रेड पे (रुपयों में) Grade Pay in Rs
4. कुल सेवाकाल (कवालीफाइंग) / Total length of Service (Qualifying)
   वर्ष / Year माह / Month दिन / Days
5. राजपत्रित कैडर में आने की तिथि / Date of entry into Gazetted cadre
6. राजपत्रित कैडर की कुल अवधि / Total service in Gazetted cadre
7. किस श्रेणी के पास देय हैं / Class of Pass entitled to
8. एक कैलेन्डर वर्ष में मिलने वाले पासों की संख्या / Complimentary passes entitled in to a calendar year
9. सेवानिवृत्ति के वर्ष में लिए गए सुविधा पासों की संख्या / Privilege passes availed during the year of retirement
10. रेलवे आवास / Railway Qtr कालोनी / Colony स्टेशन / Station
11. रेलवे आवास रखने की अनुमति की तिथि / Retention of Qtr granted up to
    रेलवे आवास खाली करने की अनुमति की तिथि / Date of vacation of Qtr
12. मानार्थ पास खाता संख्या / Complementary pass Account No.
    जारी किये गये सेवानिवृत्ति पहचान पत्र की संख्या / Issued ID card No.

मुझे इस बात की जानकारी है कि अनाधिकृत रूप से रेलवे आवास पर कब्जा रखने की स्थिति में प्रत्येक माह के लिए सेवानिवृत्ति के बाद मुझे मिलने वाले पास के एक सैट की कटौती कर ली जाएगी। / Also note that one set of post retirement pass will be debited for unauthorized occupation of quarter for each month.

कर्मचारी के हस्ताक्षर
Signature of Employee

रेल कर्मचारी उदारीकृत स्वास्थ्य योजना -1988 हेतु घोषणा-पत्र
Declaration for RELHS-1988

मैं/। पुत्र/ पुत्री/ पत्नी श्री इस बात की जानकारी रखता हूं कि रेल मंत्रालय ने सेवानिवृत्त कर्मचारियों के लिए एक उदारीकृत स्वास्थय योजना आरंभ की है। मैं दिनांक को अधिवर्षिता की आयु पूरी करने पर सेवा निवृत्त हो जाउंगा / जाउंगी। मैं सेवानिवृत्ति कर्मचारी उदारीकृत स्वास्थ्य योजना में भाग लेना चाहता / चाहती हूं। अत इस लिए मेरे अंतिम माह के मेल वेतन के बराबर कटौती मेरी डी सी आर जी से कर ली जाए। / I am aware that the ministry of Railway have introduced new Retired Employee Liberalization Health Scheme. I will superannuate/retire on . I am willing to join the existing RELHS and hereby authorized to deduct an amount equal to my last month salary from my DCRG.

राजपत्रित अधिकारी के हस्ताक्षर	अधीनस्थ प्रभारी के हस्ताक्षर	कर्मचारी के हस्ताक्षर
Signature of Gazetted officer	Signature of Subordinate in charge	Signature of Employee

मैं नियमत चिकित्सा भत्ते का हकदार रहूंगा / नही रहूंगी कयोकि में रेल सेवा से सेवानिवत्त होने के बाद रेल अस्पताल / स्वास्थ्य केन्द्र से 2.5 कि.मी. से अधिक दूरी पर रहूंगा / रहूंगी तथा में बाहय रोगी विभाग की सुविधा (रेलवे बोर्ड के दिनांक 12-10-2006 के पत्र संख्या 2006/एच/ डी सी/जेसीएम के अंतर्गत दर्शाई गई जटिल (गंभीर)) बीमारियों को छोडकर नहीं लूंगा / लूंगी। / I also claim / not claim or fixed medical advances as i will / will not reside beyond 2.5 KM from Railway Hospital / Health unit after retirement and will not avail OPD facility (Except) in case of chronic disease as defined in Rly Bds letter No. 2006/H/DC/JCM)

उदारीकृत स्वास्थ्य योजना तथा मानार्थ पासों के लिए परिवार का ब्यौरा
Family particulars for the purpose of complimentary passes & RELHS

क्र.सं. S.N.	नाम (बडे अक्षरों में) Name (in block letter)	रेल कर्मचारी से संबंध Relationship with Railway servant	जन्म तिथि DCB

परिवार के प्रत्येक सदस्य की फोटो चार-चार प्रतियों में / Four copies of photos each family member.

मैं घोषणा करता – करती हूं कि मेरे द्वारा दी गई उक्त सभी जानकारियां सही हैं / Declare that all the above information given by me is correct.

साक्षी -1 Witness No.123	साक्षी -2 Witness No.123	साक्षी -3 Witness No.123
हस्ताक्षर Signature	हस्ताक्षर Signature	हस्ताक्षर Signature
नाम Name	नाम Name	नाम Name
पदनाम / स्टेशन Designation / Station	पदनाम / स्टेशन Designation / Station	पदनाम / स्टेशन Designation / Station
दिनांक Dated	दिनांक Dated	दिनांक Dated