

**ANDHRA PRADESH POWER GENERATION CORPORATION LIMITED**  
**FORM OF APPLICATION FOR SERVICE PENSION / FAMILY PENSION / RETIREMENT GRATUITY /**  
**SERVICE GRATUITY / COMMUTATION**

(To be furnished in triplicate)

Part - 1 Information to be furnished by the employee / Applicant

1) a) Name of the Employee b) Post held : c) Date of Birth : d) PAN No :		
2) Name of the Applicant (in case of death of employee)		
3) Permanent Address & Contact Phone No.		
4) Address after retirement & Contact Phone No.		
5) Commutation of Pension a) Whether willing to commute 40% of monthly pension, subject to APCivil Pension (Commutation) Rule, 1944. b) If the answer is 'No.' specify the fraction less than 40%	Yes / No	
6) a) Name of the Pension Disbursing Authority b) Name of the paying Bank from where pension payment is desired by the pensioner / family pensioner / gratuitant.		
	Name of the Bank and Branch	SB Account No.

Signature of the Employee / Applicant

7) LIST OF FAMILY MEMBERS :

(a) S. No.	(b) Name of the Family Member	(c) Date of Birth	(d) Relationship with Employee	Marital / Employment status of the Children of the applicant / deceased Employee	
				Married or Unmarried. Date of Marriage, if Married	Whether employed or not. Give details of employment
1)					
2)					
3)					
4)					
5)					
6)					

**INSTRUCTIONS**

- 1) The employee is instructed to fill up the Proforma very carefully as the data furnished is vital for sanction of family pension. He / She may note that alterations of the data furnished at a later date is not permissible.
- 2) The "Family" for the purpose means "Wife" or "Husband" as the case may be, "Sons" and "Unmarried Daughters" as laid down in rule 50 (12) (for Family Pension) and Rule 46(5) (for gratuity) of A.P. Revised Pension Rules. 1980.
- 3) In case of death while in service of employee, the answer "Married" in case of daughters will be understood the daughter is already married as on the date of death of the employee.

Signature of the Employee / Applicant

## DECLARATION

- 1) I undertake to refund the amount of Pension, Gratuity and Commutation, if it is found subsequently to be in excess of the amount to which I was entitled under the Rules.
- 2) I solemnly affirm that the particulars given by me in Part - 1 at item 7 are correct and true to the best of my knowledge. If found false in future, I am liable for suitable action as may be taken by the APGENCO
- 3) The particulars given above are correct and true to the best of my knowledge. If found false in future I may be liable for any action that may be taken by the APGENCO

Signature of the Employee / Applicant

Place :

Date

## TO BE FILLED IN BY THE HEAD OF THE OFFICE

- 1) Application for pension / gratuity etc. in Part - I is received on \_\_\_\_\_  
(Due to be recorded)
- 2) Certified that the person / persons mentioned by the employee / Applicant in item 7 of Part - I are legally entitled to receive the pension / share in gratuity.
- 3) Guardianship certified : (to be filled in wherever necessary)

The is to certify that the following minors of the deceased employee Late Sri / Smt.

\_\_\_\_\_ is / are under the guardianship of Sri / Smt.

\_\_\_\_\_

Date of Birth

Name

1)

2)

3)

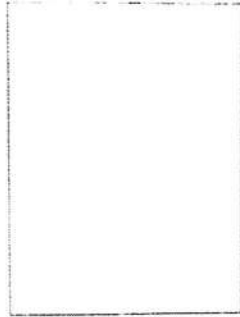
Signature of the Head of Office  
Office Seal

Place :

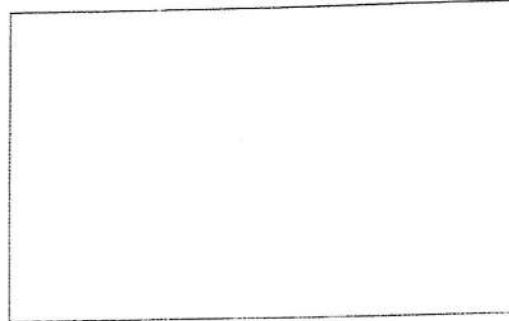
Date :

**ANNEXURE - 1**  
**DESCRIPTIVE ROLLS**

A) SPACE FOR PHOTOGRAPHS :



Single Photo



Joint Photo

Service Pensioner / Family Pensioner  
Gratuitant Guardian of Minor or  
Handicapped Child

Joint Photo of Service Pensioner with  
Family Pension beneficiary / Guardian with  
Minor or Handicapped child.

(Attestation has to be done across the Photos by a Gazetted Officer)

B) Specimen Signature of

1) Service Pensioner

Specimen Signature of Srj. / Smt. / Kum. \_\_\_\_\_

Son / Wife / Daughter of \_\_\_\_\_

1)

2)

3)

ii) Family Pensioner / Gratuitant / Guardian of Minor or Handicapped Child

Specimen Signature of Sri / Smt. / Kum. \_\_\_\_\_

Wife / Husband / Son / Daughter / Guardian of \_\_\_\_\_

1)

2)

3)

C. PERSONAL IDENTIFICATION MARKS OF :

(i) Service Pensioner, Sri / Smt. / Kum. \_\_\_\_\_

1)

2)

(ii) Family Pensioner / Gratuitant / Guardian of Minor or Handicapped Child :

Sri / Smt. / Kum. \_\_\_\_\_

1)

2)

D) Left hand thumb and finger impressions of service pensioner / family pensioner / Gratuitant / Guardian of Minor or Handicapped Child : (to be given by the illiterate or those unable to sign and for others it is optional)

Note : The finger prints should be affixed in the presence of the attesting Gezatted officer only

Details	Thumb Finger	Fore Finger	Middle Finger	Ring Finger	Little Finger
Service Pensioner					
Family Pensioner					
Gratuitant					
Guardian of Minor / Handicapped Child					

Place

Attested by  
Signature

Date

Name :

Designation :

Office Seal

(Attestation has to be done by a Gazatted Officer)

## ANNEXURE - II NOMINATION

(The employee may use separate forms if he wishes to make different nominations for each type of payment mentioned below)

(To be furnished in triplicate)

I hereby nominate the person / persons mentioned below and confer on him / her / them the right to receive Life Time Arrears of Pension, Retirement Gratuity that may be sanctioned by APGENCO, in the event of my death while in service and right to receive on my death Life Arrears of Pension, Retirement Gratuity, Commuted value of pension, Death Relief which having become admissible to me on retirement which may remain unpaid at my death.

Name and address of Nominee (s)	Relationship with the Employee	Age	Amount of Share payable to each in Col. 1	Contingencies on the happening of which the nomination shall become invalid (Death need not be mentioned)	Name and address, relation - ship and age of the alternative nominee(s) to whom the right conferred on the nominee(s) in Col. 1 shall pass in the event of the nomination to him / her / them becoming ineffective.	Amount or share payable to each in Col. 6
(1)	(2)	(3)	(4)	(5)	(6)	(7)

This nomination supersedes the nomination made by me earlier on \_\_\_\_\_

**NB:** The employee shall draw lines across the blank space below the last entry to prevent the insertions of any name after he has signed.

Signature of the Employee / Applicant

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_

Witness

1 Signature  
Name and Address

2 Singature  
Name and Address

Signature fo the employee / Applicant

Name :

Designation :

Office :

COUNTERSIGNED

Signature of Head of Office / Department :

Date :

Name and Designation :

Office Seal :

- Note (1) : The employee who has a family may nominate one member or more than one member of the family as defined in rule 46 (5) of AP Revised Pension Rules, 1980
- Note (2) : The employee who has no family may nominate a person or persons, or a body of individuals, whether in corporated or not.
- Note (3) : The employee may note that the nomination with signature of two witnesses shall only have the legal validity of a WILL.
- Note (4) : For the purpose of Rules 46, 47, 48 and 49 of Revised Pension Rules 1980, family in relation to an employee means.
- i) Wife or wives in the case of a male employee.
  - ii) Husband, in the case of a female employee.
  - iii) Sons including step sons, posthumous son, and adopted sons (whose personal law permits such adoption)
  - iv) Unmarried daughters including step daughters, posthumous daughters and adopted daughters. (Whose personal law permits such adoptions)
  - v) Widowed daughters including step daughters and adpoted daughters.
  - vi) Father | including adoptive parents in the case of individuals whose
  - vii) Mother | personal law permits adoption.
  - viii) Brothers below the age of 18 years including step brothers.
  - ix) Unmarried sisters and widowed sisters including step sisters.
  - x) Married daughters, and
  - xi) Children of a pre-deceased son

**APPENDIX – I**  
**SIXTH SCHEDULE**  
(SEE REGULATION 38 (3))

FORM-‘A’

(For Employees of Class-I and II services)

.....

FORM OF APPLICATION FOR FINAL PAYMENT/TRANSFER TO BODIES CORPORATE/OTHER GOVERNMENTS OF BALANCE IN THE GENERAL PROVIDENT FUND ACCOUNT ONLY

To,

The Accounts Officer,  
(Provident Fund) Accounts Wing,  
A.P.GENCO.

(THROUGH THE HEAD OF OFFICER/DEPARTMENT)

Sir,

I am due to retire from Board Service \_\_\_\_\_ on \_\_\_\_\_. vide \_\_\_\_\_, Dated: \_\_\_\_\_. I joined service as \_\_\_\_\_ on \_\_\_\_\_ forenoon.

- 2 My provident Fund Account No. with department suffix is \_\_\_\_\_
- 3 My specimen signature in duplicate, duly attested by another employee of class-I & II is enclosed.

**PART – I**

(To be filled in when the application for final payment is submitted upto one year prior to retirement)

- 4 I request that the amount of \_\_\_\_\_ standing to credit in my G.P. Account, may please be arranged to be paid to me through Drawing Officer \_\_\_\_\_.

(Designation & Hd.Qrs. to be furnished)

- 5 Certified that I had taken the following advances in respect of which installments of Rs. NIL are yet to be repaid to the fund account. I had taken the following part final withdrawals.

	Temporary Advances	Part Final Withdrawals
1	NIL	NIL
2	NIL	NIL
3	NIL	NIL







PART - II

To,  
The Accounts Officer,(Provident Fund) Accounts Wing,A.P.GENCO.  
Through the head of the Office/Department.

Sir,

In continuation of my application for final payment sent to you vide No. Nil, Dated:Nil. I requested that balance in my provident Fund Account may please be paid to me. OR

I request that the entire amount at my credit with interest due under the rules may be paid to me through my office station may be transferred to my Provident Fund Account My Provident Fund Account is \_\_\_\_\_ My general Provident Fund Account No. while department Suffix is \_\_\_\_\_. I have retired with effect from \_\_\_\_\_.

2 A sum of Rs. \_\_\_\_\_/- ( \_\_\_\_\_ ) last deducted as Provident Fund subscription recovery on account of refund advance from my pay bill (para 1 applies only when payment is desired through office station other than the one at the District Headquarters where the subscriber last served, otherwise it may be struck out.) for the Month of \_\_\_\_\_ at \_\_\_\_\_ office station.

3 I certify that I have neither drawn any temporary advance nor made any part final withdrawal from my provident Fund Account during the 12 months immediately proceeding the date of my quitting service due to volutary retirement.

OR

Details of the temporary advances drawn by me/part-final withdrawals made by me from my Provident Fund Account during the 12 months preceding the date of my quitting service under \_\_\_\_\_ .  
---NIL--

AMOUNT OF ADVANCE/PART FINAL WITHDRAWALS. DATE :

- i.
- ii.

4 I hereby certify that no amount was withdrawn/the following amount were withdrawn by me from my provident Fund account during the 12 months immediately proceeding the date of my date of my quitting service under \_\_\_\_\_ Board/Proceeding on leave preparatory to retirement or thereafter for payment of insurance premia or for the purchase of a new policy.

AMOUNT

DATE

- 1
- 2

NIL

3 The particulars of the Life Insurance Policies financed by me from, the provident Fund which are to be released by you are given below.



	Policy No.	Name of the Insurance	Sum Assured
1			
2		N.A	
3			
4			

Yours faithfully

Dated :

Signature

Station:

Name and Address

**CERTIFICATE BY THE HEAD OF OFFICE/DEPARTMENT**

1 Forwarded in continuation of endorsement No. \_\_\_\_\_ Date \_\_\_\_\_

2 (a)

It is certified that after due certification with reference to the records in my office, that no temporary advance/Part final withdrawal was sanctioned to the applicant from his/her provident fund account during the 12 months immediately preceding the date of his/her quitting service under voluntary retirement. Board/proceeding on leave preparatory to retirement or thereafter.

OR

2(b)

It is certified that after due verification with reference to the records in my office, that the following temporary advance/part-final withdrawals were sanctioned to and drawn by the applicant from his/her provident fund account during 12 months immediately preceding the date of his/her quitting service under voluntary retirement. Board/proceeding on leave temporary to retirement or thereafter.

AMOUNT OF ADVANCE/

DATE

VOUCHER NO./

PART FINAL WITHDRAWAL

CHEQUE NO.

1

2

3

Certified that he/she has not resigned from Board service with prior permission of the Andhra Pradesh State Electricity Board to take up an another Department of the State Government or under Central Government or In the case of dismissal/removal/discharge certified that the subscriber has preferred/not preferred an appeal against dismissal/removal/discharge.

4

5

(If he/she has not preferred on appeal the date of expiry of appeal time may be indicated. If however, he has preferred an appeal, the result of the appeal and the orders passed thereon may be indicated.)

SIGNATURE OF THE HEAD OF

OFFICE/DEPARTMENT



**PAYMENT OF GRATUITY ACT, 1972**  
**Form I**  
[See sub-rule (1) of rule 7]  
**Application of gratuity by an employee**

Photo of the  
employee  
should be  
attested by the  
controlling  
officer

To  
.....  
.....  
.....

Sir,

I beg to apply for payment of gratuity to which I am entitled under sub-section(1) of section 4 of the Payment of Gratuity Act, 1972 on account of my Superannuation/Retirement/Resignation after completion of not less than five years of continuous service/total disablement due to accident/total disablement due to disease with effect from the ..... Necessary particulars relating to my appointment in the establishment are given in the statement below:

Statement

1. Name in full : \_\_\_\_\_
2. Address in full : \_\_\_\_\_
3. Department/Branch/  
Section where last employed. : \_\_\_\_\_
4. Post held with Ticket No. or  
Serial No., if any : \_\_\_\_\_
5. Date of appointment : \_\_\_\_\_
6. Date and cause of termination :  
of service \_\_\_\_\_
7. Total period of service : \_\_\_\_\_
8. Amount of wages last drawn : \_\_\_\_\_
9. Amount of gratuity claimed : \_\_\_\_\_

II. I was rendered totally disabled as a result of  
(Here give the details of the nature of disease or accident)

The evidence/witness in support of my total disablement are as follows:  
(Here give details)

Yours faithfully,

Signature/Thumb-impression  
of the applicant employee

Place:  
Date:

P.T.O

::2::

- Notes:- 1. Strike out the words not applicable.  
2. Strike out paragraph or paragraphs not applicable.

PAYMENT OF GRATUITY ACT, 1972  
Form J  
[See sub-rule (2) of rule 7]  
Application of gratuity by a nominee

Photo of the  
employee  
should be  
attested by the  
controlling  
officer

To  
.....  
.....  
.....

Sir,

I beg to apply for payment of gratuity to which I am entitled under sub-section(1) of section 4 of the Payment of Gratuity Act, 1972 as a nominee of Late ..... (Name of the employee) who was an employee of your establishment and died on ..... The gratuity is payable on account of the death of the aforesaid employee while in service/superannuation of the aforesaid on ..... /retirement or resignation of the aforesaid employee on .....after completion of ..... Years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the ..... Necessary particulars relating to my claim are given in the statement below:

Statement

1. Name of applicant-nominee :
2. Address in full of the applicant/nominee. :
3. Marital status of the applicant, nominee :  
(unmarried/married/widow/widower)
4. Name of full of the employee :
5. Marital status of the employee :
6. Relationship of the nominee with the employee. :
7. Total period of service of the employee :
8. Date of appointment of the employee :
9. Date and cause of termination of service of the employee. :
10. Department/ Branch/Section where the employee last worked. :
11. Post last held by the employee with Ticket or Serial No., if any. :
12. Total wages last drawn by the employee:

P.T.O

13. Date of death and evidence/witness :  
as proof of death of the employee
14. Reference No. of recorded nomination, :  
if available
15. Total gratuity payable to the employee :
16. Share of gratuity claimed :

II. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.

Yours faithfully,

Signature/Thumb-impression  
of the applicant nominee.

Place:

Date:

Notes- 1. Strike out the words not applicable.

2. Strike out paragraph or paragraphs not applicable.