

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

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

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)

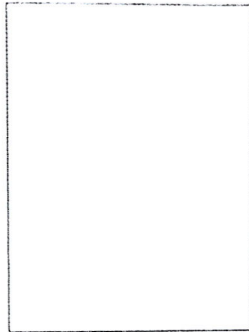
Signature of the Head of Office
Office Seal

Place :

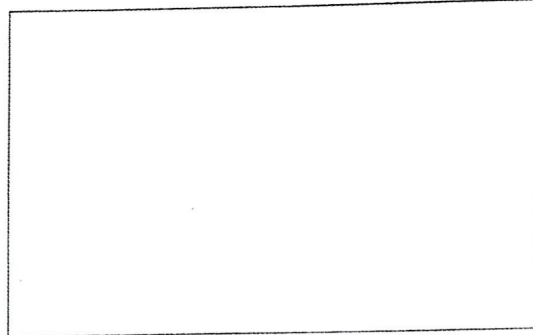
Date :

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 Sri. / 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

