# FORM-F

(Vide Regulation 34)

PART-I

# Form of Application

	Application for a Family Pension for	the fami	ly of Late		
Shri/S	Sm	(Design	ation)	• • •	
	in the Office/Department of				
1. •	Name of the Applicant :				
2.	Relationship to the deceased : employee/pensioner.				
3.	Date of death of the employee/: pensioner				
4.	Date of retirement, if the deceased was pensioner.				
5.	Name and age of surviving : kindred of the deceased				
	(N a	m e)	Date of bi		
	Widow/Widower				
	Unmarri,ed daughters				
	Parents				
6.	Place from where payment id desired	:			
7.	Signature or left :hand thumb impression(in the case of those who are not literature enough to sign their name.				
8.	Descriptive roll of -				
	Widow/Widower/Guardian of the monor children/parents of late				
	<ul><li>i) Date of birth(by Christian era)</li><li>ii) Height</li><li>iii) Personal marks, if any, on hand</li></ul>	:			
	or face.  iv) Left hand thumb and finger improssions, little finger, ring finger, index finger, thumb	•			
Attes	sted by :	1	esses:		
		2		+hmh	
NOME - The descriptive roll(column) and signature or left hand thumb					

### Form for Sanctioning Family Pension

- 1. Name of the Calcutta Metropolitan: Water and Sanitation Authority employee.
- Father's name (and also husband's name in the case of a female employee).
- 3. Religion and Nationality
- 4. Last appointment held including nameof establishment/Office.
- 5. Date of beginning of service
- 6. Date of end of service
- 7. Substantive appointment held
- 8. Pension regulations opted/eligible:
- Length of continuous qualifying service prior to death
- 10. Emoluments as per regulation
- 11. Amount of family pension admissible:
- 12. Date from which pension is to commence
- 13. Place of payment (Calcutta Metropolitan Water and Sanitation Authority-Headquarters. Name and branch of the nationalised bank)

Signature and designation of the Sanctioning Authority.

# FORM E (Vide regulation 34)

Form of Family Pension
No
The Calcutta Metropolitan Water and Sanitation Authority, Department/Office.
Dated, the
Subject: Payment of family rension in respect of late/ Shri/Sm
The undersigned has learnet with regret the death of Shri/
(Designation) in this Office/Department and is directed to inform you that under the provisions of regulation 28 you are entitled to family pension for life/till attaining the date of majority.
I am accordingly to suggest that formal claim of the grant of family pension may be submitted by you in the enclosed Form (Form F, Part I) along with the following documents, namely:-
1 Death Certificate.
2. Two copies of passport size photograph duly attested by a gazetted officer.
* 3. Guardianship certificate where pension is admissible to

 J. Guardianship certificate where pension is admissible to the minor children.

\*Where family pension is admissible to the minor children.

# Descriptive Roll of Widow of Late (In columnar Form)

Witness	11	
Attested	10	
Left hand Left hand ring Finger little Finger	6	
Left hand ring Finger	8	
Left hand middle Finger		
Left hand index Finger	9	
Left hand thumb impression	5	
Personal marks of identification	4	
Height	3	
Date of birth	2	
'Name of Wife with signature	1	

•

-

-