

[See Rule 113(2) (ii)]

FORM OF APPLICATION FOR EXTRAORDINARY FAMILY PENSION

Application for Extraordinary Pension for the family of the late Shri/Shrimati.....
killed or dies of Injury/Disease claimed as being attributable to Government service.
Injuries/Diseases

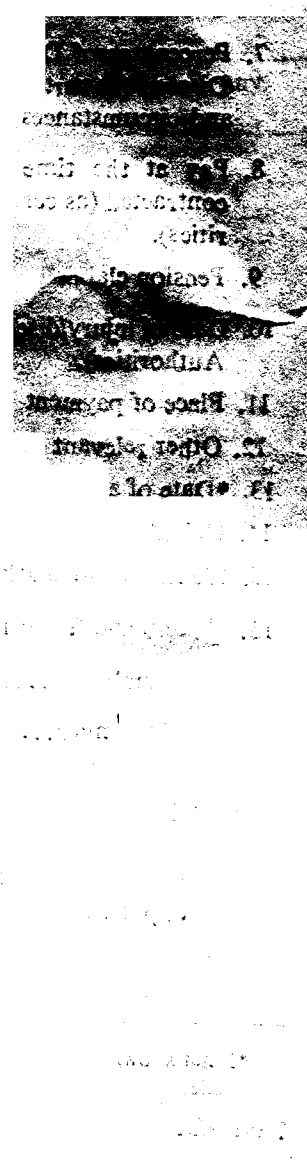
I. Information regarding the claimant

- 1. Full name and address residence (showing village, post office, district, State).
- 2. Age and date of birth :
- 3. Height :
- 4. Identification Marks :
- 5. Present occupation and pecuniary circumstances :
- 6. Degree and nature of relationship with the deceased :

II. Information regarding the deceased

- 1. Full name, Father's residence (indicating village, post office, district, State).
- 2. Particulars of post and service with full name and address of the Establishment.
- 3. Full particulars of service, length of service, etc. :
- 4. Pay at the time of death :
- 5. Date of birth :
- 6. Age at the time of death :
- 7. Nature of Injury/Disease causing Injuries/Diseases :

death (as per the Certificate of the Medical Authorities) and the circumstances in which the same resulted.



III. Other information

- 1. Amount of Pension, etc. claimed :
- 2. Place of payment :
- 3. Date from which benefit (s) claimed :
- 4. Other relevant information, if any :

IV. Names and ages of* surviving kindred of the deceased—

| Relation | Name | Date of birth by Christian era |
|----------|------|--------------------------------|
| Sons | | |
| Widows | | |
| Daughter | | |
| Father | | |
| Mother | | |
| (Place) | | Claimant |
| (Date) | | |

NOTE 1—Please strike out the word or words not applicable

NOTE 2—If the deceased has left no son, widow, daughter, father or mother surviving him, the word "none" or "dead" should be entered opposite to such relative.

Place
Date

Head of Office
Seal

*The term 'child' includes a post humus child of the Government servant and is covered by the term 'surviving kindred'.