**P E N S I O N P A P E R S**

**OF**

**NAME :**

**FATHER’S NAME :**

**ADDRESS :**

**SAP PERSONAL NO :**

**CNICNO :**

**THE DISTRICT & SESSIONS COURT MATIARI SINDH**

***N.B- Please read carefully the instruction contained in the Guide for retiring Government Servants and the Manual of Pension Procedures.***

***In the case of family pension or death while in service page 2 will not be filled in and page 3 A will be applicable.***

**APPLICATION FOR FAMILY PENSION**

**(To be filled in and signed by the applicant himself / herself)**

**To**

**THE HONOURABLE**

**DISTRICT & SESSIONS JUDGE**

**MATIARI**

Dear Sir,

I have the honour to say that my husband/wife/\* has on (date) I, therefore, request that the family pension admissible under the rules may kindly be sanctioned to me.

1. I declare that I have neither applied for nor received any family pension.
2. Should the amount of the family pension granted to me be afterwards found to be in excess of that to which I am entitled under the rules, I hereby undertake to refund any such excess.

**District Accounts Office**

1. I wish no draw my pension from Government Treasury / Sub-Try.

**National Bank of Pakistan Branch**

At (Place)

1. The following documents duly attested, are enclosed:-
	1. Three specimen signature of mine duly attested/two sets of my thumb and finger impressions on the prescribed form.
	2. Three photographs of mine.
	3. List and particulars of family members
	4. Descriptive Roll.
	5. Death Certificate.
	6. Non-marriage and non-separations certificates.

Yours Faithfully,

Signature :

**Widow/Husband/Entitled member of the Family**:

 Postal Address:

Dated :

***\*Indicate relationship with the deceased Government Servant.***

***\*\*Not applicable in the case of purdah-observing lady.***

**PART II**

**(To be completed by the Office/Department receiving the application for Pension)**

**SECTION (1) – PARTICULARS OF APPLICANT**

1. Name of civil servant
2. Father’s Name
3. Nationality
4. Postal Address
5. Post held on the date of retirement
6. Grade / BPS-Date of Birth

Commencement of service

{

1. Date of **Retirement /** Death

Application for pension

1. Length of Service: Y M D

From to

 From to

 From to

 **Total**

1. Date Government of commencement and ending of each spell of military service if any:

 From to

 From to

 **Total**

1. Government under which service has been rendered, in chronological order:

**Government of from to i.e**

**Government of from to i.e**

**Government of from to i.e**

 **Total**

11. Class of pension of Gratuity applied for

12. Total Emoluments / Last pay drawn of

 The post held on regular basis

13. Proposed gross pension / Gratuity

14. Proposed family pension

15. Proposed value of commutation

16. Proposed net pension

 **District Accounts Officer**

17. Place of **Treasury / Sub- Treasury**

 **Bank Name Ac/No**

18. Date from which pension is to commence

Signature of Head of

***Official Seal***

Office/ Department **DISTRICT & SESSIONS COURT MATIARI**

Name

Designation **DISTRICT & SESSIONS JUDGE**

***\*Entries No.1,2,3,4 and 17 should be made in capital letters.***

**PART II**

**SECTION (2) – CALCULATION OF QUALIFYING SERVICE**

Total length of Service as per Col. 10 of Section (1) **Period**

 **Y M D**

(1) Non-qualifying Service from to

 **Period**

 **Y M D**

1. Extraordinary leave
2. Unauthorized absence
3. Spell of service not qualifying for

Pension under Article 420 C.S.R  **Total (i) & (iii)**

Net qualifying service

Add From to

**Period**

 **Y M D**

1. Periods, it any, of Military Service of

War service allowed to count for pension.

1. Benefit of condonation of deficiency

in total qualifying service **Total (i) & (ii)**

Total qualifying service

 **SECTION (3) CALCULATION OF “AVERAGE EMOULMENTS”**

 **UNDER PARA 3 (A) / (B) OF L.P.R.1977**

**STATEMENT OF EMOULMENTS DURING THE LAST 36/12 MONTHS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Duration****Months & Days** | **Monthly Rates Emoluments** | **Amount Draw** |
| From | To | M | D | Rs. | Ps. | Rs. | Ps. |
|  |  |  |  |  |  |  |  |

The Total emoluments for 36/12 months are Rs.

Therefore “Average emoluments” work out to Rs. ÷36/12≡Rs PM

**SECTION (4) – CALCULATION OF PENSION**

Length of total qualifying service Years

Emoluments/Average Emoluments / Last pay Drawn

Of the post held on regular basis. Rs.

Amount of gratuity (in case where qualifying

Service is 5 years or more but less than 10 years) Rs.

Amount of gratuity on discharge from temporary

Service where qualifying service is 10 years or more

But less than 25 years Rs.

***\*Please see relevant rules/ orders before filling in this section.***

Gross Pension calculated upto 30 years **Rs.**

qualifying service.

Benefit to the extend of 2% of Gross

Pension for each extra year of service

Put in by him beyond 30 years subject to a

Maximum of 10 % of his Gross Pension **Rs.**

 **Total** **Rs.**

Commutation ` **Rs.**

Net Pension **Rs.**

**SECTION (5) COMMUTED VALUE OF PENSION**

(i) Amount of pension to be commuted **Rs.**

(ii) Age next birthday or 60 in case of

 Superannuation.

(iii) Rate of commuted value for every one rupee. **Rs.**

(iv) Commuted value of pension **Rs.**

**SECTION (6) ORDERS OF THE SANCTIONING AUTHORITY**

1. The undersigned is satisfied that the service of has been satisfactory. The grant of full pension and /or gratuity which the Audit officer may find to be admissible under the rules is hereby sanctioned.

OR

The undersigned is satisfied that the service of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been satisfactory and it has been decided that the full pension and / or gratuity found by the Audit Officer to be admissible under the rules should be reduced by the specific amount or percentage given bellow:––

 Amount or percentage of reduction in pension\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount or percentage of reduction in gratuity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sanction is hereby accorded to the grant of pension and / or gratuity as so reduced.

1. The payment of pension and or gratuity may commence from.Before issuing the pension payment order, the Audit Officer may kindly as certain whether the Least Pay and No Demand Certificate have been received by him. In case the Last Pay Certificate and / or No Demand Certificate has /have not been received with the pension paper, the Audit Ofiicer should issue P.P.O subject to the production of the Last Pay Certificate and/or an undertaking, at the time of first payment of pension/gratuity, by the pensioner, or his/her family (in case of his/her death) to the effect that any demand coming to the notice within a period of one year after the issue of P.P.O would be recovered from him/her.

***Official Seal***

**Signature**

**Name**

**Designation DISTRICT & SESSIONS JUDGE**

**MATIARI**

**PART III**

**(FOR USE IN THE DISTRICT ACCOUNTANT OFFICE MATIARI)**

1. The calculations contained in the preceding page have been checked.
2. Length of qualifying service accepted in Audit years.
3. Reasons for difference, if any, between

this and the length of qualifying service

worked out by the Department.

1. Amount of Pension Rs.
2. Reasons for discrepancy, if any, between

this amount and the calculated by the

Department. Rs.

1. Amount of Family Pension. Rs.
2. Reasons for discrepancy if any, between

this amount calculated by the Department.

1. Amount of commutation for the Pension

commuted. Rs.

1. Reasons for discrepancy, if any, between

this amount and that calculated by the Department.

1. Amount of net pension payable. Rs.
2. The pension will commence from
3. Allocation of the pension and gratuity

**PENSION GRATUITY**

 Government of

 Government of

 Government of

 Defence Estimates

**Total:–**

1. Anticipatory pension of Rs. (Rupees ) per month, granted with effect from vide P.P.O. No. under rule to be adjusted in the final P.P.O.
2. Amount of original Pension commuted. Rs.
3. Checked with the L.P.C. and “No Demand Certificate”.
4. P.P.O issued vide No. Dated

**DISTRICT ACCOUNTS OFFICER**

***PCPPK-Litho/***

**THE DISTRICT & SESSIONS JUDGE MATIARI**

**NAME :**

**FATHER’S NAME :**

**ADDRESS :**

**DATE :**

**DECLARATION UNDER ARTICLE 911 CSR**

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

**Signature**

**DECLARATION UNDER ARTICLE 922(a) CSR**

It is certified that no pension or gratuity has been received by either in portion or in full with respect to service included in this application.

**Signature**

**DECLARATION UNDER ARTICLE 920(I) CSR**

In case the amount of pension /gratuity sanctioned to me is found to be in excess of that to which I am entitled to under the rules I undertake to refund such excess when called upon to refund such excess.

**Signature**

**CONSENT NOTE REGARDING RECOVERY OF GOVERNMENT DUES (351) CSR.**

I, hereby, show my consent that the government reserves the right to order the recovery from my pension of any amount on account of losses found in judicial of departmental proceedings to have been caused to government.

**Signature**

**UNDERTAKING REQUIRED UNDER MINISTRY OF FINANCE NOTIFICATION NO.S.R.O.144(K)/65(NO.F.1(7)R.1/64, DATED 01-03-1965)**

I Employee of **HIGH COURT OF SINDH, KARACHI** give an undertaking that I will not take part in politics during the first two years after my retirement on **.**

**Signature**

**THE DISTRICT & SESSIONS JUDGE MATIARI**

**UNDERTAKING**

WHEREAS, has been retired on from the post of .I hereby undertake and give my consent to the recovery of any Government dues found outstanding against me within one year from the date of issue of pension payment order to me from the gratuity / pension admissible to me under the rules.

**Signature**

**WITNESS: (Name & CNIC Copies)**

Name Name

N.I.C No. N.I.C No.

Signature Signature

**Attested By**

**Drawing & Disbursing Officer**

**District & Sessions Court Matiari**

**DECLARATION UNDER ARTICLE 470 CSR**

This is to certify that all entries/ certificate made in relevant documents and furnished with this pension case is duly signed and the service rendered is hereby approved for pension. All pension papers are in order and furnished as provided in relevant rules.

**Attested By**

**Drawing & Disbursing Officer**

**District & Sessions Court Matiari**

**BONAFIED CERTIFICATE**

This is to certify that  holder of computerized national identity card no.was a bonafied employee of  **DISTRICT & SESSIONS COURT MATIARI.**

Photograph of

**Picture Attested Paste**

**THE DISTRICT & SESSIONS JUDGE MATIARI**

**CONSOLIDATED CERTIFICATE**

1. The service rendered by with effect from  **to**  is pensionable.
2. There is no interruption of any kind in service of  except those in form 3(PEN) and attached certificate.
3. No any audit Para is pending against
4. No any enquiry is pending against
5. was not in receipt of any pension, gratuity and commutation.
6. has not received anticipatory pension.
7. It is certified that services of  has been verified from to  with reference to the pay bill and their local record and found correct.

**Certified that the above information is correct and all documents have been attached dully verified.**

**Signature:**

**Name:**

**Father’s Name:**

**THE DISTRICT & SESSIONS JUDGE MATIARI**

**LIST OF FAMILY MEMBERS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No** | **Name** | **C.N.I.C No.** | **Date of Birth**  | **Relation**  | **Status** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |

**Signature:**

**Name:**

**Father’s Name:**

**Post & Grade**

**THE DISTRICT & SESSIONS JUDGE MATIARI**

**ATTESTED**

**PICTURE**

# DESCRIPTIVE ROLL

**NAME**

**FATHER’S NAME**

**N.I.C.NO**

**SPECIMEN SIGNATURES**

1.
2.
3.
4.

**THUMB & FINGER IMPERSSION**

**Right Hand Left Hand**

1. Thumb
2. Forefinger
3. Middle finger
4. Ring finger
5. Little finger

**CERTIFICATE**

This is certify that holder of **N.I.C. No-** was a bonafide employee of **DISTRICT & SESSIONS COURT MATIARI SINDH.** His Photograph dully attested below:-:-

# DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT

**Pensioner Information (To be filed in by the Pensioner)**

|  |  |
| --- | --- |
| **PP No.** |  |
| **SAP Personal No.** |  |
| **Accounts Officer** **(From where PPO originally Issued)** | **DISTRICT ACCOUNT OFFICER MATIARI** |
| **Employee’s Name**  |  |
| **Employee’s Computerized National Identity Card No #** |  |
| **Father’s / Husband ‘s Name** |  |
| **Family Pensioner’s Name** |  |
| **Family Pensioner Computerized National Identity Card No #** |  |
| **Residential Address**  |  |
| **Designation & Grade at the time of Retirement****I hereby opt to draw pension through direct credit system and have also submitted Indemnity Bond to the bank.****Contact No.** **The Pensioner shall produce an indemnity Bond to keep the bank indemnified about liabilities with all sums of money whatsoever including mark-up of his /her Pension Account. The pensioner would further undertake that his /her legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to his /her Pension Account either in full or in installments (as agreed mutually) equal to such excess amount.****Pensioner’s Signature / Thumb Impression Drawing & Disbursing Officer** **DISTRICT & SESSIONS JUDGE** **MATIARI** **Dated:**  |  |
| **Ministry/ Division/ Department / Office** | **DISTRICT & SESSIONS COURT MATIARI** |

**Account Verification (To be verified by the Bank)**

|  |  |
| --- | --- |
| Name of Bank |  |
| Title of Account |  |
| Account No. |  |
| Code of Branch |  |
| Bank Address |  |
| Joint Account/Single Account | **SINGLE** |
| Indemnity Bond submitted by the Pensioner | **ATTACHED** |

**To be issued by Accounts Officer**

Acknowledgement Receipt No. Signature of Officer

Date