

PENSION FORM – J

[See Executive Instruction Para 17]

APPLICATION FOR GRANT OF DEATH GRATUITY ON THE DEATH OF A GOVERNMENT/ AIDED/ ULB EMPLOYEE/Pensioner

(To be filled in by the nominee or separately by the each claimant and in case the claimant is minor, the Form should be filled in by the guardian on his/her behalf, where there are more than one minor, the guardian should claim gratuity in one Form on their behalf.

1.	Name of the Deceased Government/Aided/ULB Employee in respect of whom gratuity is claimed.	
2.	a) Date of death of Government/Aided/ULB Employee. b) Date of retirement of Government/Aided/ULB Employee (if applicable)	
3.	Office/Department in which the deceased served last.	
4.	Names of the claimants with relationship with the deceased Government/Aided/ULB Employee.	

Name of the Claimant/ Nominee/ Name of the Guardian(in case the claimants are minors)	Date of Birth of Claimant/ Nominee/ Date of Birth of Guardian(in case of minor)	Relationship with the Deceased Government Employee	Name of the Minor(s)	Relationship with the Guardian [in case of minor(s)]	Full Postal Address for Correspondence

* The date of birth furnished in the format above is to be supported by the proof of the date of birth as recorded on the certificate(s) furnished by the School/College/Municipal/Local Panchayat Authorities/Register of Birth & Death.

5.	Documents to be submitted by the Applicant:-	
(i)	Two Specimen Signatures of the Claimant/ Nominee/ Guardian duly attested by the Head of the Office (Left Hand Thumb Impression and finger impression if the applicant is not literate).	
(ii)	Two Passport Size Photographs duly attested by Head of Office.	
(iii)	Attested copy of Proof of Date of Birth issued by the competent authority like Birth Certificate, Certificate issued by School/ College/ Municipal/ Local Panchayat Authority.	
6	Name of the Treasury/ Sub-Treasury/ Special Treasury at which payment is desired.	
7	Name of the bank where gratuity amount is to be credited.	Name of the Bank Branch: A/c No. IFSC Code : MICR Code :

Signature of the Claimant or Thumb Impression
(in case the Claimant is illiterate)

Received the Application form for sanction of Gratuity from Shri/Smt _____ on dt. _____

Signature of the Head of the Office where employee last served.