

ATOMIC ENERGY EDUCATION SOCIETY

(An autonomous body under Dept. of Atomic Energy, Govt. of India)

Central Office, Western Sector, Anushaktinagar, Mumbai – 400 094.

PENSION SECTION

Guidelines for the submission of Life Certificate by the Pensioner/Family Pensioners of AEES.

All the Pensioners/Family Pensioners of AEES are requested to submit the following certificate(s)/declaration as applicable on yearly basis by 10th November of every year. No separate communication will be made by AEES with the pensioners/family pensioners with regard to submission of their life certificate on yearly basis.

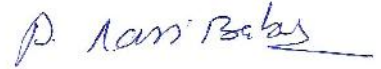
Sr. No.	Annexure.	Nature of the Certificate to be furnished by the Pensioners/ Family Pensioners	Individuals who are required to submit the certificates/ declarations on or before 15 th of November every year
1.	A	Life Certificate.	All Pensioners / Family Pensioners of AEES
2.	B	Non Employment/ Re-Employment	All Pensioners / Family Pensioners of AEES
3.	C	Re-marriage/Non-marriage.	All Family Pensioners of AEES
4.	D	Declaration for Medical Allowance.	Those Pensioners/Family Pensioners who are drawing Fixed Medical Allowance @ Rs.300/- p.m.

The submission of duly filled in and signed enclosed certificates as applicable on yearly basis to AEES by the Pensioners/Family Pensioners is a statutory requirement as per CCS (Pension) Rules 1972 for drawal of Pension/Family pension. The Life Certificate being furnished by the Pensioner/Family Pensioner of AEES is to be duly certified with the seal and signature of the Branch Manager of Bank through which pension is drawn or by the Principal of AEC Schools/Gazetted Officers. In case, the certificate is obtained from any Gazetted Officer, it is the responsibility of the Pensioners/Family Pensioners of AEES to ensure such Gazetted Officer's official seal and signature with designation, full postal address with PIN code are mentioned on Life Certificate. Incomplete Life Certificates furnished by Pensioners/Family Pensioners of AEES are not entitled for drawal of pension and their payment of pension will be stopped.

The blank formats can be obtained by the Pensioners/Family Pensions of AEES in the following method;

01. The following link can be typed at address bar or browser:
http://aees.gov.in/htmldocs/downloads/pensioners_certificate_and_declaratio_n.pdf
02. Can also reach : www.aees.gov.in, click on 'downloads'(at right hand top corner of home page), click on Sl.No: 13 : Certificates/declarations to be furnished by the pensioners/family pensioners of AEES
03. The pensioner may visit any nearby AEC School/Jr.College and may request the concerned principal to download and provide the blank forms of certificates.
04. The pensioner may write a letter to Pension Section, AEES enclosing a self addressed envelop affixing sufficient value of postal stamps.

Further, blank formats may be got photo copied for submitting the same every year in the month of November.



P. Ravi Babu
Asst. Accounts Officer
9930175270

LIFE CERTIFICATE FOR THE YEAR _____
PARTICULARS OF THE PENSIONERS
(To be completed by the Pensioner/Family Pensioner)

1.	Name of the Pensioner	
2.	Pension No. Family Pension No.	PEN- F.P. -
3.	P.P.O Number and Date	AEES/J/Pen-
4.	Pensioner's Bank Account Number & Bank Code No.	Bank A/C No. Bank Code No.
5.	Bank Address (in full with Pin code number)	
6.	Telephone/Fax No. of the Bank	
7.	Present Address of the Pensioner (in full with Pin code number)	
8.	Telephone No. (with STD code) Mobile Number is compulsory.	Telephone No. - Mobile No. -
9.	e-mail id, if any,	
10.	PAN CARD No. (Xerox copy enclosed)	

Signature of the Pensioner

Note :

1. The above information may be furnished in full to arrange monthly payment of pension through bank.
2. Changes, if any in Bank Code No., Branch address, Pensioner's Bank account etc may be confirmed from the bank before filling the format.
3. The signature of authorized officer on life certificate should be obtained from Branch Manager of Bank through which pension is drawn / Principal of AEC Schools/Gazetted Officer .

LIFE CERTIFICATE

Certified that I have seen the Pensioner /Family Pensioners Shri./Smt. _____
_____ (Name of the Pensioner/Family Pensioner)
holder of Pension Payment Order No: _____
_____ and that he/she is alive on this date.

Signature with Date : _____

Name : _____

Designation of the Authorized Officer : _____

Full address of authorized Officer : _____

(Postal address with PIN code of Gazetted Officer)

Office Seal

Place : _____

Date : _____

NON-EMPLOYEMENT/ RE-EMPLOYMENT CERTIFICATE FOR THE YEAR _____

1.(A) I declare that I have not been serving in any capacity either in a Govt. Department /Office, Company, Corporation, autonomous body or Society or Central or State Government or Union Territory or a Local Fund during the year ended November _____(Year).

OR

(B) I declare that I have been employed/ re-employed in the office _____ which is a part of / financed by _____ Govt. and was in receipt of the following monthly rates of emoluments during the year ended November _____(Year) or during the month of _____ falling within the said year:

(i) Pay :
Grade Pay :
Allowance (including DR/ADR etc) :

OR

(ii) Honorarium :

Further, that the orders of my re-employment do / do not stipulate my pension being held in abeyance during the re-employment period.

2. I declare that I have not accepted any commercial employment in India.

OR

I declare that I have accepted commercial employment in India, after obtaining previous sanction of the Central Government and none of the conditions, if any, attached there to by Government has been violated.

OR

I declare that I have accepted Commercial Employment in India without obtaining the sanction of the Central Govt.

Note: This declaration is required to be given for a period of two years from the date of retirement.

3. I declare that I have not accepted employment under a Govt. outside India/an International Organization of which the Govt. of India is not a member.

OR

I declare that I have accepted any employment under a Govt. outside India/ an International organization of which the Govt. of India is not a member after obtaining the previous sanction of the Central Govt. and none of the conditions attached thereto by the Government has been deviated from.

OR

I declare that I have accepted employment under a Govt. outside/Inside an International Organization of which Govt. of India is not a member, without obtaining the previous sanction of the Central Govt.

Signature : _____

Name of the Pensioner: _____

Pension No: _____

Place: _____

Date: _____

Certificate of re-marriage / non-marriage for the year _____

I hereby declare that I have not got remarried and I undertake to report such an event promptly to the Pension Disbursing Authority/Bank.

Applicable only for widow recipient of family pension and to be furnished only once.

OR

I hereby declare that I am not married/ I have not got married during the past six months.

(To be submitted by widowers and unmarried daughters once in every six months in May and November)

Signature:_____

Name of the pensioner:_____

Pension Number:_____

Place :_____

Date:_____

I certify to the best of my knowledge and belief that the above declaration is correct.

Signature of a responsible Officer

Well - known person _____

Name_____

Designation _____

Place:_____

Date:_____

ANNEXURE 'D'

D E C L A R A T I O N F O R T H E Y E A R _____

I _____ a retired employee of _____ (Office address) _____ declare that, I am residing at _____

(Residential address as indicated in the PPO) _____ which area is not covered under CGHS or *any* corresponding Health Scheme administered by the Ministry/Department of _____, (as the case may be). I have also not obtained and do not wish to obtain a CGHS/CHSS card and avail outdoor facilities under CGHS / Contributory Health Service Scheme of other Ministries/ Department of Atomic Energy from any dispensary situated in an adjoining area.

Signature _____

Name of the Pensioner _____

PENSION NO: _____

Sanction Order No. : _____

Date : _____

P.P.O. No. : _____

Date : _____

Signature of Authorized Officer: _____

Name : _____

Designation of the Authorized Officer : _____

Office Seal :

Place : _____

Date: _____