

Format for applying pension under EPF and MP Act 1952 on superannuation retirement

HARYANA URBAN DEVELOPMENT AUTHORITY

No.

Dated:

-

Form of letter to the Senior Accounts Officer, HUDA_____ for forwarding of Pension Papers.

**HARYANA URBAN DEVELOPMENT AUTHORITY OFFICE OF THE
ESTATE OFFICE / EXECUTIVE ENGINEER,
HUDA_____**

To

The Senior Accounts Officer,
HUDA, _____

Subject: - **Pension Paper of Sh._____ S/o
Sh._____ Designation _____ Retired on
_____, HUDA, GPF A/c No._____ for authorization of
Pension.**

I am to forward herewith the Pension Papers of
Sh._____ S/o Sh._____ Designation
_____ retired on Superannuation on attaining the age of _____
year for authorization of pension.

The member was retired on _____ vide office order
No._____ dated _____ and relived vide office order No._____
dated _____. The details of HUDA/Government dues which remain
outstanding on the date of retirement are indicated below:-

a)	
b)	
c)	

Signature of HOO/DDO

Name of HOO/DDO_____
EO/Executive Engineer HUDA, Division No_____

Enclosed:-

- i) Application on Form No.10-D.
- ii) A copy of retirement orders.
- iii) A copy of relieving orders.
- iv) 4 Pass post size photograph of claimant duly attested by DDO/HOO.
- v) Service Book.

- vi) No due certificate.
- vii) No enquiry pending certificate.
- viii) Detail of loan and advances taken from RPFC, Karnal/Faridabad and Accounts Officer (Pension), HUDA, Panchkula.
- ix) Application for commutation of pension.
- x) Affidavit undertaking on N.J.P duly attested by is class Magistrate for refund of excess amount if any found due to wrong calculation/ discrepancies found at a later stage.
- xi) Certificate of MC/ Surpanch of Village that he will report to C.A. HUDA in the event of death of retire.
- xii) Birth Certificate of Family members duly attested by the Gazette office.
- xiii) Form No.3A.
- xiv) Detail of qualifying service.
- xv) Detail of average emoluments.

HARYANA URBAN DEVELOPMENT AUTHORITY

No.

Dated: -

Form of letter to the Chief Administrator, HUDA (Pension Cell) HUDA (HQ) Panchkula for forwarding of Pension Papers.

HARYANA URBAN DEVELOPMENT AUTHORITY OFFICE OF THE ADMINISTRATOR, HUDA_____

To

The Chief Administrator, (Pension Cell),
HUDA, HQ, Panchkula.

Subject: - **Pension Paper of Sh._____ S/o Sh._____ Designation _____ Retired on _____, HUDA, GPF A/c No._____ for authorization of Pension.**

The application of the claimant alongwith its enclosures as received from the Estate Officer/Executive Engineer, HUDA Division No._____ are sent herewith for authorization of Pension in favour the retire.

It is certified that the member has completed a qualifying service of _____ years _____ months _____ days in HUDA and average emolument for the period of 12 months preceding the date of leaving of service is Rs..... The service verification/ form 3A and average emoluments have

been verified on the basis of his service record in accordance with the rules regarding qualifying service and average emoluments in force at present in EPF and MP Act 1952. The verification done shall be treated as final and not to be re-opened except when necessitated by a subsequent change in the rules and orders governing the conditions under which the service qualifies for pension.

Signature of Senior Accounts Officers

Place:

Date:

(Name _____)
Officer Rubber Seal.

(Report regarding verification of Qualifying Service)

Certified that Sh. / Smt. / Kumari
_____ Designation
_____ has completed a qualifying service of
_____ Years _____ Months _____ days _____.

The service has been verified on the basis of his service documents and in accordance with the EPF and MP Act 1952 regarding qualifying service in force a present. The verification of service shall be treated as final and shall not be reopened except necessitated by a subsequent change in the rules and order government the conditions under which the service qualifies for pension.

DETAILS OF QUALIFYING SERVICE

Name of office where the member had worked.	Period From to		Page No. of Service Book
1	2		3
	From	To	

Signature (Head of Office)

To be Checked and verified by Senior Accounts Officer concerned with Seal.

Senior Accounts Officer,

HUDA_____

TABLE - I (A)
(From beginning of service to 15.11.1995)
DETAILS OF QUALIFYING SERVICE

Name _____ S/o Sh. _____ Designation _____

Name of Office	EPF Code of	From	To	Total	Less Non-	Qualifying
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where he had worked	Estt. & EPF No. of member			Period	Qualifying	Service
1	2	3	4	5	6	7

Signature (Head of Office)

To be Checked and verified by Senior Accounts Officer concerned with Seal.

**Senior Accounts Officer,
HUDA _____**

TABLE - I (B)
(From 16.11.1995 to till retirement / ending of service)
DETAILS OF QUALIFYING SERVICE

Name _____ S/o Sh. _____ Designation _____

Name of Office where he had worked	EPF Code of Estt. & EPF No. of member	From	To	Total Period	Less Non- Qualifying	Qualifying Service
1	2	3	4	5	6	7

Signature (Head of Office)

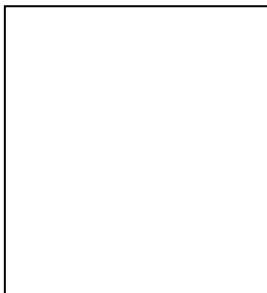
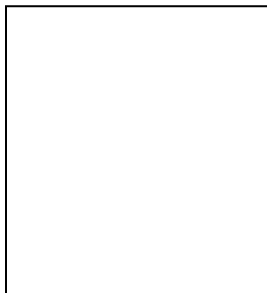
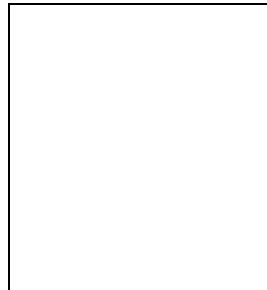
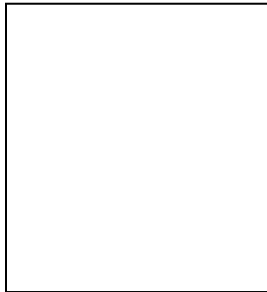
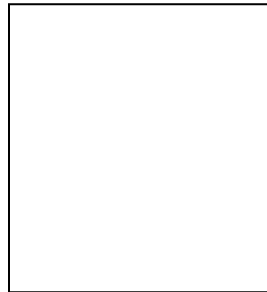
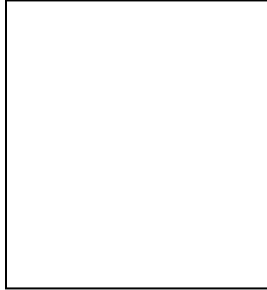
To be Checked and verified by Senior Accounts Officer concerned with Seal.

Senior Accounts Officer,
HUDA _____

PHOTOGRAPHS

Name _____ Designation _____

Date of Retirement: _____



Note: 1.Three copies of passport size photograph with wife or husband with family member (either jointly or separately) duly attested by the Head of Office.

Declaration/undertaking to refund Pension if paid in excess

Whereas the _____ has consented to grant me the sum of Rs. _____ per month as the amount of my pension w.e.f _____ and I hereby acknowledge that in accepting the said amount. I fully understand that the pension found to be excess of that to which I am entitled under the rules and I promise to raise no objection to such revision. I further promise to refund any amount paid to me in excess of that to which I may be eventually found entitled.

Signature _____

Designation _____

1. Signature of witness _____

Occupation _____

Address _____

2. Signature of Witness _____

Occupation _____

Address _____

(Head of Office) _____

Designation _____

(With Stamp)

The declaration should be witnessed by two persons, of response in the town, village or paragana in which the applicant resides.

Authority letter to recover authority Dues from Pension

I here by authorize Chief Administrator, HUDA to recover any HUDA dues such as overpayment of pay, allowances, leave salary or admitted and obvious dues such as house rent, postal life insurance premium, outstanding house building

advance travelling allowances and other advance or any amount, if any discrepancy is found recoverable from me at any stage from my pension.

Attested

Signature_____

(Head of Office)

Designation_____

Declaration Regarding Non-receipt of Pension

I hereby declare that I have neither applied for nor received any pension in respect of any portion of the service included in this application nor shall I submit an application hereafter without Quoting a reference to this application and the orders which may be passed thereon.

Attested

Signature_____

(Head of Office)

Designation_____

Declaration Regarding Anticipatory Pension

“Whereas the (Chief Administrator, HUDA) _____ has consented provisionally to advance me the sum of Rs._____ a month in anticipation of the completion of the enquiries necessary to enable the Government to fix the amount of my pension. I hereby acknowledge in accepting this advance, I fully understand that my pensions is subject to revision on the completion of necessary formal enquiries and promise to raise no objection of such revision on the grounds that the provisional pension now to be paid to me exceeds the pension to which I may be eventually found entitled. I further promise to repay any amount advanced to me in excess the pension to which to which I may be eventually found entitled.”

Attested

Signature_____

(Head of Office)

Designation_____

Certificate Regarding Military Service

Certified that I have neither rendered any military service, nor have received any pension.

OR

Certified that I have rendered military service, and have received Pension.

1. Total period of military service Date of Commencement and end of each period of military service.
2. Amount and nature of ay pension received for the military service.

Attested

Signature_____

(Head of Office)

Designation_____

No Dues Certificate

Certified that there is no terms advances and other advances outstanding/ pending against.

Name_____

Designation _____

Date of Retirement_____

Date of Birth _____

(Signature Head of Office)

No Complaint/Enquiry Certificate

Certified that there is no Complaint/Enquiry pending against

Name_____

Designation _____

Date of Retirement_____

Date of Birth _____

(Signature Head of Office)

Last Pay Certificate

Office of the

No. _____

Office Case _____

LAST PAY CERTIFICATE OF _____

On the _____ proceeding on to

2. He has been paid upto

At the following rate:-

Particulars	_____
-------------	-------

Substantive Pay	_____
-----------------	-------

Officiating Pay	_____
-----------------	-------

City Compensation Allowance	_____
-----------------------------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	Rs. _____
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DEDUCTIONS: -

1. He has made over charge of the office of _____ on the _____
noon of the _____ 200_____

2. Recoveries are to be made from the pay of the Government servant as
detailed on the reverse.

3. He has been paid leave salary as detailed below. Deductions have been made
as noted on the reverse.

	Period		Rate	Amount
From	to	at	Rs.	A month
From	to	at	Rs.	A month

From _____ to _____ at _____ Rs. _____ A month

4. He is entitled to draw the following scale pay _____
5. The Details of the income tax recovered from him upto the date from the beginning of the current year are noted on the reverse.

Detail of Recovery

Numerical Recovery _____ Balance _____
Dated _____ 20 _____

(Signature Head of Office/DDO)

COMMUTATION OF A FACTION OF PENSION

PART-I

To _____
and _____
Office _____
Panchkula _____

Here indicate the designation
full address of the Head of

Subject: - Commutation of Pension.

Sir,

I furnish below the relevant particulars and request that I may be permitted to commute 1/3 part of my pension as indicated below:-

1. Name (in block letter) _____
2. Fathers Name _____
Husband's name (in case of female HUDA employee.
3. Designation at the time of retirement _____
4. Name of Office/in which employed _____
5. Date of Birth (by Christian era) _____
6. Date of retirement _____
7. Class of pension on which retired _____
8. Amount of pension authorized _____

Place_____

Signature _____

Date_____

Postal Address_____

Village _____ Distt. _____ State _____ Pin _____

Note: The payment of commuted value of pension shall be made through the disbursing authority from which pension is being drawn. It is not open to an applicant to draw the commuted value of pension from disbursing authority other than the disbursing authority from which pension is being drawn.

*The applicant should indicate the fraction of the amount of monthly pension (subject to the maximum of one third thereof) which he desires to commute and not the amount in rupees.

PART II

No. _____

Dated _____

Forwarded to the Chief Administrator, HUDA, _____ with the remarks that:-

- (i) The particulars furnished by the applicant in PART-I have been verified and are correct.
- (ii) The applicant is eligible to get a fraction of his pension commuted without medical examination.

3. The receipt of Part-I of the Form has been acknowledged in PART-II which has been forwarded separately to the applicant on _____

Place_____

Signature _____

Date_____

Head of Office_____

_____ Detach from here _____

PART-III

ACKNOWLEDGEMENT

Received from Shri/Smt. _____ (Name and former Designation) Applicant in PART-I for the Commutation of 1/3 of pension without medical examination.

Place _____ Signature _____

Date _____ Head of Office _____

Note :- This acknowledgement is to be signed, stamped and dated is to be detached from the Form and handed over to the applicant. If the form has been received by post. It has to be acknowledged on the same day and the acknowledgment sent under registered cover.

Affidavit on Stamp Paper of Rs.3/- Or Above of Duly Attested by the Magistrate 1st Class/Notary Public.

I _____

S/o (W/o) _____ Aged _____

R/o _____

do hereby solemnly affirm and declare as under:

1. That I retired from the office of the _____ on _____ as _____ after attaining the age of _____ superannuation.
2. That I am issued P.P.O. No. _____ by _____ for commencement of pension from _____
3. That I am not drawing any other Pension/Family Pension / Anticipatory pension of any kind from any other department/RPFC.
4. That I am not re-employed in any capacity in any establishment. I further undertake to inform the Accounts Officer (Pension) immediately in case such event taken place.
5. That I shall maintain my income tax account myself and shall be liable personally for no payment of income tax on the due amount on due dates.
6. That I hereby undertake to authorize the _____ (Name & Branch of the Public Sector Bank) to recover any amount from my saving Bank/Current Ac/ No _____ paid in excess or erroneously to me.

Date _____

Place _____

Deponent

Verification:

Verified that the contents of the above statement of this affidavit of mine are true to the best of my knowledge and belief.

Date _____

Place _____

Deponent

CPF No. _____

EPF No. _____