



INDIAN INSTITUTE OF TECHNOLOGY - MADRAS

Chennai 600 036

Telephone: [044] 2257 8112 FAX: [044] 2257 0509 Email : pension@iitm.ac.in

APPLICATION FOR PENSION

Name	:		Affix joint photo With spouse (Passport size) To be attested by the HoD
Emp ID	:		
Designation	:		
Department	:		
GPF Number	:		
Tel / Mobile No.	:		
Nationality	:		
Religion	:		
Blood Group	:		
Present Address	:		
		Pincode:	
Address after retirement	:		
		Pincode:	

I am due to retire from service with effect from _____ my date of birth being _____ I therefore request that steps may kindly be taken to sanction pensioner benefits admissible to me on the date of my retirement.

I hereby declare that I have neither applied for, nor received, any Pension or Gratuity in respect of any portion of the service qualifying for this pension and in respect of which Pension and Gratuity are claimed herein nor shall I submit an application hereafter without quoting a reference to this application and the orders, which may be passed hereon.

I enclose herewith:

1	Pensioners Bio-Data Form
2	Specimen signatures (in duplicate)
3	Family details for the purpose of family pension
4	Nomination for payment of arrears of Pension / Gratuity/Commutation value
5	Letter of undertaking
6	Nine copies of joint photograph with Spouse (Passport size).
7	One Passport size colour photo of the Faculty / staff member for ID card purpose
8	Photo copy of latest pay slip
9	Photo copies of Aadhaar card of all the family members with Date of Birth.
10	Copy of PAN card and Aadhaar Card of employee.

Date:

SIGNATURE

Through the Head of the Dept./Centre/Section
Signature & Seal Of Head Of The Department

PENSIONER'S BIO-DATA

1.	Name (in BLOCK letters)	
2.	Father's Name (also husband's name in the case of a female Government Servant)	
3.	Emp.ID	
4.	Designation	
5.	Department/Centre	
6.	Basic Pay	
7.	Grade Pay / Level	
8.	Date of Birth	
9.	Date of Appointment	
10.	Date of Exit	
11.	Nature of Exit	Superannuation / VR / CR / Removal / Dismissal
12.	Pension to be commuted (Max 40%) as per CCS (CoP) Rules 1981	
13.	Name of the Bank	SBI, IIT Madras
14.	Bank Address and Branch Code:	
15.	Bank A/c No.	
16.	MICR Code	
17.	IFSC Code	
18.	Option Medical Benefits	Fixed Medical Allowance / GMIS
19.	Income Tax PAN Number	
20.	Aadhaar Number	
21.	Present Address	Pincode:
22.	Permanent Address	Pincode:
23.	Landline Number	
24.	Mobile Number	
25.	E-mail ID (other than IIT email)	
26.	Blood Group	

Encl : 1. PAN copy / 2. Aadhaar Card Copy
3. Bank Pass Book first page.

Signature & Date

FORM FOR JOINT PHOTOGRAPH & SPECIMEN SIGNATURE
(in duplicate)

Paste Joint Photograph of Self & Spouse

Specimen Signature of Employee	Specimen Signature of Spouse

Signature :
Date :
Employee Name :
Emp.ID :
Designation :
Department/Centre :
Date of Retirement :

Height, Weight & Identification marks of the Faculty / Staff member

1.	Weight: kgs
2.	Height: cms
3.	Identification Marks
	a)
	b)

Attested By:
(Medical Officer only with seal)

FORM FOR JOINT PHOTOGRAPH & SPECIMEN SIGNATURE
(in duplicate)

Paste Joint Photograph of Self & Spouse

Specimen Signature of Employee	Specimen Signature of Spouse

Signature :
Date :
Employee Name :
Emp.ID :
Designation :
Department/Centre :
Date of Retirement :

Height, Weight & Identification marks of the Faculty / Staff member

1.	Weight: kgs
2.	Height: cms
3.	Identification Marks
	a)
	b)

Attested By:
(Medical Officer only with seal)

FAMILY FOR THE PURPOSE OF FAMILY PENSION

1.	Name (in BLOCK letters)	
2.	Emp.ID	
3.	Designation	
4.	Department/Centre	
5.	Date of Birth	
6.	Date of Appointment	
7.	Date of Exit	
8.	Nature of Exit	Superannuation / VR / CR / Removal / Dismissal

DETAILS OF FAMILY AS ON _____

Sl. No.	Name	Relationship	DOB	Whether PWD	Status (Married/ Unmarried/ Employed/ Unemployed/ Diverse/ Widow)	Aadhaar Number
1.						
2.						
3.						
4.						
5.						

Signature & Date

Encl : One Group Photo and Copies of Aadhaar Number of family members.

**NOMINATION FOR PAYMENT OF ARREARS OF
PENSION / GRATUITY / COMMUTATION VALUE**

I, _____ (Name), Emp.ID _____, Designation _____, hereby nominate the following member(s) of my family and confer on them the right to receive arrears of Pension / Gratuity / Commutation Value admissible to me in the event of my death before it is paid to me.

S.No.	Details	ARREARS OF		
		Pension	Gratuity	Commutation Value
1.	Name of the Nominee			
2.	Address of the Nominee			
3.	Relationship with the employee			
4.	Date of Birth			
5.	Name and Address of the other Nominee in case the Nominee in Sl.No.1 above predeceases the Employee			
6.	Relationship with Employee			
7.	Contingency on the happening of which nomination shall become invalid			

Signature :

Date :

Employee Name :

Emp.ID :

Designation :

Department/Centre :

Date of Retirement :

LETTER OF UNDERTAKING BY THE PENSIONER / FAMILY PENSIONER

Date :

To

The Director,
IITM, Chennai-600036.

Payment of Pension/Family Pension against PPO No. _____

I, Sri/Smt./Kum. _____, agree and undertake to refund or make good any excess payment of Pension/Family Pension/Dearness Relief, etc., more than the amount to which I am or would be entitled, or any other amount to which I am not entitled.

I further hereby undertake and agree to bind myself and heirs, successor, executors and administrators to indemnify IITM, Chennai from and against any loss suffered or incurred by IITM, Chennai in so paying my Pension/Family Pension/Dearness Relief, etc., and to forthwith refund the same to IITM, Chennai.

I also irrevocably authorize IITM, Chennai to adjust/recover the excess amount from the future payment of Pension /Family Pension plus Dearness Relief, arrears of Pension/Family Pension/Dearness Relief, or any other amount due.

Signature :

Name of the Pensioner/ Family Pensioner :

Emp.ID / PPO No:

Address :

Witnesses :

(1) Signature :

Name :

Emp.ID :

Address :

Date :

(2) Signature :

Name :

Emp.ID :

Address :

Date :