

FORM B
[See rule 13 (4) (ii)]

FORM OF APPLICATION FOR FAMILY PENSION

Application for extraordinary family pension in respect of late Shri/Smt. killed or died of injury(ies)/disease(s) claimed as attributable to Government Service.

I. Information regarding the deceased

1.	Full name and address	
2.	Name of Father OR Mother Or Both	
3.	Date of death	

II. Information regarding the claimant

4.	Name and address, (showing Village, Post Office, District, State, PIN code)	
5.	Date of birth	
6.	Aadhar Number (if any)	
7.	Monthly income from all sources	
8.	Relationship with the deceased	
9.	Bank name Branch address Account No. BSR Code/IFSC Code	

III. Details of surviving members of family of the deceased

Relation	Name	Date of birth (Christian Era)	Disability, if any	Marital status
Widow/Widower				
Sons				
Daughters				
Father				
Mother				
Brother				

Sister				
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IV. In case the claimant is minor or suffering from disorder or disability of mind, including mental retardation, details of guardian/nominee, wherever applicable-

Name	Date of birth	Relationship with the minor/mentally disabled claimant	Relationship with the deceased Government servant	Postal address

Enclosures: 1. Report of medical examination of the deceased employee
(Copies of) 2. Guardianship certificate, if applicable
3. Disability certificate of the claimant, if any
4. Income certificate

Specimen signature/thumb impression and two photographs of the applicant, attested by a Gazetted Officer are enclosed.

Place:

Date:

(Signature of claimant)

Phone No:

Permanent Account Number for Income Tax (PAN).....

Aadhar No., if available -

NOTE: If the deceased has left no son, widow, daughter, father or mother, brother or sister surviving him, the word “**None**” should be entered opposite to such relative.

Place:

Date:

(Signature and Seal of Head of Office)