



**भारतीय प्रौद्योगिकी संस्थान कानपुर**  
**INDIAN INSTITUTE OF TECHNOLOGY KANPUR**  
**प्रशासन अनुभाग**  
**ADMINISTRATION SECTION**



कमरा सं. 211, (संकाय भवन)

पो. आई आई टी कानपुर – 208016 (उ.प्र.), भारत

**Room No. 211 (Faculty Building)****PO. IIT KANPUR-208016 (UP), INDIA**

No. Estt./OM/Retir./2021/IITK/760

Date: October 05, 2021

**OFFICE MEMORANDUM**

In terms of provisions of Para 13 (2) of the IIT Kanpur Statutes as amended in 2003, the following employees will retire from the service of the Institute on superannuation at the end of the month in which they attain the age of sixty years as noted against their names in Col. 7 :-

Sl. No.	P.F. No.	Full Name & Father's /Husband's Name (Shri/Smt.)	Designation & Department	Institute Qtr. No. if allotted	Date of birth as entered in Institute Records	Date of retirement on superannuation
1	2	3	4	5	6	7
1.	4339	Ashwani Kumar S/o Shri Ram Lout	Senior Draftsman Mechanical Engineering	Off Campus	05-01-1962	31-01-2022
2.	5140	Shiv Sagar Singh S/o Late Shri Ramseer Singh	Senior Technician Physics	Off Campus	31-01-1962	31-01-2022
3.	5164	Ram Krishna S/o Late Shri Ganga Deen	Tech. Superintendent ACMS	Off Campus	01-02-1962	31-01-2022
4.	4444	G P Verma S/o Shri Gurudev Prasad Verma	Tech. Superintendent Television Centre	2007 Type II	02-03-1962	31-03-2022
5.	4601	Vimla Raj Yadav D/o Shri Ram Swaroop Sharma	Sr. Staff Nurse (S.G.) Health Centre	255 Type II	01-05-1962	30-04-2022
6.	4476	Balak Sadashiorao Ganvir S/o Shri Sadashio Rao Attmaramji Ganvir	Tech. Superintendent Central Workshop	244 Type II	01-07-1962	30-06-2022

The above employees are requested to fill up the enclosed form and return the same duly completed in the Administration Section as early as possible. It is further informed that any event taking place after submission of the application which has the effect of changing their entitlement for P.F./Pension/Gratuity, should be reported to the Administration Section. In case, they have been allotted Institute quarter, they are required to vacate the premises on or before the date of superannuation. However, in the event they wish to occupy the Institute accommodation beyond the date of Superannuation, a specific request should be made in writing within 60 days of the issue of this Memorandum for further consideration by the Competent Authority. If they fail to vacate the quarter before the expiry of the permitted retention period, penal damages, as per rules, per square meter will be charged to them under Rule 30 of the Allotment of Premises rules, with effect from the day following their date of Superannuation. In addition to penal damage, water, electricity and other charges would be charged extra.

(Dr. J. P. Deshmukh)  
Deputy Registrar (Admin.)

To,

**Persons concerned**

**They are advised to deposit medical booklet(s) in the ID cell and vehicle pass, if any, in the Security Unit for obtaining "NO DUES CERTIFICATE".**

**Copy to:**

- |                                   |                                  |                         |
|-----------------------------------|----------------------------------|-------------------------|
| 1. Director                       | 2. Deputy Director               | 3. Registrar            |
| 4. Accounts Section / Fund Office | 5. Recruitment Section           | 6. CPMS- Administration |
| 7. Computer Centre                | 8. New Office Automation-Pingala |                         |

Copy also forwarded to the following departments/ Sections/Units with the request that "NO DUES CERTIFICATE" may be sent to the Administration Section directly at least 15 days before the date of retirement of the incumbent failing which it will be presumed that nothing is outstanding against him/her and the Accounts Section will be advised to take action for releasing the payments lying to his/her credit.

- |   |                        |                                |
|---|------------------------|--------------------------------|
| (ii) Head, Department/ Section/Unit   | (ii) Health Centre     | (iii) ID Cell                  |
| (iv) Telephone Exchange   | (v) P K Kelkar Library | (vi) CUGL Office               |
| (vii) IWD, Central Office   | (viii) Estate Office   | (ix) Stores & Purchase Section |
| (x) Security Office-the vehicle entry pass if any, may be cancelled and new/temporary pass, if required, may be issued. |                        |                                |

# INDIAN INSTITUTE OF TECHNOLOGY KANPUR

## [Application Form for Grant of Pension/Death-Cum-Retirement Gratuity on Retirement/Technical Resignation/VRS/Compulsory Retirement/Death]

### **PART-A** (To be filled by the Employee/Applicant)

1. (a) Full name of the Employee/Applicant.....  
In Block Letters
  - (b) Father's/Husband's name .....
  2. Personal File No. of the Employee .....
- Opted for:**  
**OPD Medical Facility**  
**OR**  
**Fixed Medical Allowance**

Affix a passport size Photograph  
duly attested by a responsible  
Officer of the Institute

APPLICANT'S PHOTOGRAPH
3. Address of the Applicant after retirement  
for the purpose of correspondence .....
  4. Applicant's date of birth as per  
Institute's records .....
  5. (a.) Height .....
  - (b.) Personal identification marks .....
  6. (a.) Date of commencement of service in the  
Institute by the Employee .....
  - (b.) Date of Commencement of service on daily  
wage/consolidated .....
  - (c.) Previous employment service if counted any From .....To.....
  7. Type of Retirement: Superannuation/Voluntary  
Retirement/Employee's Technical Resignation/  
Compulsory Retirement/Death\* .....
  8. Effective Date (with reference to sl. no. 7 above) .....
  9. Name of the present post/Last appointment held .....
  10. Pay Scale and Grade Pay of the present post/  
Last appointment .....

\* Strike out whichever is not applicable

11. Deptt./Section to which the Applicant belonged at the time of retirement .....
12. Name of the retirement benefits scheme Opted for by the Employee .....
13. Class of pension admissible .....
14. Whether nomination(s) made for:-  
 (a) Family pension YES/NO  
 In case of yes, also  
 Give the name of first nominee .....
- (b) Death-cum-Retirement Gratuity YES/NO  
 In case of yes, also  
 Give the name of first nominee .....
- (c) Nomination for Arrears of Pension. In case YES/NO  
 of yes, also give the name of first nominee .....
15. Amount and nature of pension, If any, received for previous Employment. ....
16. Marital Status of the Employee/Applicant (Unmarried/Married/Divorced/Widowed) .....
17. Thumb and finger impressions of left hand in case of male and, of right hand in case of female applicant, but only if the applicant cannot sign.

(Thumb)      (Forefinger)      (Middle Finger)      (Ring Finger)      (Little Finger)

18. Joint passport size photograph with spouse (**three copies of same to be attached in separate envelope**) and Photos of other nominated family members to receive family pension/DCRG also to be affixed duly attested.

Space for affixing the Joint Photograph	Son/Daughter as applicable	Son/Daughter as applicable
Signature	Signature	Signature

19. Details of applicant's family as on the date of application.  
(Please see note 1 and 2 at at page 4)

Sl. No	Name of the family member of employee	Date of Birth (a)	Relationship with the employee	Marital Status in case of Children (b)	Present Address	Whether child is physically/ mentally challenged (c)
1						
2						
3						
4						
5						

(a) Self attested photocopies of proof of date of birth and photo ID of mandatory for all.

(b) Whether married/unmarried/widow/widower/divorcee.

(c) Self certified copies of relevant certificates to be enclosed.

Note: Above particulars may be given in the order of eligibility of the family pension.

20. Details of Bank Account:

(a) Account No. \* .....

(b) Bank Name & Branch .....

(c) Bank's IFSC code  
(Other than SBI, IIT Branch) .....

21. PAN No. \* .....

\* Self attested photocopy of bank pass book and PAN card to be enclosed.

22. Whether opting for Commutation of pension .....  
(If yes, fraction of monthly pension to be commuted)

**Signature/Thumb Impression of the  
Employee/Applicant**

23. **Declaration by the Employee/Applicant**

I hereby accept that if any excess payment on account of Pension/Gratuity including Death-cum-Retirement Gratuity is made to me, the over payment so made may subsequently be adjusted from the pension/gratuity which may be due/payable to me.

Date .....

**Signature/Thumb Impression of the  
Employee/Applicant**

**NOTE-1** The term 'Family' for purpose of family pension {Rule 54(23)} shall be categorized as follows:

**Category-I**

- (a) Widow or widower, upto the date of death or re-marriage, whichever is earlier.
- (b) Son/daughter( including widow daughter upto the date of his/her marriage/re-marriage or till the date he/she starts earning or till the age of 25 years, whichever is the earliest.

**Category -II**

- (c) Unmarried/Widowed/Divorced daughter, not covered by Category-I above, upto the date of her marriage/re-marriage or till the date she starts earning or upto the date of death, whichever is the earliest.

- (d) Parents who were wholly dependent on the Government servant when he/she was alive provided the deceased employee had left behind neither a widow nor a child. Family pension to dependent parents, unmarried/widowed/divorced daughter will continue till the date of death.

Family pension to Unmarried/Widowed/Divorced daughters in Category II and dependent parents shall be payable only after the other eligible family members in Category I have ceased to be eligible to receive family pension and there is no disabled child to receive the family pension. Grant of family pension to children in respective categories shall be payable in order of their date of birth and younger of them will not be eligible for family pension unless the next above him/her has become ineligible for grant of family pension in that category.

**NOTE-2** The term 'Family' for purposes of Retirement/Death Gratuity(Rule 50) means and includes the following:-

- (a) wife or wives/husband including judicially separated wife or wives/husband in the case of a male/female Government servant respectively,
  - (b) son (s)
  - (c) unmarried daughter(s)
  - (d) widowed daughter(s)
- } including step and adopted.
- (e) father/mother including adoptive parents in case of individuals whose personal law permits adoption,
  - (f) brother(s) below the age of 18 years including stepbrothers, unmarried sisters and widow sisters including stepsisters,
  - (g) married daughter(s), and
  - (h) Children of a pre-deceased son.

F O R M – 4  
{See Rule 54 (23)}\*

**Nomination for Family  
Pension 1964**

I, \_\_\_\_\_ hereby nominate the persons mentioned below, who are members of my family to receive in the order shown below the family pension 1964 which may be granted by the Central Government in the event of my death.

Name and Address of nominee	Relationship with the Government servant	Age	Whether married or unmarried

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

Note: The Government servant should draw lines across blank space below the last entry to prevent the insertion of any name after he/she has signed.

Date :

Place :

Two witnesses to signature.

1.

Signature of Government Servant

Designation \_\_\_\_\_

2.

\* Family is defined in Rule 54 (23) of Family Pension 1964 (Please refer to pages 3 and 4 for details)

(To be filled in by the Head of Office)

Nomination by \_\_\_\_\_

Designation \_\_\_\_\_

Office \_\_\_\_\_

Signature of Head of Office

Dated

Designation

**Form 1****Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme**

[See Rule 53 of CCS (Pension) Rules, 1972, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees' Group Insurance Scheme, 1980]

I, ....., hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

- i. any gratuity the payment of which may be authorised under rule 50 of CCS (Pension) Rules
- ii. amount that may stand to my credit in the General Provident Fund
- iii. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980

Name, date of birth (DOB) and address of the nominee	Relation-ship with employee / pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee/pensioner	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant

Telephone No.

**Note 1 :** Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i), (ii) and (iii) above

**Note 2 :** The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

**Form A****(Common Nomination Form for Arrears of Pension and Commutation of Pension)**

[See Rule 5 of Payment of Arrears of Pension (Nomination) Rules, 1983 and Rule 7 of Central Civil Services (Commutation of Pension) Rules, 1981]

I, ....., hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

- i. Arrears of Pension
- ii. Commuted Value of Pension payable under Central Civil Services (Commutation of Pension) Rules, 1981

Name, date of birth (DOB) and address of the nominee	Relationship with employee/pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB and address of alternate nominee in case the nominee under Column (1) predeceases the employee/pensioner	Relationship with employee/pensioner	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant/Pensioner

Telephone No.

**Note 1 :** Completely strike out the benefit for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i) and (ii) above.

**Note 2 :** The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.



**PART-B (To be filled by Admin/DOFA office)**

24. (a) Date of entering service of Institute \_\_\_\_\_

(b) Service on Daily wages/Consolidated Salary	Year(s)	Month(s)	Day(s)
	_____	_____	_____

(c) Previous employment service From \_\_\_\_\_ To \_\_\_\_\_

(d) Gross period of service	Year(s)	Month(s)	Day(s)
Up to the date of retirement			

25. Period of Non-Qualifying service:

a) Interruptions \_\_\_\_\_

b) Extra-ordinary leave not qualifying for pension \_\_\_\_\_

c) Period of suspension not treated as qualifying for pension \_\_\_\_\_

26. Net period of Qualifying Service Up to the date of retirement	Year(s)	Month(s)	Day(s)

27. Pay during last 10 months: -			
Scale of Pay	Amount of Basic Pay with Grade Pay	Period for which drawn	
		From	To
a) _____	_____	_____	_____
b) _____	_____	_____	_____
c) _____	_____	_____	_____
d) _____	_____	_____	_____

28. Name of the retirement benefit scheme opted by the Employee: \_\_\_\_\_

29. Is employee eligible for commutation of Pension: YES/NO  
(If Yes, fraction of monthly pension to be commuted; please refer to # 22 of Part A)

30. Last pay drawn: -

a) Basic Pay

b) Grade Pay \_\_\_\_\_

c) Last Pay Scale \_\_\_\_\_

d) Special Pay, if any \_\_\_\_\_

e) Personal Pay, if any \_\_\_\_\_

31. Leave for Encashment: -

a) No. of Days of Earned Leave -

b) No. of Days of Half Pay Leave -

**CERTIFICATE**

Certified that entries against columns 01 to 31 have been verified and found correct.

**Dealing Assistant**

**Superintendent**

**Officer I/C (Admin/DOFA)**

Date\_\_\_\_\_

**AUDIT CERTIFICATE**

Certified that entries against columns 01 to 29 have been pre-audited.

**Dealing Assistant (IA)**

**Superintendent (IA)**

**JR (Internal Audit)**

Date\_\_\_\_\_

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

FORM 1-A

(To be submitted in duplication within one year after retirement)

(To be filled in by the applicant)

To,

The Director  
Indian Institute of Technology  
Kanpur 208016

**Subject: Commutation of pension without medical examination**

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions of paragraph 20 of Schedule 'F' of statute 16B of the Institute. The necessary particulars are furnished below:

1. NAME (IN BLOCK LETTERS) .....
2. Fathers' Name (Also Husband's name  
in the case of a female employee) .....
3. Designation at the time of retirement .....
4. Name of Office/Department in which  
employed last .....
5. Date of birth (by Christian era)  
as accepted for retirement .....
6. Date of retirement .....
7. Class of pension admissible/sanctioned .....
8. Amount of such pension if already sanctioned  
(In case final amount of pension has not been  
Authorized indicate the amount of provisional  
Pension sanctioned. ....
9. Fraction of monthly pension proposed to be  
Commutated subject to maximum of 40%  
thereof and not the amount in Rupees .....

10.If pension proposed to be commuted has  
already been sanctioned, give Office Order  
No. and date by which it was sanctioned .....

11.Opted for fixed Medical Allowance/OPD  
Medical Facility as per rules .....

Dated:

Signature.....  
Postal Address:.....  
.....  
.....

---

### **ACKNOWLEDGEMENT**

Received from Dr./Shri..... Ex.....  
Application in part (A) of the Form for the commutation of fraction of pension  
without medical examination.

Date:.....

SIGNATURE RECEIPT ASSISTANT

Dated:.....

To  
The Director  
IIT Kanpur

Sir,

**Subject: Request for final payment of C.P.F./G.P.F.**

**I am going to retire on .....**Therefore, kindly arrange to make final payment of my C.P.F./G.P.F. on the date of my retirement.

Thanking You

Yours Faithfully

Signature .....

Name .....

Designation .....

P.F.No. ....

Department .....