

**परमाणु ऊर्जा शिक्षण संस्था को पेंशन फार्म अग्रेषण करने से पहले
कृपया जांच सूची टिक (✓) करें**
KINDLY TICK (✓) THE CHECK LIST BEFORE FORWARDING THE PENSION FORMS TO AEEs

नाम/Name: _____ पदनाम/Designation: _____

क्र.सं. SR. No.	जांच सूची CHECK LIST	पृष्ठ संख्या Page No.
01.	प्रारंभिक नियुक्ति पर सेवा पुस्तिका में मेडिकल फिटनेस की प्रविष्टि Medical Fitness Entry in Service Book on initial appointment.	
02.	वेतन नियतन/वेतनवृद्धि संबंधित प्रविष्टि, फॉर्म -24/फॉर्मेट-4 जरी करने के बाद Entry towards Pay Fixation/Increment, Issue of Form 24/Format-4	
03.	एचबीए/एमवीए/कम्प्यूटर अग्रिम इत्यादि, यदि कोई हो, हेतु ली गई अग्रिम पर बकाया ब्याज की सेवा पुस्तिका में प्रमाणीकरण (लाल स्याही)Outstanding of Interest Bearing Advances drawn towards HBA/MVA/Com. Adv. etc., if any, certification in Service Book (Red ink)	
04.	नवीनतम परिपत्र के अनुसार छुट्टी दोबारा गिनना Leave Recast as per latest circular	
05.	पेंशनभोगी का फोटोग्राफ Photograph of the Pensioner	
06.	परिवार पेंशनभोगी का जन्म तिथि प्रमाण Family Pensioner's Date of Birth Proof	
07.	पेंशनभोगी का पैन कार्ड और आधार कार्ड की छायाप्रति Photo Copy of PAN card&Aadhaar Card	
08.	सेवा पुस्तिका में सेवा छोड़कर जाने के कारण के संबंध में प्रविष्टि Entry regarding reason for exit from services in Service Book	
09.	बैंक खाता पासबुक की छायाप्रति Bank Account Pass Book Photo copy	
10.	अधिसूचना के अनुसार नाम (सेवा रिकार्ड) Name as per notification(Service Record)	
11.	बैंक पासबुक के अनुसार नाम Name as per Bank Pass Book	
12.	सेवा सत्यापन की सेवा पुस्तिका में प्रविष्टि / Service Verification entry in Service Book	
13.	सेवानिवृत्ति के बाद के पते का विवरण पिन कोड नं. सहित Details of Post-Retirement address with Pin code number	
14.	विभिन्न प्रयोजनों हेतु विधिवत हस्ताक्षरित रसीदी टिकट लगी 6 अग्रिम रसीदें /Advance Revenue Stamp Receipts duly signed-6 Nos with different purposes	

उपर्युक्त सूचना सत्यापित की गई एवं सही पाया गया ।
The above information is verified and found correct.

संबंधित सहायक _____
Dealing Assistant

प्रधानाचार्य _____
Principal

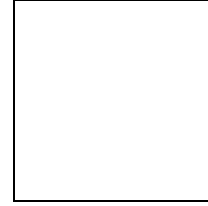


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(भारत सरकार के परमाणु ऊर्जा विभाग का स्वायत्त निकाय)
(An Autonomous Body under Department of Atomic Energy, Govt. of India)
वेस्टर्न सेक्टर, अणुशक्तिनगर, मुंबई- 400 094
Western Sector, Anushaktinagar, Mumbai – 400094

FORM-6

[See Rules 57 (1), 58, 59 and 60, 62, 80]

Particulars to be obtained by the Head of Office from the retiring /retired Government servant



Photograph(s)

1. Details of Government servant :

Name :		Designation :	
Date of birth :		Date of retirement :	
Department/Office:		PAN No.	
Aadhaar No*(voluntary)		Nationality:	

2. Address after retirement for future correspondence :

Flat/House No./Bldg. Name		Street/Locality	
Village and Post Office/Block		City and District	
State		Pin Code	
Telephone No. (If any)		Mobile No.	
E-mail Id			

3. Details of Bank through which Pension is to be drawn :

Type of A/c	<ul style="list-style-type: none">• Single <input type="checkbox"/>• Joint with spouse <input type="checkbox"/>	A/c No	
Bank's Name		Branch address	
IFS Code			

Note 1 : Please attach a copy of the first page of passbook/cancelled cheque/document showing the name of Account Holder. (The name should be the same in the bank account, this form and the office records.)

Note 2: Please ensure that the Government servant is the Primary Account holder in the Joint Account.

Note 3 : In case Head of Office is satisfied that it is not possible for the retiring Government servant to open a joint account for reasons beyond his/her control, this requirement may be relaxed.

4. Details of member of the family of Government servant who has been authorized under Rule 57 (3) to submit this Form on behalf of the retiring/retired Government servant :

Name		Relationship with Government servant	
Aadhaar No.*(voluntary)		Nationality	
Flat/House No./Bldg Name		Street/Locality	
Village & Post Office/Block :		City & District	
State :		Pin Code:	
Telephone No. (if any)		Mobile No.	
Email ID :		Reasons why Government servant is not able to submit this form	

5. I desire to commute _____ % of my pension under Central Civil Services (Pension) Rules, 2021 in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981.

Note : A member of family who has been authorized under Rule 57 (3) to submit this Form on behalf of the retiring/retired Government servant shall not be eligible to apply for commutation of a percentage of pension.

6. Indicate whether family pension is also admissible from any other source (Tick whichever is applicable)

Military <input type="checkbox"/>	State Govt. <input type="checkbox"/>	Public sector undertaking/autonomous body/local fund under the Central or State Govt. <input type="checkbox"/>
-----------------------------------	--------------------------------------	--

7. Whether any departmental or judicial proceedings pending against the Government servant ? If so, the details thereof. _____

8. Whether any member of the family (other than spouse) is proposed to be co-authorized for family pension? (If yes, please attach Form-8) _____ Yes/No.

9. Whether the Government servant wants to receive Pension Payment Order (PPO) in Office through Head of Office? _____ Yes/No.

Declarations:

* (1) I am satisfied with the length of qualifying service to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57 (1)(c)

OR

I am not satisfied with the length of qualifying service to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c) and I have submitted a representation in this respect separately.

OR

I have not been intimated about length of qualifying service to be reckoned for pension and gratuity.

* (2) I am satisfied with the emoluments and average emoluments to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c).

OR

I am not satisfied with the emoluments and average emoluments to be reckoned for pension and gratuity, as intimated by the Head of Office under Rule 57(1)(c) and I have submitted a representation in this respect separately.

OR

I have not been intimated about the emoluments and average emoluments to be reckoned for pension and gratuity.

(3) I am aware that future good conduct of the pensioner/family pensioner shall be an implied condition for every grant of pension/family pension and its continuance.

Enclosures : As per list attached.

Place :

Date:

**(Signature of Govt. servant/Family member (with name)
authorized to submit this form)**

Note 1 : Commutation of pension is optional. Item 5 may be struck off if the retiring Government Servant does not desire to commute a percentage of pension.

Note 2 : A separate application for commutation of superannuation pension in Form 1-A of Central Civil Services (Commutation of pension) Rules, 1981 is required to be submitted in case the retiring/retired Government servant desires to apply for commutation of pension after submission of this form.

Note 3 : Commutation of pension after one year or for commutation of pension in case of compulsory retirement pension/invalid pension/compassionate allowance will be applied in Form-2 of Central Civil Services (Commutation of Pension) Rules, 1981.

List of Documents to be attached with Form-6

1. Two specimen signatures (to be furnished in a separate sheet). If the claimant cannot sign his/her name, then he/she is required to put the impression of his/her left/right thumb on the document in lieu of specimen signature.
2. Form 8, if a family member is proposed to be co-authorized for family pension. In accordance with Rule 63(1), the following members of family are eligible for co-authorization for family pension along with spouse, if there is no other member of family eligible for family pension before them:
 - Disabled child/children (Disability certificate to be attached for co-authorization.)
 - Dependent parents.
 - Disabled siblings. (Disability certificate to be attached for co-authorization.)
3. Three copies of Joint photograph with spouse or, if it is not possible to submit joint photograph with spouse, separate photographs of self and spouse, along with three copies of photograph of the member or members of the family whose names are to be included in the Pension Payment Order as a co-authorized family pensioner. (Photographs to be attested by Head of Office).
4. Form-4 – Details of Family.
5. Undertaking in Format-9 for refunding any excess payment made by the pension disbursing bank.
6. Nomination for Gratuity, Group Saving linked Insurance Scheme and General Provident Fund in Common Nomination Form- Form 3.
7. Nomination for arrears of pension and commuted value of pension (if applied for commutation of pension) in common nomination form- Form-A.
8. Form of option for availing Medical Facilities (CHSS) from AEES after retirement.
9. Photocopy of the first page of Pass Book of the Bank Account in which the pension is to be credited or any other bank document showing the name and account details of Account Holder
10. Copy of PAN Card.



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परमाणु ऊर्जा शिक्षण संस्था के पेंशनभोगियों के नमूना हस्ताक्षर एवं अन्य विवरण
Specimen signature and other particulars of A.E.E.S. Pensioners

नाम / Name	पदनाम / Designation	विद्यालय / School

ऊँचाई / Height	पहचान-चिह्न / Identification Marks	
से.मी./cm.	1.	2.

नमूना हस्ताक्षर / Specimen signature (If the claimant cannot sign, then he/she is required to put left/right thumb impression in lieu of signature.)

1.	2.
----	----

द्वारा अनुप्रमाणित / Attested by Head of the school:

हस्ताक्षर / Signature	नाम एवं पदनाम Name and Designation	पता / Address

स्थान / Place:

तारीख / Date:



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Form-8

[See Rule 63 (1) and 79 (2)]

Application by a Government servant/ pensioner or his/her spouse for including/co-authorization of names of permanently disabled child/dependent parents/ disabled sibling as family pensioner in the Pension Payment Order

Photograph(s)
of the Family
member(s) to be
co-authorized

1. Details of Government servant/Pensioner :	
Name :	
Office Dept./Ministry :	
Nationality :	
Date of retirement (DD/MM/YYYY) :	
Date of death (DD/MM/YYYY) :	
PPO No. (if issued)	

2. Details of primary/existing family pensioner	
Name :	
Relationship with deceased Government servant/pensioner :	
PPO No.	

3. Details of family member to be co-authorized for family pension i.e. Permanently Disabled Child/Dependent Parents/ Permanently Disabled Sibling :	
Name :	
Date of Birth (DD/MM/YYYY)	
Aadhaar No. *(voluntary)	
PAN	
Relationship with deceased Govt. servant	
Personal marks of identification	
Signature/left hand Thumb impression	
Whether in receipt of any other pension/family pension. If so, particulars and sources from which being drawn :	

- [Providing Aadhaar No. is voluntary. However, if it is provided, consent to link it to bank account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.]

4. Postal address of family member to be co-authorized for family pension:	
Flat/House No./ Bldg name :	
Street/ Locality :	
Village & Post Office/Block :	
City and District :	
State :	
Pin Code :	
Telephone/Mobile No.:	
E-mail ID :	

5. In case the family member to be co-authorized is minor or suffering from disorder or disability of mind, including mental retardation, details of guardian/nominee, wherever applicable:	
Name :	
Date of Birth (DD/MM/YYYY) :	
Aadhaar No. *(voluntary) :	
PAN	
Relationship with minor/mentally disabled family member	
Relationship with the Government servant/pensioner.	
Postal address of guardian/nominee	
Flat/House No./Bldg Name	
Street/ Locality	
Village and Post Office/Block	
City & District	
State :	
Pin Code :	
Telephone /Mobile No.	
Email ID:	
<ul style="list-style-type: none"> • [Providing Aadhaar No. is voluntary. However, if it is provided, consent to link it to bank account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.] 	

6. Details of Bank Account of family member to be co-authorized (Optional) :	
A/c No. (Optional) :	
Bank Name and branch	
IFS Code :	

Signature or left hand thumb impression of the Government servant/Pensioner/family pensioner

Address : _____

Mobile/Telephone No. _____

Notes :

- i) If more than one family member are proposed to be co-authorized for family pension, photographs and details in items 3 to item 6 above in respect of all such family members may be given in separate sheets with this Form.
- ii) The name(s) of permanently disabled child/children/siblings and/or dependent parents shall be added in the PPO only if there is no other eligible prior claimant for family pension.
- iii) The co-authorization shall become invalid in case any other member of family becomes entitled to family pension prior to the co-authorized family member.

List of Documents to be submitted with Form-8 in respect of each family member who is proposed to be co-authorized for family pension.

1. Two specimen signatures (to be furnished in a separate sheet). If the member of the family cannot sign his/her name then he/she is required to put the impression of his/her left /right thumb, etc. on the document in lieu of specimen signature.
2. Proof of identity.
3. Proof of relationship with the deceased Government servant/pensioner.
4. Two copies of self-attested passport size photographs of the member of the family.
5. Certificate of age showing the dates of birth. The certificate should be from the municipal authorities or from the local panchayat or from the head of a recognized school or central/state board of education.
6. Two specimen signatures of guardian (to be furnished in a separate sheet if the member of the family is minor or suffering from mental disability.)
7. If the guardian cannot sign his/her name then he/she is required to put the impression of his/her left/right thumb, etc. on the document in lieu of specimen signature.
8. A copy of Photo ID proof of the guardian along with proof of Permanent Address.
9. Two self-attested copies of passport size photograph of the guardian/nominee.
10. Last Income Tax Return failing which Certificate from SDM failing which any other document regarding income in support of the claim for family pension.
11. Copy of the first page of the Pass Book or cancelled cheque or any other document showing name and account number in which the family pension is to credited. (name of the claimant in the form and in the bank account should be the same.)

पति या पत्नी के साथ पासपोर्ट आकार की फोटोग्राफ की तीन प्रतियां जो
राजपत्रित सरकारी सेवक/प.ऊ.कें.वि./कनि.महाविद्यालय द्वारा विधिवत अनुप्रमाणित हो

Three copies of Passport size photograph with spouse
duly attested by a Gazetted Govt. Servant/Head of AECS/JC

कर्मचारी का नाम / Name of the employee : _____

पदनाम / Designation: _____ केन्द्र/Centre: _____

सेवानिवृत्ति की तारीख/Date of retirement: _____

पति या पत्नी का नाम/Name of the Spouse: _____

3.5 X 4.5 सेमी. आकार की
फोटो यहां चिपकाएं जो
अनुप्रमाणित किया गया हो
Paste Photo here
Size 3.5 X 4.5 cm
to be attested

3.5 X 4.5 सेमी. आकार की
फोटो यहां चिपकाएं जो
अनुप्रमाणित किया गया हो
Paste Photo here
Size 3.5 X 4.5 cm
to be attested

3.5 X 4.5 सेमी. आकार की
फोटो यहां चिपकाएं जो
अनुप्रमाणित किया गया हो
Paste Photo here
Size 3.5 X 4.5 cm
to be attested



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FORM-4

[See Rules 50 (15), 57, 58, 59, 60, 62, 74, 79 and 80]

Details of Family

Important

1. The original Form submitted by the Government servant is to be retained. All additions/alterations are to be communicated by the Government servant/pensioner along with the supporting documents and the changes shall be recorded in this Form under the signature of Head of Office in Column (7). No new Form will substitute the original Form. However, the retiring Government servant should submit the details of family afresh along with Form-6.
2. The details of all members of family (whether eligible for family pension or not) including spouse, all children, parents/parents in law and disabled siblings (brothers and sisters) may be given.
3. The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the "Remarks" column. The fact regarding disability or change of marital status of a family member should also be indicated in the "Remarks" column.
4. Wife and husband shall include judicially separated wife and husband.
5. The pensioner shall intimate the details of change in family structure after retirement in Form-5.
6. Copies of birth certificates to be attached. If birth certificate is not available, then copy of any other certificate, as proof of date of birth, may be attached.

Name of the Government Servant	
Designation	
Nationality	

Details of family members :

Sl. No	Name	Date of birth (DD/MM/YY)	Aadhaar No.* (voluntary)	Relationship with Govt. servant	Marital status	Remarks	Dated sign of Head of Office
	1	2	3	4	5	6	7
1							
2							
3							
4							

I hereby undertake to keep the above particulars up to date by notifying to the Head of Office any addition or alteration.

Email : _____ (Optional) Place : _____

Mobile : _____

Date :

Signature :

[*Providing Aadhaar No. is voluntary. However, if it is provided, consent to link it to Bank Account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.]



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Western Sector, Anushaktinagar, Mumbai – 400094

Format-9

(See Rules 57, 58, 60, 63, 71, 74, 76, 79 and 80)

UNDERTAKING

Date : _____

To,
The Branch Manager

**Payment of Pension/Family Pension under A/c No. _____
through your Bank.**

Dear Sir,

In consideration of your having, at my request, agreed to make payment of pension due to me every month by credit to my account with you. I the undersigned agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled.

I further hereby undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorize the bank to recover the amount due by debit to my said account or any other account/ deposits belongings to me in the possession of the bank.

The date of birth of spouse is _____ and her mark of identification is _____.

Yours faithfully,

Signature

Signature :

Spouse Name : _____

Name _____

Address : _____

Address : _____

Witness :

1. Signature :

Name:

Address :

Date :

2. Signature :

Name:

Address :

Date :



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Form-3

**Common Nomination Form for Gratuity, General Provident Fund
and Group Saving Linked Insurance Scheme**

I, _____, hereby nominate the person /persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following :

- Any gratuity the payment of which may be authorized under Rule 44 and Rule 45 of CCS (Pension) Rules.
- Amount that may stand to my credit in the General Provident Fund.
- Any amount that may be sanctioned by the Central Government under the Group Saving linked Insurance Scheme.

Name, date of birth (DOB) and address of the nominee	Relationship with employee/pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship & address of alternate nominee in case the nominee under Column (1) predeceases the employee	Share to be paid to each	Name, DOB & Address of person who may receive the amount if alternate nominee in Col.(5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place & Date :

Signature of Government servant

Mobile No.

Note 1 : Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i), (ii) and (iii) above.

Note 2 : The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has ignored.

Note 3 : The nominee(s)/alternate nominee (s)' shares together should cover the whole amount.

(To be filled in by the Head of Office/authorized Gazetted Officer)

Received the nominations, dated _____ under the following Rules :

1. Central Civil Services (Pension) Rules, 2021 for Gratuity
2. General Provident Fund (Central Services) Rules, 1960
3. Group Saving linked Insurance Scheme

Made by Shri/Smt/Kumari _____

Designation : _____

Office : _____

(Strike out which nomination is not received)

Verified that the nomination(s) made by the Government servant is/are in accordance with the provisions of the relevant rules. Entry of receipt of nomination(s) has been made in page _____ Volume _____ of Service Book.

Name, Signature and Designation of Head of Office/authorized Gazetted Officer with seal.

Date of receipt _____

The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on both pages of this form.



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Western Sector, Anushaktinagar, Mumbai – 400094

FORM-A

(Common Nomination Form for arrears of Pension and Commutation of pension)
[See Rule-5 of Payment of Arrears of Pension (Nomination) Rules, 1983 and Rule 7 of Central Civil Services (Commutation of Pension) Rules, 1981]

I, _____ hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

- i) Arrears of Pension
- ii) Commuted Value of Pension payable under Central Civil Services (Commutation of Pension) Rules, 1981

Name, Date of birth & Address of the nominee	Relationship with employee/pensioner	Share to be paid to each	If nominee is minor, name, DOB & Address of person who may receive the amount on behalf of minor	Name, DOB and address of alternate nominee in case the nominee under Column (1) predeceases the employee/pensioner	Relationship with employee/pensioner	Name, DOB & Address of person who may receive the amount if alternate nominee in Col.(5) is a Minor	Contingency on happening which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place & Date:

Signature (or thumb impression if illiterate)
and name of pensioner

Mobile No : _____

Note 1 : Completely strike out the benefit for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i) and (ii) above.

Note 2 : The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee (s)/alternate nominee(s)' shares together should cover the whole amount.

(To be filled in by the Head of Office/authorized Gazetted Officer)

Received the nominations, dated _____, under the following Rules:

1. Payment of Arrears of Pension (Nomination) Rules, 1983
2. Central Civil Services (Commutation of Pension) Rules, 1981

Made by Shri/Smt/Kumari. _____

Designation : _____

Office : _____

(Strike out which nomination is not received)

- Entry of receipt of nomination(s) has been made in page _____ Volume _____ of Service Book. Name, Signature and Designation of Head of Office/authorized Gazetted Officer with seal.
- Date of receipt _____
- The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.
- The receiving officer shall put his/her dated signature on both pages of this form.



परमाणु ऊर्जा शिक्षण संस्था
ATOMIC ENERGY EDUCATION SOCIETY
अणुशक्तिनगर, मुंबई / Anushaktinagar Mumbai-400 094

भविष्य निधि खाते का अंतिम निपटारा हेतु आवेदन
Application for final settlement of Provident Fund Account

1	कर्मचारी कानाम/ Name of employee	
2	पदनाम / Designation	
3	विद्यालय / School	
4	जीपीएफ खाता सं/GPF Account No.	
5	प्रथम नियुक्ति की तारीख / Date of first appointment under स्थापना (प.ऊ.शि.सं. के अलावा) Establishment (Other than AEES)	प.ऊ.शि.सं. / AEES
6	अंतिम निपटारा हेतु कारण /Event necessitating final settlement	
	i. Reason for PF final withdrawal	
	ii. Date of retirement	
	iii. Retirement Notification No. & Date	
7	एनइएफटी से भुगतान का अपेक्षितमाध्यम/ Mode of payment by NEFT	
	Account No.	
	Name of the Bank	
	Branch Address	
	IFS Code	
8	Addresses :	
	a) पत्राचार हेतु पता दिनांक _____ तक / Address for correspondence Upto (Date)	
	b) Address for correspondence after (a) above)	

मैं एतद्वारा वरिष्ठ लेखा अधिकारी, प.ऊ.शि.सं. को भविष्य निधि में मेरे निजी अंशदान सहित मेरे भविष्य निधि शेष से सभी देय राशि कटौती करने हेतु प्राधिकृत करता हूँ । I hereby authorize the Senior Accounts Officer, AEES to deduct all dues from my PF balance including my personal contribution to PF.

मैं भविष्य निधि देय राशि हेतु टिकट लगी अग्रिम रसीद अनुलग्न करता हूँ II enclose an advance stamped receipt for PF dues.

अनुलग्नक: टिकट लगी अग्रिम रसीद
Encl: Advance Stamped receipt.

दिनांक/Date:

अभिदाता के हस्ताक्षर
Signature of Subscriber

सेवा में/To :

मुख्य प्रशासनिक अधिकारी, प.ऊ.शि.सं./The Chief Administrative Officer, AEES.

केन्द्रीय कार्यालय, प.ऊ.शि.सं. में उपयोग हेतु

Part-II : For use in Central Office, AEES

दूसरे पृष्ठ पर क्र.सं. 1 से 6 पर दिया गया विवरण सत्यापित किया गया और सही पाया गया।
Statement at Sr.No. 1 to 6 overleaf are verified and found to be correct.

- अपात्र, सेवा से कर्मचारी बर्खास्त होने के कारण।
NOT ELIGIBLE, as the employee was dismissed from service.
- पात्र, कर्मचारी द्वारा सरकारी सेवा के 5 वर्ष पूरा करने के कारण।
ELIGIBLE, as the employee has completed 5 years of service under Government.
- पात्र, चिकित्सा आधार पर कर्मचारी अमान्य घोषित किए जाने के कारण।
ELIGIBLE, as the employee was invalidated on medical grounds.
- आवेदक द्वारा प्रस्तुत टिकट लगी अग्रिम रसीद इसके साथ संलग्न है।
An advance stamped receipt submitted by the applicant is attached.

पिछले 24 महीनों के दौरान संस्वीकृत जीपीएफ से अग्रिम/वापसी, यदि कोई हो, का ब्योरा /
Details of advances/withdrawal sanctioned from GPF, if any, during the preceding 24 months.

क्र.सं. Sr. No.	अग्रिम/वापसी का ब्योरा Details of advance/withdrawal	संस्वीकृति की संदर्भ सं. एवं तारीख Reference No. and date of sanction	राशि Amount

सहा. लेखा अधिकारी (बिल)
Asstt. Accounts Officer (Bills)

(सहा प्रशासनिक अधिकारी)
(Asstt. Admn. Officer)

टिकट लगी रसीद /STAMPED RECEIPT

वरिष्ठ लेखा अधिकारी, परमाणु ऊर्जा शिक्षण संस्था से भविष्य निधि खाता संख्या प.ऊ.शि.सं./_____ में से जी.पी.एफ.अंतिम भुगतान हेतु एनइएफटी व्यवहार सं. दिनांक..... के माध्यम से कुल रु.....(रुपये.....) प्राप्त किया।

Received a sum of Rs. (Rupees.....) from Senior Accounts Officer, AEES through NEFT, Transaction No.....dt..... Towards payment of GPF final payment from provident fund account no. AEES/ _____

रु.1/- की रसीदी
टिकट चिपकाए Affix
Revenue Stamp
for Re.1/-

नाम / Name: _____

पदनाम / Designation : _____

तारीख / Date : _____

टिकट लगी रसीद / STAMPED RECEIPT

वरिष्ठ लेखा अधिकारी, परमाणु ऊर्जा शिक्षण संस्था से भविष्य निधि खाता संख्या प.ऊ.शि.सं./_____ में से जी.पी.एफ.अंतिम भुगतान हेतु एनइएफटी व्यवहार सं. दिनांक..... के माध्यम से कुल रु.....(रुपये.....) प्राप्त किया।

Received a sum of Rs. (Rupees.....) from Senior Accounts Officer, AEES through NEFT, Transaction No.....dt.....towards payment of GPF final payment from provident fund account no. AEES/ _____

रु.1/- की रसीदी
टिकट चिपकाए Affix
Revenue Stamp
for Re.1/-

नाम / Name: _____

पदनाम / Designation : _____

तारीख / Date : _____

सेवा में / To,
वरिष्ठ लेखा अधिकारी / Senior Accounts Officer
परमाणु ऊर्जा शिक्षण संस्था
Atomic Energy Education Society
केन्द्रीय कार्यालय, वेस्टर्न सेक्टर
Central Office, Western Sector
अणुशक्तिनगर, मुंबई – 400 094
Anushaktinagar, Mumbai-400 094

मैं एनईएफटी के माध्यम से भविष्य निधि अंतिम निकासी प्राप्त करने के लिए अपने विकल्प का उपयोग करता हूँ।

I hereby exercise my option to receive the Provident Fund Final Withdrawal through NEFT.

मेरा बैंक खाता विवरण नीचे प्रस्तुत है /Details of my bank account is furnished below:-

1.	खाता संख्या / Account Number	
2.	बैंक नाम /Bank Name	State Bank Of India
3.	ब्रांच पता/Branch address	
4.	IFS Code :	

उक्त भुगतान हेतुटिकट लगी अग्रिम रसीद इसके साथ संलग्नित है।

Advance stamped receipt for above payment is enclosed herewith.

हस्ताक्षर / Signature: _____

नाम / Name: _____

पदनाम / Designation: _____

केन्द्र / Centre: _____

तारीख / Date: _____

अनु / Encl: यथोक्त / As above.



परमाणु ऊर्जा शिक्षण संस्था
ATOMIC ENERGY EDUCATION SOCIETY
(भारत सरकार के परमाणु ऊर्जा विभाग का स्वायत्त निकाय)
(An Autonomous Body under Department of Atomic Energy, Govt. of India)
वेस्टर्न सेक्टर, अणुशक्तिनगर, मुंबई- 400 094
Western Sector, Anushaktinagar, Mumbai – 400094

घोषणा / DECLARATION

मैं, _____, सेवानिवृत्त कर्मचारी (कार्यालय का नाम एवं _____ पता) _____

घोषणा करता/करती हूँ कि मैं (स्थान) _____ (पेंशन अदायगी आदेश में उल्लिखित आवासीय पता) _____

_____ में रह रहा हूँ एवं यह क्षेत्र परमाणु ऊर्जा विभाग द्वारा प्रशासित अंशदायी स्वास्थ्य सेवा योजना (सीएचएसएस) या केन्द्र सरकारद्वारा प्रशासित किसी समकक्ष स्वास्थ्य योजना(यथास्थिति) के अंतर्गत नहीं है। मुझे परमाणु ऊर्जा विभाग या किसी अन्य मंत्रालयों की केन्द्रीय सरकार स्वास्थ्य योजना (सीजीएचएस)/अंशदायी स्वास्थ्य सेवा योजना(सीएचएसएस) के तहत निकटवर्ती क्षेत्र में स्थित किसी औषधालय से बाह्य चिकित्सा सुविधा का लाभ लेने के लिए सीजीएचएस/सीएचएसएस कार्ड भी प्राप्त नहीं है। तथापि, यदि भविष्य में परमाणु ऊर्जा विभाग द्वारा इस केन्द्र पर या पास के शहर में सीएचएसएस सुविधा प्रदान की जाती है तो मैं उस समय सीएचएसएस सुविधा का लाभ उठाना चाहूंगा। मैं एतद्वारा वचन देता हूँ कि मुझे जब कभी भी सीएचएसएस के तहत चिकित्सा कार्ड जारी किया जाएगा, मैं परमाणु ऊर्जा शिक्षण संस्था से नियत चिकित्सा भत्ता बंद करने हेतु अनुरोध करूंगा/करूंगी।

I _____, a retired employee of _____ (Office Address) _____

declare that I am residing at _____ (Residential Address indicated in PPO) _____

_____, which area is not covered under CHSS administered by the Department of Atomic Energy or any corresponding Health Scheme administered by the Central Government (as the case may be). I have also not obtained a CGHS/CHSS card for availing out-door facilities under **Contributory Health Service Scheme** of Department of Atomic Energy or any other Ministries from any dispensary situated in an adjoining area. However, if the CHSS facility is provided at this centre or in the nearby city by the DAE in future, I would like to avail the CHSS at that time. I hereby undertake that I shall request AEES to discontinue the fixed medical allowance as and when a medical card under CHSS is issued to me.

कर्मचारी/पेंशनभोगी का हस्ताक्षर

Signature of the employee/Pensioner: _____

नाम एवं तारीख/ Name with Date : _____

पदनाम / Designation : _____

पें.अ.आ.सं. / PPO No. : _____

टिकट लगी रसीद /STAMPED RECEIPT

वरिष्ठ लेखा अधिकारी, परमाणु ऊर्जा शिक्षण संस्था से मृत्यु / सेवानिवृत्ति उपदान तथा पेंशन संराशीकरण की निपटारा हेतु एन.इ.एफ.टी. व्यवहार सं. दिनांक..... के माध्यम से कुल रु..... (रुपये.....) प्राप्त किया ।

Received from Senior Accounts Officer, AEES a sum of Rs. _____ (Rupees _____) by NEFT Transaction No. _____ dated _____ towards settlement of Death /Retirement Gratuity and Commutation of Pension.

हस्ताक्षर / Signature
पेंशनभोगी का नाम /
Name of the pensioner

रु.1/- की रसीदी
टिकट चिपकाए Affix
Revenue Stamp for
Re.1/-

टिकट लगी रसीद /STAMPED RECEIPT

वरिष्ठ लेखा अधिकारी, परमाणु ऊर्जा शिक्षण संस्था से छुट्टी नकदीकरण की निपटारा हेतु एन.इ.एफ.टी. व्यवहारसं..... दिनांक..... के माध्यम से कुल रु..... (रुपये.....) प्राप्त किया ।

Received from Senior Accounts Officer, AEES a sum of Rs. _____ (Rupees _____) by NEFT Transaction No. _____ dated _____ towards settlement of Encashment of leave.

हस्ताक्षर / Signature
पेंशनभोगी का नाम /
Name of the pensioner

रु.1/- की रसीदी
टिकट चिपकाए
Affix Revenue
Stamp for Re.1/-

टिकट लगी रसीद /STAMPED RECEIPT

वरिष्ठलेखा अधिकारी, परमाणु ऊर्जा शिक्षण संस्था से रोकी गई उपदान की निपटारा हेतु एन.इ.एफ.टी. व्यवहार सं. दिनांक..... के माध्यम से कुल रु..... (रुपये.....) प्राप्त किया ।

Received from Senior Accounts Officer, AEES a sum of Rs. _____ (Rupees _____) by NEFTtransaction No. _____ dated _____ towards settlement of withheld Gratuity.

हस्ताक्षर / Signature
पेंशनभोगी का नाम /
Name of the pensioner

रु.1/- की रसीदी
टिकट चिपकाए
Affix Revenue
Stamp for Re.1/-

टिकट लगी रसीद /STAMPED RECEIPT

वरिष्ठलेखा अधिकारी, परमाणु ऊर्जा शिक्षण संस्था से वेतन एवं भत्ते/बोनस, यदि कोई हो, की निपटारा हेतु एन.इ.एफ.टी. व्यवहार सं. दिनांक..... के माध्यम से कुल रु..... (रुपये.....) प्राप्त किया ।

Received from Senior Accounts Officer, AEES a sum of Rs. _____ (Rupees _____) by NEFTTransaction No. _____ dated _____towards settlement of pay and allowances/bonus, if any.

हस्ताक्षर / Signature
पेंशनभोगी का नाम /
Name of the pensioner

रु.1/- की रसीदी
टिकट चिपकाए
Affix Revenue
Stamp for Re.1/-

टिकट लगी रसीद /STAMPED RECEIPT

वरिष्ठ लेखा अधिकारी, परमाणु ऊर्जा शिक्षण संस्था से समूह बचत संबद्ध बीमा योजनाकी निपटारा हेतु एन.इ.एफ.टी. व्यवहार सं. दिनांक..... के माध्यम से कुल रु..... (रुपये.....) प्राप्त किया ।

Received from Senior Accounts Officer, AEES a sum of Rs. _____ (Rupees _____) by NEFT Transaction No. _____ dated _____towards settlement of Group Savings Linked Insurance Scheme.

हस्ताक्षर / Signature
पेंशनभोगी का नाम /
Name of the pensioner

रु.1/- की
रसीदी टिकट
चिपकाए Affix
Revenue

टिकट लगी रसीद /STAMPED RECEIPT

वरिष्ठ लेखा अधिकारी, परमाणु ऊर्जा शिक्षण संस्था से परिवार राहत योजना की निपटारा हेतु एन.इ.एफ.टी. व्यवहार सं. दिनांक..... के माध्यम से कुल रु..... (रुपये.....) प्राप्त किया ।

Received from Senior Accounts Officer, AEES a sum of Rs. _____ (Rupees _____) by NEFT Transaction No. _____ dated _____towards settlement of Family Relief Scheme.

हस्ताक्षर / Signature
पेंशनभोगी का नाम /
Name of the pensioner

रु.1/- की रसीदी
टिकट चिपकाए
Affix Revenue
Stamp for Re.1/-



परमाणु ऊर्जा शिक्षण संस्था
ATOMIC ENERGY EDUCATION SOCIETY
(भारत सरकार के परमाणु ऊर्जा विभाग का स्वायत्त निकाय)
(An Autonomous Body under Department of Atomic Energy, Govt. of India)
वेस्टर्न सेक्टर, अणुशक्तिनगर, मुंबई - 400 094
Western Sector, Anushaktinagar, Mumbai - 400094

व्यक्तिगत जानकारी
PERSONAL INFORMATION

(पैन एवं आधार कार्ड की छायाप्रति संलग्न करें / PAN and AADHAR Card copy to be attached)

1	पेंशनभोगी का नाम Name of Pensioner	
	हिंदी में / In Hindi	
	अंग्रेजी में / In English	
2	क.प.सं./EMPID NO.	
3	कं.कोड क्र. /Computer Code No.	
4	जीएसएलआईएस सं./GSLIS No.	
5	एफआरएस नं./FRS No.	
6	ई-मेल आईडी /Email id	
7	मोबाइल नं. /Mobile Nos.	
8	घर का लैण्ड लाइन नं. Residence Land Line No	
9	क्या आप उधार समिति/बचत समिति के सदस्य हैं, यदि हां तो सदस्यता संख्या उल्लेख करें। / Whether member of Credit Society/Thrift Society, if so, Membership No.	
10	क्या आपविभागीय आवास में रह रहे हैं, यदि हां तो पिन कोड सहित पूराडाक-पता उल्लेख करें। Whether holding departmental accommodation, if so, the complete postal address with PIN code	
11	किस तारीख तक विभागीय आवास धारित किया जाएगा / Date up to which departmental accommodation to be retained	
12	सेवानिवृत्ति के बाद पता पिन कोड सहित Address after retirement with Pin Code	
13	सीएचएसएस संख्या एवं हितधारियों की संख्या CHSS No. and Number of beneficiaries	
14	पति या पत्नी / परिवार पेंशनभोगी का नाम Name of the Spouse/Family Pensioner	
15	परिवार पेंशनभोगी के साथ संबंध और व्यवसाय Relation with family pensioner &Occupation	
16	क्या परिवार पेंशनभोगी पहले से ही पेंशनभोगी है, यदि हां तो पिछली पेंशन का ब्यौरा दें। Whether family pensioner is already a pensioner, if so details of previous pension	

17	क्या सेवानिवृत्ति के बाद प.ऊ.शि.सं. के माध्यम से चिकित्सा सुविधा का उपयोग किया जाएगा ? Whether medical facility will be availed through AEES after retirement?	
18	कृपया सीएचएसएस सुविधा का उपयोग करने जा रहे आश्रितों के नाम प्रस्तुत करें। Please furnish the Names of the dependents going to be availed CHSS facility	
	क्र.सं. Sl. No.	आश्रितों के नाम Name of dependent
		संबंध Relation
		अन्य विवरण Other details

महत्वपूर्ण सूचना / IMPORTANT TO NOTE :

परमाणु ऊर्जा शिक्षण संस्था आवश्यकता होने पर पेंशनभोगी से ई-मेल एवं मोबाइल (एसएमएस)के माध्यम सेसंपर्क करेगी। अतः जब भी ई-मेल आईडी एवं मोबाइल नंबर परिवर्तन होता है तो इसेअद्यतन कराया जाए। पुनः पेंशन लगातार आहरण करने के लिए प.ऊ.शि.सं. की वेबसाईट से जीवन प्रमाणपत्र फार्म डाउनलोड करकेप्रत्येक वर्ष 01 नवम्बर से 15 नवम्बर तक यह जीवन प्रमाणपत्र प्रस्तुत करना अनिवार्य है। पेंशनभोगी ई-मेल आईडी pension@aees.gov.in पर पेंशन अनुभाग, प.ऊ.शि.सं. से संपर्क कर सकते है।

The AEES will contact the pensioner through email and mobile (SMS), if required. Hence, the e-mail id and mobile number may be updated whenever changed. Further, it is mandatory to submit Life Certificate between 01st November and 15th November every year downloading the form from AEES website for the drawal of pension continuously. The pensioner can get in touch with the Pension Section, AEES through mail id: pension@aees.gov.in

पेंशनभोगी के हस्ताक्षर Signature of Pensioner

(कर्मचारी के हस्ताक्षर / Signature of the employee)

प्रमाणित किया जाता है कि कर्मचारी के सेवा पुस्तिका/पैन/आधार/एसबीआई खाता में उल्लेखित उनके नाम एवं जन्म तिथि के संबंध में उनके द्वारा प्रस्तुत विवरणों को सत्यापित किया गया तथा उपर्युक्त दस्तावेजों के अनुसार पाया गया ।

It is certified that the details submitted by the employee with regard to their Name and Date of birth mentioned in his/her Service Book/PAN/AADHAR/SBI Account have been verified and found to be similar in all the said documents.

संबंधित सहायक / D.A.

प्रधानाचार्य / PRINCIPAL

