(Completed by the Office / Department receiving the application for pension)

Ministry / Division / Department							
Name of Government Servant							
Father's / Husband Name							
Designation with BPS							
Personal No.							
CNIC No. of Govt. Servant							
Date of Brith (as per service book)							
Date of Retirement / Death							
Name of Family Pensioner							
CNIC No. of Family Pensioner							
Postal Address:							
Email							
Contact No.							
Bank A/C No.							
Bank Branch & Code							
				Class of Pension		**Emoluments:**	
Qualifying Service	**Y**	**M**	**D**	Superannuation		Basic Pay	**Rs.**
Civil Service				Retiring		Usual Incr.	**Rs.**
Military Service (if any)				Invalid		Sr. Post Allow	**Rs.**
Benefit of Condonation				Compulsory		Special Pay	**Rs.**
EOL/UN-Authorized Absence				Compensation		Personal Pay	**Rs.**
Net Qualifying Service				Anticipatory		Qualification Pay	**Rs.**
				Family Pension		Total	**Rs.**
Pension / Family Pension							**Rs.**
Other Allowances (i) …….							**Rs.**
(ii)…….							**Rs.**
(iii)…….							**Rs.**
Amount of pension to be commuted							**Rs.**
Age Next Birthday (or 60 in case of superannuation)							
Rate of commuted value for every one rupee							**Rs.**
Commutation / Gratuity							**Rs.**
Commutation to be Withheld (if any)							**Rs.**
Pension after commutation							**Rs.**

UNDERTAKINGS BY THE PENSIONER

I do hereby undertake:

i) That Government may, at any time from the issue of Pension Payment Order, recover any of is dues or overpayments from the pension granted to me (under Article 906 (E) of CSR)

ii) That I have neither applied for nor received any pension / commutation / gratuity in respect of any portion of the service included in this application and in respect of which pension / gratuity is claimed herein, nor shall I submit any application hereafter without quoting a reference to this application and to the order which may be passed thereon (Article 911 of CSR)

CERTIFICATES BY PENSION SANCTIONING AUTHORITY

i) No inquiry is pending against him/her

ii) Outstanding recovery [No.] / [Yes], if yes, provide full detail.

iii) Satisfaction about retiring employee's service, if No, it has been decided that full pension and / or gratuity granted by Audit / Accounts Officer be reduced under the rules as:
Amount/Percentage reduction in pension _____ Gratuity _____

iv) The payment of pension/gratuity may commence from w.e.f. _____

v) All the requisite documents as per CGA circular are attached.

Name and Signature (Pensioner)

Signature of Head of Office/Department

Name/Designation……

Pension Sanctioning Authority

Name/Designation……

Dated:_____ **Official Seal.....** **Official Seal**