Form – I

Declaration by the retired Government servant for availing the Interim Monthly Payout

Photo to be pasted and attested

I, ... employed under the Contributory Pension Scheme (CPS Number .....) and retired from service on superannuation on ..... from the post of ..... in the office of the ....., hereby exercise my willingness to avail the Interim Monthly Payout until Tamil Nadu Assured Pension Scheme (TAPS) is notified by the Government.

2. I further consent to adjusting of the Interim Monthly Payout given to me from my eligible benefits based on the option I will give after the Tamil Nadu Assured Pension Scheme is notified by the Government.

Signature

(Name in BLOCK LETTERS)

Place:

Date:

/True Copy/

Form – II

Declaration by the eligible Family Member of deceased Government servant for availing the Interim Monthly Family Payout

Photo to be pasted and attested

I, ... (Name) .....of (Relationship) late Thiru/ Tmt. ..... who was employed under the Contributory Pension Scheme (CPS Number .....) and died while in service on ..... from the post of ..... in the office of the ....., hereby exercise my willingness to avail the Interim Monthly Family Payout until Tamil Nadu Assured Pension Scheme (TAPS) is notified by the Government.

2. I further consent to adjusting of the Interim Monthly Family Payout given to me from my eligible benefits based on the option I will give after the Tamil Nadu Assured Pension Scheme is notified by the Government.

Signature

(Name in BLOCK LETTERS)

Place:

Date:

/True Copy/

Form – III

Declaration by the retired Government servant for availing the final retirement benefits under the Contributory Pension Scheme

Photo to be pasted and attested

I, ... employed under the Contributory Pension Scheme (CPS Number .....) and retired from service on superannuation on ..... from the post of ..... in the office of the ....., hereby exercise my one-time irrevocable option to avail the final retirement benefits under the Contributory Pension Scheme.

2. I fully understand that the rules for Tamil Nadu Assured Pension Scheme have not been issued by the Government. I further undertake that I will not make any claim / representation for revision of my final option exercised above in future.

Signature

(Name in BLOCK LETTERS)

Place:

Date:

/True Copy/

Form – IV

Declaration by the eligible Family Member of the Government servant died while in service for availing the final retirement benefits under the Contributory Pension Scheme

Photo to be pasted and attested

I, ... (Name) .....of (Relationship) late Thiru/ Tmt. ..... who was employed under the Contributory Pension Scheme (CPS Number .....) and died while in service on ..... from the post of ..... in the office of the ....., hereby exercise my one-time irrevocable option to avail the final retirement benefits under the Contributory Pension Scheme.

2. I fully understand that the rules for Tamil Nadu Assured Pension Scheme have not been issued by the Government. I further undertake that I will not make any claim / representation for revision of my final option exercised above in future.

Signature

(Name in BLOCK LETTERS)

Place:

Date:

/True Copy/

Appendix-I (A)

Basic Details of Superannuated Government Servant

(to be enclosed with the Interim Monthly Payout Sanction order)

S. N.	Description	Particulars
1.	Name of Government Servant	
2.	IFHRMS Employee ID	
3.	CPS A/c. No.	
4.	Date of Birth (Copy of SR first page to be attached)	DD/MM/YYYY
5.	Date of entry into Government service (first appointment in the regular service) (Copy of relevant page of SR to be attached)	DD/MM/YYYY
6.	Date of retirement on Superannuation (Retirement Order copy to be attached)	DD/MM/YYYY
7.	Whether completed qualifying service (net) of not less than 10 years	Yes/ No
8.	Post held at the time of Superannuation	
9.	Office to which attached at the time of Superannuation	
10.	DDO Code of the office attached	
11.	Last Drawn Basic Pay (Pay Slip copy to be attached)	Rs.
12.	Last pay drawn month	
13.	Level of Pay	
14.	Pay Commission (VI / VII)	
15.	Date of Intimation Letter sent	DD/MM/YYYY
16.	Date of receipt of Declaration Form (Copy to be attached)	DD/MM/YYYY
17.	Competent Authority who sanctioned Interim Monthly Payout with DDO Code	
18.	Sanction No. (copy of Sanction order to be attached)	
19.	Sanction Date	DD/MM/YYYY
20.	Interim Monthly Payout at 30% of last drawn Basic Pay	
21.	Minimum Payout	
22.	Name and code of District Treasury / Sub-Treasury / Pension Pay Office where the disbursement is made	

S. N.	Description	Particulars
23.	Bank Details	
	a) Bank Name	
	b) Branch Name	
	c) Account No.	
	d) IFSC Code	
24.	Commencement of the first Interim Monthly Payout (as per paragraph 6 (vii) of the Government Order)	
25.	Residential address after retirement along with contact mobile number	

2) For Interim Monthly Family Payout *(In the case of death of the superannuated person)*

S. N.	Description	Particulars
26.	Date of Death of the Superannuated Government Servant	DD/MM/YYYY
	Details of Eligible Family Member	
27.	Name	
28.	Relationship with the deceased Government servant	
29.	Age	
30.	Aadhaar No.	
31.	PAN No.	
32.	Contact Mobile No.	
33.	Address for Communication	
34.	Interim Monthly Family Payout at 60% of Interim Monthly Payout (Vide S.N.20 and 21)	
35.	Competent Authority who sanctioned Interim Monthly Family Payout with DDO Code	
36.	Sanction No.	
37.	Sanction Date	DD/MM/YYYY
38.	Commencement of the first Interim Monthly Family Payout (as per paragraph 6 (vii) of the Government Order)	MM/YYYY
39.	Bank Details	
	a) Bank Name	
	b) Branch Name	
	c) Account No.	
	d) IFSC Code	

/True Copy/

Appendix-I (B)

Basic Details of Deceased Government Servant

(to be enclosed with the Interim Monthly Family Payout Sanction order)

S. N.	Description	Particulars
	Details of Eligible Family Member	
1.	Name	
2.	Relationship with the deceased Government servant	
3.	Age	
4.	Aadhaar No.	
5.	PAN No.	
6.	Contact Mobile No.	
7.	Address for Communication	
	Details of deceased Government Servant	
8.	Name	
9.	IFHRMS Employee ID	
10.	CPS A/c. No.	
11.	Date of Birth (Copy of SR first page to be attached)	DD/MM/YYYY
12.	Date of entry into Government service (first appointment in the regular service) (Copy of relevant page of SR to be attached)	DD/MM/YYYY
13.	Date of Death-in-Harness (Copy of Death Certificate to be attached)	DD/MM/YYYY
14.	Post held at the time of death	
15.	Office to which attached at the time of death	
16.	DDO Code of the office attached	
17.	Last Drawn Basic Pay (Pay Slip copy to be attached)	Rs.
18.	Last pay drawn month	
19.	Level of Pay	
20.	Pay Commission (VI / VII)	
21.	Date of Intimation Letter sent	DD/MM/YYYY
22.	Date of receipt of Declaration Form (Copy to be attached)	DD/MM/YYYY
23.	Interim Monthly Family Payout at 30% of last drawn Basic Pay	Rs.
24.	Minimum Payout	

S. N.	Description	Particulars
25.	Competent Authority who sanctioned Interim Payout with DDO Code	
26.	Sanction No. (copy of Sanction order to be attached)	
27.	Sanction Date	DD/MM/YYYY
28.	Name and code of District Treasury / Sub-Treasury / Pension Pay Office where the disbursement is made	
29.	Commencement of the first Interim Monthly Family Payout (as per paragraph 6 (vii) of the Government Order)	
30.	Bank Details	
	a) Bank Name	
	b) Branch Name	
	c) Account No.	
	d) IFSC Code	

/True Copy/