

**DAULAT RAM COLLEGE  
(UNIVERSITY OF DELHI)**

**FORMAL APPLICATION FOR PENSION**

From:

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To,  
The Principal  
Daulat Ram College  
University of Delhi,  
Delhi:110 007

**SUB: APPLICATION FOR SANCTION OF PENSION**

Sir,

I beg to say that I am due to voluntary retirement from service w. e. f.----  
-----my date of birth being-----

I therefore request that steps may kindly be taken with a view to the Pension and Gratuity admissible to me being sanctioned by the date of my retirement.

2. I hereby declare that I have neither applied for nor received any pension or gratuity in respect of any portion of the service qualifying for this pension and in respect of which pension and/or gratuity is claimed herein nor shall I submit an application hereafter without quoting a reference to this application and the orders which may be passed thereon.

3. I enclose herewith:-Three specimen signature of wife and mine, duly attested;

(i) Three copies of passport size joint photograph of the employee with his/her wife/husband, duly attested.

Name of pensioner.....

Signature of Pensioner.....

(2)

(ii)\* Three slips each bearing my left-hand thumb and  
finger impressions. My present address is-----  
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And my permanent address after retirement will be-----  
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Date:\_\_\_\_\_

Signature\_\_\_\_\_

Designation\_\_\_\_\_

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\*This is required only in the case of person who are illiterate and cannot sign their names.

Name of pensioner.....

Signature of Pensioner.....

DAULAT RAM COLLEGE, DELHI  
**(UNIVERSITY OF DELHI)**  
4, Patel Marg, Maurice Nagar,  
Delhi: 110 007

Specimen Signatures of Retiring Employee

Specimen Signatures of	Attested by
ShriMrs.....	.....
(1) _____ (Signature of Employee)	_____ (Signature with rubber stamp)
(2) _____ (Signature of Employee)	_____ (Signature with rubber stamp)
(3) _____ (Signature of Employee)	_____ (Signature with rubber stamp)

PRINCIPAL

**UNIVERSITY OF DELHI**

**FORM OF APPLICATION FOR COMMUTATION OF PENSION  
WITHOUT MEDICAL EXAMINATION.**

**Subject: Commutation of Pension with Medical Examination (Original copy enclosed)**

**Sir,**

I furnish below the relevant particulars and request that I may be permitted to commute a part of my pension as indicated below. (An attested copy of my photograph is pasted on this application and attested copy is enclosed).

1. Name in Block Letters. :
2. Date of Birth :
3. Date of Superannuation on attaining the age of 60 years. :
4. Designation of the post held at the time of superannuation and the name of the College :
5. Amount of Pension sanctioned and whether it is provisional or final. :
6. Amount (in whole Rupees) of pension proposed to be commuted .@ 40% :
7. Particulars of any application for commutation of pension made previously and whether appeared before any Medical Authority of not :

Name of pensioner.....

Signature of Pensioner.....

**FOR OFFICE USE**

8. Age next Birthday (according to the service record). : years
9. Rate of Commutation at age next birthday : .....
10. Amount proposed to be commuted by the Pensioner. : Rs. P.M.
11. Amount of Pension sanctioned. : Rs.
12. Calculation of commuted value of Pension. : Rs.  
Say Rs.  
( /-x12x.....)

Name of pensioner.....

Signature of Pensioner.....

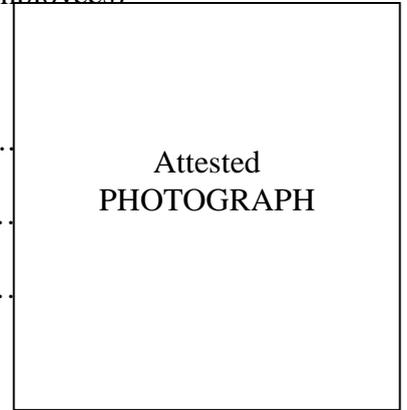
**UNIVERSITY OF DELHI**  
**FORM OF APPLICATION**  
(Family Pension Scheme for University Employees)

Application for a Family Pension for the Family of Late

Shri/Smt.....

Designation.....

of.....



1. Name of Applicant : \_\_\_\_\_

2. Relationship to the University Employee : \_\_\_\_\_

3. Date of Retirement, if the deceased was a Pensioner : \_\_\_\_\_

4. Date of Death of University Employee : \_\_\_\_\_

5. Name and ages of surviving kindred of the deceased : \_\_\_\_\_

Name (Date of Birth by Christian area)

Widow/Widower

Sons

Unmarried Daughters

6. Account No. of SBI, D.U. if the payment is desired through  
Bank (not joint or either or survivors A/c) : \_\_\_\_\_

7. Signature of left-hand thumb impression (in the case  
of those who are not literate enough to sign their Names): \_\_\_\_\_

Name of pensioner.....

Signature of Pensioner.....

(2)

8. Descriptive roll

of \_\_\_\_\_ Widow/Widower/Guardian  
of the minor children of late \_\_\_\_\_

(i) Date of Birth by Christian era : \_\_\_\_\_

(ii) Height : \_\_\_\_\_

(iii) Personal Marks, if any, on hand or face : \_\_\_\_\_

(iv) Left-hand/Right hand thumb and  
Finger impression : \_\_\_\_\_

Small Finger	Ring Finger	Middle Finger
Index Finger	Thumb	

9. Full Address of the Applicant : \_\_\_\_\_

Attested  
(1) \_\_\_\_\_

(2) \_\_\_\_\_

Witness  
(1) \_\_\_\_\_

(2) \_\_\_\_\_

Name of pensioner.....

Signature of Pensioner.....

UNIVERSITY OF DELHI

The Register,  
University of Delhi,  
Delhi-110007,  
Sir,

I .....,hereby nominate the person named below,  
under clause 16(ii) of Appendix ‘A’ to Statute 28-A for the payment of arrears of pension:-

- 1. Name and address of the Nominee : .....
- 2.Realtionship with pensioner : .....
- 3. Date of Birth :.....
- 4. Name and address of person who  
may received the said pension during  
the nominee’s minority :.....
- 5. Name and address of other nominee in  
case the nominee under Column(1)  
predeceases the pensioner :.....
- 6. Relationship with pensioner :.....
- 7. Date of Birth if the other nominee :.....
- 8. Name and address of person who  
may receive the pension during he  
other nominee’s minority :.....
- 9. Contingency on happening of which  
nomination shall become invalid :.....

Place : .....  
Date ..... Signature/Thumb-impression, if  
The pensioner is illiterate

Name of pensioner.....  
Address.....  
.....

Witness :  
Signature.....  
Name.....  
Address.....  
.....

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Certificate that the application/nomination has been received formShri/Smt..... whose address is  
.....Date  
:.....  
Place:.....

**UNIVERSITY OF DELHI**  
(Pension Cell)

FOR THE PURPOSE OF FIXATION OF FAMILY PENSION(Three copies of passport size Joint Photograph of the employees with his/her wife/husband, duly attested.

Space for Joint photograph of Retiree
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Signature of the person retiring \_\_\_\_\_

Signature of Wife/Husband\_\_\_\_\_

Space for Joint Photograph of Retiree
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Signature of the person retiring\_\_\_\_\_

Signature of Wife/Husband\_\_\_\_\_

Space for Joint Photograph of Retiree
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Signature of the person retiring \_\_\_\_\_

Signature of Wife/Husband\_\_\_\_\_

**Signature to be attested by the Principal of the College.**

**DAULT RAM COLLEGE  
(University of Delhi)**

**Form for exercising option for General Provident Fund (GPF)-Pension-Cum-Gratuity Scheme as stipulated in the Statute 28-A, Appendix 'A':**

In pursuance of common Judgment of Hon'ble Supreme Court of India delivered on 10.05.2022 in the case No. CA No. 003797-003809/2022 arising out of SPL (No. 008892-008904 in Diary No. 13901 of 2017 and 17007 of 2017 in respect of Litigant and Non-Litigants of Category-II ( Shashi Kiran Batch), and in terms of E.C Resolution No.5/2 dated 30.05.2022

**(a) I hereby submit my option form opting under General Provident Fund (GPF)-Pension-Cum-Gratuity Scheme as stipulated in the Statute in the Statue 28-Appendix 'A'**

**(Or)**

**(b) I opt to continue to remain under CPF-Gratuity Scheme as stipulated the Statute 28-A Appendix 'B'**

I am further to submit that I Retired from the Dault Ram College services on \_\_\_\_\_ falling I am under Category-I\*/Category-II\* in terms of SLP Judgment dated 10.05.2022

(a) I will refund the employer contribution along with 8% simple interest per annum.

**(or)**

(a) I hereby authorize to college to recover /adjust the employer contribution along with 8% simple interest per annum from my arrears of pension due in compliance with the order dated 10.05.2022 of Hon'ble Supreme Court of India

- Strike out whichever is not applicable

Full Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Date Of Retirement : \_\_\_\_\_

CPF A/C No : \_\_\_\_\_

Department : \_\_\_\_\_

College : \_\_\_\_\_

Place :

Date :