

# CHAUDHARY DEVI LAL UNIVERSITY SIRSA



## PENSION FILE

Name : .....

Designation : .....

Deptt./Branch : .....

Date of Retirement : .....

**FORM OF LETTER TO FINANCE OFFICER FORWARDING  
THE PENSION FILE (PAPERS) OF A UNIVERSITY EMPLOYEE**

**CHAUDHARY DEVI LAL UNIVERSITY, SIRSA  
(Establishment Branch)**

No. Estt./ \_\_\_\_\_

Dated : \_\_\_\_\_

To

The Finance Officer,  
Ch. Devi Lal University,  
Sirsa

**Subject :** Pension papers of Shri/Smt./Dr. \_\_\_\_\_

Dear Sir,

Enclosed please find the Pension/Family Pension file relating to Shri/Smt./Dr. \_\_\_\_\_, who was working in the Department/Office of \_\_\_\_\_ Chaudhary Devi Lal University, Sirsa.

2. It is certified that Shri/Smt./Dr. \_\_\_\_\_ was appointed against sanctioned post on regular basis and nothing is due against him/her.
3. The particulars furnished by the Establishment Branch in the Proforma Part-I, by the Accounts Branch (Bill Section) in the Proforma Part-II and by the applicant in the Proforma Part-III, as the case may be, are enclosed.
4. The application for commutation of pension without medical examination is also in order.

Further necessary action to release the Pension Payment Order (PPO) may be taken at your end.

Yours faithfully,

Assistant/Deputy Registrar (Estt.)

Encl : As above

**PART-I**

**PROFORMA TO BE FILLED IN BY THE ESTABLISHMENT BRANCH WITHIN  
15 DAYS FROM THE DATE OF RETIREMENT OF AN EMPLOYEE**

1. Name of the University Employee : \_\_\_\_\_

2. i) Father's Name : \_\_\_\_\_  
 ii) Husband's Name (in the case of a female University employee) : \_\_\_\_\_

3. Date of Birth (By Christian era) : \_\_\_\_\_

4. Permanent residential address : \_\_\_\_\_  
 showing village, Distt & State : \_\_\_\_\_

5. i) Date of joining the University : \_\_\_\_\_  
 ii) Date of confirmation : \_\_\_\_\_

6. Post held at the time of retirement : \_\_\_\_\_  
 : i) Substantive : \_\_\_\_\_  
 Officiating : \_\_\_\_\_  
 if any

7. Date of retirement/last day in service : \_\_\_\_\_  
 Years Months Days  
 \_\_\_\_\_

8. Total length of regular service (Annexure-A) : \_\_\_\_\_

9. Period of non-qualifying service for (Annexure-B) : \_\_\_\_\_

10. Net length of qualifying service for pensionary benefits (8-9) (Annexure-A) : \_\_\_\_\_

11. Average emoluments : Emoluments drawn during the last ten months of service :

Period		Basic Pay	Special Pay	Personal Pay	Total	Total Emoluments	Average Emoluments
From	To						
-----							

- Notes: i) In case where the last ten months include some period not to be reckoned for calculating average emoluments an equal period backward has to be taken for calculating average emoluments.
- ii) The calculation of average emoluments should be based on actual number of days contained in each month.
- iii) Payment independent of audit be not included.**

12. No Judicial/Departmental proceedings pending certificate (to be furnished in the enclosed form) : Annexure-C\_\_\_\_\_
13. Certificate for deputation/foreign service (to be furnished in the enclosed form) : Annexure-D\_\_\_\_\_
14. Class of pension applicable (Superannuation/Retiring/Voluntary retirement/Invalid/Compensatory pension) : \_\_\_\_\_
15. Service verification, Consolidated No Dues Certificate and other relevant entries recorded in the service Book as given in the time schedule : Yes\_\_\_\_\_ Vol.\_\_\_\_\_ (Page No.\_\_\_\_)

**A.R./D.R.(Estt.)**

Date : \_\_\_\_\_

- 
- Notes: i) No column should be left blank.  
ii) Cross out with a line, which is not applicable.  
iii) Official seal by put under every signature.  
iv) Paging of Pension file be not disturbed.

### FORM FOR DETAILS OF QUALIFYING SERVICE

Details of Service rendered by Shri/Smt./Dr. \_\_\_\_\_

Department/Office of \_\_\_\_\_ Ch. Devi Lal University, Sirsa.

Sr. No.	Particulars of Service	Length of Service		
		Years	Months	Days
1.	Period of service on work charged basis From _____ to _____ :	_____	_____	_____
2.	Period of service on Ad-hoc basis, if any, Please indicate break period also. From _____ to _____ :	_____	_____	_____
3.	Period of service on regular basis against sanctioned post. From _____ to _____ :	_____	_____	_____
4.	Total length of regular service for the purpose of Pensionary benefits. :	_____	_____	_____
5.	Length of non-qualifying service (from Annexure- B) :	_____	_____	_____
6.	Net length of qualifying service for Pensionary benefits (4-5) :	_____	_____	_____

It is certified that Shri/Smt./Dr. \_\_\_\_\_ has completed a qualifying service of \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days as per details given above. The service has been verified on the basis of his/her service documents and in accordance with the rules regarding qualifying service in force at present. The verification of service shall be treated as final and shall not be reopened except when necessitated by a subsequent change in the rules and orders governing the conditions under which the service qualifies for pension.

**A.R./D.R. (Estt.)**

**PERIOD OF NON-QUALIFYING SERVICE**

		From	To	Period in Days
1.	Interruption in service condoned under rule 3. 17 A of CSR Vol. II	_____		
		_____		
	Total	_____		
2.	Extraordinary leave not qualifying for pension, for which no increment has been granted	_____		
		_____		
		_____		
	Total	_____		
3.	Period of suspension not treated as qualifying for pension	_____		
		_____		
		_____		
	Total	_____		
4.	Any other service not treated as qualifying for pension	_____		
		_____		
		_____		
		_____		
	Total	_____		
Total Period (1 to 4)	Total	_____		
		Years	Months	Days
		_____	_____	_____

**A.R./D.R. (Estt.)**

**FORM FOR NO JUDICIAL/DEPARTMENTAL PROCEEDINGS CERTIFICATE**

Dated

Certified that there are no Judicial/Departmental proceedings pending against :

Shri/Smt./Dr \_\_\_\_\_

Designation \_\_\_\_\_

Department of \_\_\_\_\_ Ch. Devi Lal University, Rohtak

Date of Retirement \_\_\_\_\_

Class of Retirement \_\_\_\_\_

**A.R./D.R. (Estt.)**

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Note : (i) In case any Judicial/Departmental proceedings are pending against the applicant, details thereof may be given.

- (ii) In case he/she was suspended any time, brief statement, leading to reinstatement after having been either suspended, compulsorily retired, removed or dismissed from service, be given.

**FORM FOR CERTIFICATE FOR DEPUTATION/FOREIGN SERVICE**

Dated \_\_\_\_\_

Certified that Shri/Smt./Dr. \_\_\_\_\_

Designation \_\_\_\_\_ was on deputation/foreign service in the following Department(s) during the period noted against each :

Sr. No.	Name of the Department	Designation	Period	
			From	To
1.				
2.				
3.				
4.				
5.				

Also certified that the pension/leave salary contributions from the above Department(s) for the above period have been duly recovered from the said Department(s) and deposited in the Ch. Devi Lal University Employees Pension Fund Account No. \_\_\_\_\_ and entries thereof have been duly made in the Service Book of the official concerned.

**A.R./D.R. (Estt.)**



**PART-II**  
**PROFORMA TO BE FILLED BY THE ACCOUNTS BRANCH (BILL SECTION)**  
**FORM FOR LAST PAY CERTIFICATE**

Last Pay Certificate of Shri/Smt./Dr. \_\_\_\_\_  
 Designation) \_\_\_\_\_, working in the Department/Office of  
 \_\_\_\_\_, Ch. Devi Lal University, retired/retiring on \_\_\_\_\_

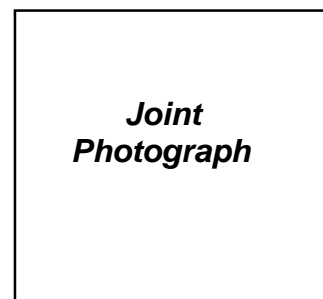
He has been drawing salary upto \_\_\_\_\_ at the following rate :

Sr. No.	Particulars	Amount	
		Rs.	P.
<b>I GROSS SALARY</b>			
1.	Basic Pay (B.P.)	-----	-----
2.	Special Pay/Personal Pay (SP/PP)	-----	-----
3.	Dearness Allowance/Additional Dearness Allowance (DA/ADA)	-----	-----
4.	House Rent Allowance (HRA)	-----	-----
5.	City Compensatory Allowance (CCA)	-----	-----
6.	Medical Allowance (Fixed)	-----	-----
7.	Conveyance Allowance/Medical Re-imburement	-----	-----
8.	_____	-----	-----
	Total	-----	-----
<b>II MONTHLY SUBSCRIPTION (DEDUCTIONS)</b>			
1.	General Provident Fund (GPF)	-----	-----
2.	General Provident Fund (Recovery of loan)	-----	-----
3.	House Building Advance (Recovery of loan)	-----	-----
4.	Car/Scooter Advance (Recovery of loan)	-----	-----
5.	Group Insurance Scheme	-----	-----
6.	House Rent Dues, if any	-----	-----
7.	Premium of Life Insurance	-----	-----
8.	_____	-----	-----
	Total	-----	-----
<b>NET AMOUNT PAYABLE (I-II)</b>			

SAO/A.R.(ACCOUNTS)  
 (with seal of office)

- Note : i) No column should be left blank.  
 ii) Cross out with a line, which is not applicable.  
 iii) Payment independent of audit must be pointed out.

**PART-III**  
**PROFORMA TO BE FILLED BY RETIRING EMPLOYEE**



1. Name of University Employee \_\_\_\_\_  
a) Employee No. \_\_\_\_\_  
b) P.F. a/c No. \_\_\_\_\_
2. Father's Name (and also) Husband's name in the case \_\_\_\_\_  
of the female University Employee. \_\_\_\_\_
3. Date of Birth (By Christian era) \_\_\_\_\_
4. Permanent Residential address showing \_\_\_\_\_  
Village, District and State with code number \_\_\_\_\_
5. The slip bearing three specimen signatures \_\_\_\_\_  
(to be furnished in the enclosed form) **Annexure-I (in duplicate)**
6. The slip bearing the particulars of height and personal \_\_\_\_\_  
identification mark \_\_\_\_\_  
(to be furnished in the enclosed form) **Annexure-II (in duplicate)**
7. Date of joining the University \_\_\_\_\_
8. Date of retirement \_\_\_\_\_
9. Post held at the time of retirement \_\_\_\_\_
10. Department/Office where posted at the time \_\_\_\_\_  
of retirement \_\_\_\_\_
11. Whether occupying University accommodation \_\_\_\_\_  
at the time of retirement, if so, give address \_\_\_\_\_
12. Postal address after retirement (any change of \_\_\_\_\_  
address should be intimated to the Registrar, \_\_\_\_\_  
Ch. Devi Lal University, Sirsa \_\_\_\_\_
13. Class of pension applicable superannuation/  
Retiring/Voluntary retirement/Invalid/Compensatory \_\_\_\_\_  
Pension \_\_\_\_\_
14. Name of the Branch of Oriental Bank of Commerce \_\_\_\_\_  
through which the University employee wants to draw \_\_\_\_\_  
his/her pension. \_\_\_\_\_
15. Application for Commutation of pension \_\_\_\_\_  
(To be furnished in the enclosed form).

**Annexure-III**

Complete and upto date details of the family.

Sr. No. of the family	Name of the member	Date of Birth	Relationship with the University employee
1.			
2.			
3.			
4.			
5.			

17. Nomination form (to be furnished in the enclosed form). : Annexure-IV
18. Declaration regarding repayment of loans/ non-receipt of pension/Excess payment etc. (Affidavit to be furnished in the enclosed form) : Annexure-V
19. Three copies of passport size joint photographs of the University employee (with his/her wife/husband, duly attested) : Enclosed in an envelop
- Particular of Pension already drawing, if any : \_\_\_\_\_

Signature of the Employee

Certified that the above information furnished by me is true to the best of my knowledge and belief and nothing has been concealed therein.

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature of the Employee

- 
- Note : i) No column should be left blank.  
ii) Cross out with a line, which is not applicable.  
iii) No page of the file be detached.  
iv) All Annexures should be got attested from the last Head of Office/Deptt.

**SPECIMEN SIGNATURES**

Specimen signatures of Shri/Smt./Dr. \_\_\_\_\_

Designation \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Attested**

**(Signature)**

**with seal of Office**

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**Note :** Two slips each bearing the left/right hand thumb and finger impressions duly attested, may be furnished by a person who is not literate enough to sign his/her name. If such a University employee on account of physical disability is unable to give left hand thumb and finger impressions, he/she may give the thumb and finger impressions of the right hand. Where a University employee has lost both the hands he/she may give his/her toe impression. Impression should be duly attested.

**FORM FOR PARTICULARS OF HEIGHT & PERSONAL IDENTIFICATION MARK**

Name of the Employee : \_\_\_\_\_

Father's name : \_\_\_\_\_

Designation : \_\_\_\_\_

Height (in centimetres) : \_\_\_\_\_

Personal Mark of Identification : i) \_\_\_\_\_

ii) \_\_\_\_\_

**Attested**

**(Signature)**  
**with seal of Office**

**Signature of the employee**

**FORM FOR PARTICULARS OF HEIGHT & PERSONAL IDENTIFICATION MARK**

Name of the Employee : \_\_\_\_\_

Father's name : \_\_\_\_\_

Designation : \_\_\_\_\_

Height (in centimetres) : \_\_\_\_\_

Personal Mark of Identification : i) \_\_\_\_\_

ii) \_\_\_\_\_

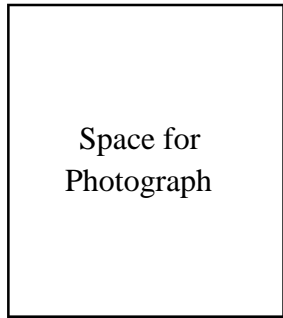
**Attested**

**(Signature)**  
**with seal of Office**

**Signature of the employee**

**FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION  
WITHOUT MEDICAL EXAMINATION**

The Vice-Chancellor,  
Ch. Devi Lal University,  
Sirsa.



**Subject : Commutation of pension without medical examination.**

Sir,

I furnish below the relevant particulars and request that I may be permitted to commute a part of my pension as indicated below :

1. Name (In block letters) \_\_\_\_\_
2. Father's name (also husband's  
name in case of female University employee) \_\_\_\_\_
3. Date of Birth (By Christian era) \_\_\_\_\_
4. Date of retirement \_\_\_\_\_
5. Designation at the time of retirement \_\_\_\_\_
6. Name of Office/Department in which employed  
at the time of retirement \_\_\_\_\_
7. Class of pension on which retired. \_\_\_\_\_
8. Amount of pension authorised  
(in case final amount of pension has  
not been authorised, indicate the  
amount of provisional pension) \_\_\_\_\_
9. Fraction of pension proposed to be commuted \_\_\_\_\_
10. Designation of the Officer, who  
authorised the pension No. and date of  
the pension payment order, if issued \_\_\_\_\_
11. Disbursing authority (Bank)  
for payment of pension  
Oriental Bank of Commerce,  
Ch. Devi Lal University Campus Branch, Sirsa.

Place \_\_\_\_\_

Signature & Postal Address

Date \_\_\_\_\_

Counter Signed

Signature with seal of Office

**FORM OF NOMINATION FOR FAMILY PENSION**  
**NOMINATION FOR FAMILY PENSION**

I, hereby, nominate the persons mentioned below, who are members of my family, to receive the family pension (in the order shown below), which may be granted by the University in the event of my death.

Sr.No.	Name & address of nominee	Relationship With the employee	age	Whether married or Unmarried
1.				
2.				
3.				
4.				
5.				
6.				

This nomination supersedes the nomination made by me earlier on \_\_\_\_\_ which stands cancelled.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Employee's Signature

Name \_\_\_\_\_

Designation \_\_\_\_\_

Signature of Witnesses

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Attested

(Signature)

with seal of Office

**Note :** The employee should draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.



**AFFIDAVIT ON STAMP PAPER WORTH Rs. 10/-, DULY ATTESTED BY A  
MAGISTRATE CLASS/NOTARY PUBLIC**

I \_\_\_\_\_ S/o, D/o Shri \_\_\_\_\_  
resident of House No \_\_\_\_\_ (Haryana) employed as  
\_\_\_\_\_ in the Department of \_\_\_\_\_

Ch. Devi Lal University, Sirsa do hereby solemnly affirm and declare as under :-

**For Loans**

1. That during my whole service I have taken the following loans from the University :
  - a)
  - b)
  - c)
  - d)
2. That the Principal amount of all the above loans, alongwith interest thereon, has been fully paid and nothing is outstanding against me.

**For Forfeiture of University Share**

3. That I also authorise the Registrar, Ch. Devi Lal University, Sirsa to recover University Share from my P.F. Account No. \_\_\_\_\_, any University dues such as over payment of pay, allowances, leave encashment and obvious dues such as House Rent, outstanding House Building Advance, traveling allowance and other advances or any amount of any description, if found recoverable from me at any stage, from my pension.

**For non-Receipt of Pension**

4. That I hereby declare that I have neither applied for nor received any pension in respect of any other portion of the service included in this application and in respect of which pension is claimed herein, not shall I submit an application hereafter without quoting reference to this application and the orders which may be passed thereon.

**For Excess Payment Etc.**

5. That if the payment of pension subject to revision of the same being found to be in excess of that to which I am entitled under the rules, I promise to raise no objection to such revision. I further promise to refund any amount paid to me in excess of that, to which I may be actually found entitled.

Verification :

**DEPONENT**

Verification that the contents of the above affidavit of mine are true and correct and nothing has been concealed therefrom.

Date : \_\_\_\_\_

**DEPONENT**

Place : \_\_\_\_\_

**PART-III**  
**PROFORMA TO BE FILLED IN BY THE WIDOW/WIDOWER OF AN EMPLOYEE,**  
**WHO DIED IN HARNESS/ A PENSIONER FOR GRANT OF BENEFITS UNDER**  
**FAMILY PENSION SCHEME, 1964**

1. Name of the Applicant

(i) Widow/Widower : \_\_\_\_\_

(ii) Guardian if the deceased person is survived by child of children (minor) : \_\_\_\_\_

Space for  
Photograph

2. Name and age of surviving widow/widower and children of the deceased University employee/pensioner.

Sr. No.	Name	Relationship with the deceased person	Date of Birth (By Christian era)
i)	_____	_____	_____
ii)	_____	_____	_____
iii)	_____	_____	_____

3. Name and No. of the P P O of the deceased pensioner : \_\_\_\_\_

4. Date of death of the University employee/pensioner : \_\_\_\_\_

5. Officer/Department in which the deceased University employee/pensioner served last. : \_\_\_\_\_

6. (i) If the applicant is widow/widower the amount of service pension, which she/he may be in receipt on the date of death of the husband/wife. : \_\_\_\_\_

(ii) If the applicant is guardian, his date of birth and relationship with the deceased University employee/pensioner : \_\_\_\_\_

7. Full address of the applicant : \_\_\_\_\_

8. Place of OBC Branch, where payment of pension is to be made : \_\_\_\_\_

9. Enclosure

(i) The specimen signatures of the applicant, duly attested (to be furnished in the enclosed form) : Annexure-I (In duplicate)

or

Two slips each bearing left/right hand thumb (as the case may be) and finger impression of the applicant duly attested

(ii) Descriptive Roll of the applicant, duly attested, indicating (a) height and (b) personal Identification mark, if any, on the hand, face etc. : Annexure-II (In duplicate)  
 (To be furnished in the enclosed form)  
 (Specify a few conspicuous marks, not less than two, if possible).

(iii) Two copies of Passport size photograph of the applicant, duly attested.

(iv) Certificate(s) of age (in original with two attested copies) showing the date of birth of the children. The certificate should be from the Municipal Authorities or from the local Panchayat or from the Head of Recognised School if the child is studying in such school (This information should be furnished in respect of such child or children, the particulars of whose date of birth are not available with the Head of office)

10. Indicate whether family pension is admissible from any other source Military or State Govt. and/or a public sector undertaking/autonomous body/local fund under the Central of State Government. :

11. Signature or left/right hand thumb impression of the applicant. :

12. Witnesses :

Name	Full Address	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attested  
Signature

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Note : Witnesses should be two or more persons of responsibility in the Town, Village or Pargana, in which the applicant resides. Attestation should be done by a Gazetted Government Officer the Head of the Department/Office, where the employee served at the time of his death/ retirement.

**SPECIMEN SIGNATURES**

Specimen signatures of Shri/Smt./Dr. \_\_\_\_\_

Designation \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Attested**

**(Signature)  
with seal of Office**

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**Note :** Two slips each bearing the left/right hand thumb and finger impressions duly attested, may be furnished by a person who is not literate enough to sign his/her name. If such a University employee on account of physical disability is unable to give left hand thumb and finger impressions, he/she may give the thumb and finger impressions of the right hand. Where a University employee has lost both the hands he/she may give his/her toe impression. Impression should be duly attested.

**SPECIMEN SIGNATURES**

Specimen signatures of Shri/Smt./Dr. \_\_\_\_\_

Designation \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Attested**

**(Signature)  
with seal of Office**

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**Note :** Two slips each bearing the left/right hand thumb and finger impressions duly attested, may be furnished by a person who is not literate enough to sign his/her name. If such a University employee on account of physical disability is unable to give left hand thumb and finger impressions, he/she may give the thumb and finger impressions of the right hand. Where a University employee has lost both the hands he/she may give his/her toe impression. Impression should be duly attested.

**FORM FOR PARTICULARS OF HEIGHT & PERSONAL IDENTIFICATION MARK**

Name of the Applicant : \_\_\_\_\_

Father's name : \_\_\_\_\_

Designation : \_\_\_\_\_

Height (in centimeters) : \_\_\_\_\_

Personal Mark of Identification : i) \_\_\_\_\_  
ii) \_\_\_\_\_

**Signature of the applicant**

**Attested**

**(Signature)  
with seal of Office**

**FORM FOR PARTICULARS OF HEIGHT & PERSONAL IDENTIFICATION MARK**

Name of the Applicant : \_\_\_\_\_

Father's name : \_\_\_\_\_

Designation : \_\_\_\_\_

Height (in centimeters) : \_\_\_\_\_

Personal Mark of Identification : i) \_\_\_\_\_

ii) \_\_\_\_\_

**Attested**

**Signature of the applicant**

**(Signature)  
with seal of Office**



## TIME SCHEDULE AND STEPS IN PENSION ADMINISTRATION

### I. Pension Application

- A. Every employee, going to retire, should have a Pension File from the Publication Cell and after completing the required portion of it and getting LPC from Bill Section should submit the same to the Head of the Department/Office, where he is working **at least three months before his/her date of retirement**. Since it is a very important document a new file cover and file board have to be used to keep it intact, without which the Pension File may not be accepted.
- B. The employee must obtain receipt in token of submission of Pension Papers.
- C. The employee must check that his/her Pension Papers have been sent to the Estt. Branch/ Pension Cell in time.
- D. Every employee must retain in contact with the Office/Pension Cell to complete the formalities/ remove the discrepancies, if any, in Pension Papers on the Spot.

### II. Forwarding of Pension Application

Every Head of Office/Deptt. shall undertake work of preparation of pension Papers three months before the date, on which an employee is due to retire on superannuation. **It will be the RESPONSIBILITY OF THE HEAD OF THE DEPTT./OFFICE to obtain Pension Application from the retiring employee, get the required portion completed and forward the same to the Estt. Branch at least two months before the date of retirement.**

### III. Completion of Record

- A. **Service Book** – The Estt. Branch shall complete the preparatory work of verification of service etc. as given in PART-I of the Pension File and record necessary verification in the Service Book as under :-

1. Service of Sh./Smt./Dr. \_\_\_\_\_ verified  
as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
2. He retired from University service on \_\_\_\_\_
3. He was not on earned leave at the time of his retirement.
4. He did not remain on deputation during his service.
5. No Judicial/Departmental proceedings are pending against him/her.
6. No Audit Objection/Requisition is outstanding against him/her and no payment was made to him independent of audit.
7. Nothing is due against him/her as per 'No Dues Certificates' received from different Department/Branches.
8. He opted for Pension and a copy of option is pasted here.

#### B. Qualifying Service

This is portion of the Pension File be given special attention by the Estt. Branch to avoid any mistake in calculating the period of qualifying service.

#### C. Emoluments for the last ten months

Which closing the Service Book of an employee, Basic Pay, Special Pay and Personal Pay, if any, should be recorded/mentioned categorically in the Service Book on the concluding page and details of ten months be provided in the Pension file accordingly, so that average emoluments be derived correctly. **Payment independent of audit should not be included while calculating average emoluments.**

The Estt. Branch will send the Pension File (alongwith Service Book) duly completed in all respects to the Pension Cell **with in 15 days from the date of retirement of an employee.**

#### D. Dues

It should be ensured by the Estt. Branch that all dues/recoveries/payments independent of audit, whatsoever are recovered from the final payment of gratuity, leave encashment etc., and nothing should be left recoverable from the pensionary benefits.

- IV. Pension Cell will ensure that the Pension Payment Order be issued when the Payment of Pension becomes due. If at all, it is not possible, the PPO be issued within three months from the date of retirement at the latest in normal cases.

The above list of tips is only illustrative and not exhaustive.

**CHAUDHARY DEVI LAL UNIVERSITY, SIRSA**  
**(ACKNOWLEDGEMENT)**

Received from Shri/Smt./Dr. \_\_\_\_\_

(Name and designation) Pension File alongwith application, on prescribed Form, for the commutation of a fraction of pension without medical examination.

Dated : \_\_\_\_\_

Place : \_\_\_\_\_

Signature \_\_\_\_\_

Seal of Office