



दिल्ली विश्वविद्यालय University of Delhi
पेंशन प्रकोष्ठ PENSION CELL
ROOM NO. 206, 2ND FLOOR,
NEW ADMINISTRATIVE BLOCK,
DELHI-110007

-1-

Application for drawl of pension through State Bank of India,
Delhi University Branch, Delhi.
(To be submitted in Duplicate)

The Registrar,
University of Delhi,
Delhi-110007

Space for
Photograph
of Retiring/Retired
employee
(To be attested by
Dean/HOD/In-Charge/
Group A Officer)

Sir,

I opt to draw my Pension through the Delhi University Branch of State Bank of India and given below are the necessary particulars to enable you to make necessary arrangement in this regard.

1. Particulars of Pensioner :

- (a) Name :
- (b) Present Address :
- (c) Permanent Address :
- (d) Mobile No.:

2. Pensioner's Savings A/c No./Current A/c..... at **State Bank of India** to which Pension is to be credited (**passbook copy alongwith copy of PAN Card & Aadhar Card should be enclosed**).

- (a) State Bank of India, Branch Address _____
- (b) IFS Code _____
- (c) Aadhar Card No. _____
- (d) PAN Card No. _____
- (e) Date of Birth _____
- (f) Date of Appointment _____
- (g) Date of Retirement/VRS etc. _____

Yours faithfully,

Place:.....

Date:.....

Signature _____

Name _____

To be attested by Dean/HOD/In-Charge/
Group A Officer with rubber stamp and seal

Pensioner's Specimen Signature as in the
Bank Records



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-2-

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The Registrar,
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 of Retiring/Retired
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Yours faithfully,

Place:.....

Date:.....

Signature _____

Name _____

**To be attested by Dean/HOD/In-Charge/
 Group A Officer with rubber stamp and seal**

Pensioner's Specimen Signature as in the
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S.No.	Signature of Retiring/Retired Employee	Attested by
1. (Signature of Retiring/Retired Employee) (Signature with Rubber Stamp to be attested by the Dean/HOD/ In-Charge/Group A Officer)
2. (Signature of Retiring/Retired Employee) (Signature with Rubber Stamp to be attested by the Dean/HOD/ In-Charge/Group A Officer)
3. (Signature of Retiring/Retired Employee) (Signature with Rubber Stamp to be attested by the Dean/HOD/ In-Charge/Group A Officer)



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For the purpose of fixation of Pension/Family Pension (Three copies of single/joint photograph of the employee with his/her spouse, duly attested by the Dean/HOD/In-Charge/Group-A Officer).

Space for Single/Joint
Photograph of Retiring /Retired
employee with his/her spouse to
be attested by the Dean/HOD/
In-Charge/Group A Officer

Name of retiring/retired employee _____

Signature of Employee _____

Name of the Spouse _____

Signature of Spouse _____

Space for Single/Joint
Photograph of Retiring /Retired
employee with his/her spouse to
be attested by the Dean/HOD/
In-Charge/Group A Officer

Name of retiring/retired employee _____

Signature of Employee _____

Name of the Spouse _____

Signature of Spouse _____

Space for Single/Joint
Photograph of Retiring /Retired
employee with his/her spouse to
be attested by the Dean/HOD/
In-Charge/Group A Officer

Name of retiring/retired employee _____

Signature of Employee _____

Name of the Spouse _____

Signature of Spouse _____

Note: Strike out whichever is not applicable.

**To be attested by Dean/HOD/In-Charge/
Group A Officer with rubber stamp and seal**



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**FORM OF APPLICATION FOR COMMUTATION OF A PERCENTAGE OF PENSION
WITH/WITHOUT MEDICAL EXAMINATION***

***Strike out whichever is not applicable**

(For without medical examination the application to be submitted within one year
of the date of retirement of the employee)

The Registrar,
University of Delhi,
Delhi-110007

Space for
Photograph
of Retiring/Retired
Employee
(To be attested by
Dean/HOD/In-Charge/
Group A Officer with
rubber stamp and seal)

Sub.: Commutation of Pension with/without Medical Examination.

Sir/Madam,

I desire to commute a percentage of my pension as indicated below in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below:

1. Name in Block Letters : _____
2. Father's/husband's name : _____
3. Designation at the time of retirement : _____
4. Name of Office/Department in which employed : _____
5. Date of birth (by Christian era) : _____
6. Date of retirement/VRS/etc. : _____
7. Percentage of monthly pension proposed to be commuted **(indicate percentage, equal to or less than 40%)** : _____
8. Details of Bank account to which monthly pension is being credited:
 1. State Bank of India, Branch Address _____
 2. **Account No.** _____
 3. IFS Code _____
 4. Aadhar Card No. _____
 5. PAN Card No. _____

Place :

Date:

(.....)

Signature

**To be attested by Dean/HOD/In-Charge/
Group A Officer with rubber stamp and seal**

Full Postal Address.....

.....

.....

Mobile No.

Alternate Phone Number.....

• **Strike out whichever is not applicable**



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NOMINATION FORM FOR ARREARS OF PENSION

(To be submitted in duplicate)

The Registrar,
University of Delhi,
Delhi- 110007.

Sir,
I....., hereby nominate the person/persons named below, under
(Name of pensioner in Capital Letters)

Clause 16(ii) of Appendix 'A' to Statute 28-A for the payment of arrears of pension:-

1. Details of the Nominee's :

S.No.	Name and Address of the Nominee	Date of Birth	Relationship with pensioner	Share to be paid
1.				
2.				
3.				

2. Name and address of person who may receive the said pension if the nominee is minor :

3. Name and address of other nominee in case the nominee under Column(1) Predecessors the pensioner :

3. (a) Date of Birth :

4. Relationship with pensioner :

5. Contingency on happening of which nomination shall become invalid :

Place:

Date:

.....
Signature/Thumb-Impression,
If the pensioner is illiterate

Name of pensioner.....

Address.....

Ph.No.

Witness:

Signature.....

Name.....

Address.....

**To be attested by Dean/HOD/In-Charge/
Group A Officer with rubber stamp
and seal**



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NOMINATION FORM FOR ARREARS OF PENSION

(To be submitted in duplicate)

The Registrar,
University of Delhi,
Delhi- 110007.

Sir,
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(Name of pensioner in Capital Letters)

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2.				
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3. Name and address of other nominee in case the nominee under Column(1) Predecessors the pensioner :

3. (a) Date of Birth :

4. Relationship with pensioner :

5. Contingency on happening of which nomination shall become invalid :

Place:

Date:

Signature/Thumb-Impression,
If the pensioner is illiterate

Name of pensioner.....

Address.....

Ph.No.

Witness:

Signature.....

Name.....

Address.....

**To be attested by Dean/HOD/In-Charge/
Group A Officer with rubber stamp
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LIFE CERTIFICATE TO BE SUBMITTED BY PENSIONER

(To be furnished by pensioner/Family Pensioner once a year in November in concerned Bank)

Certified that I have seen the Pensioner/ Family Pensioner Sh./Smt./Ms.

.....husband/wife/son/daughter of Shri./Smt.....

Retired/Retiring on from University of Delhi, he/she is holder of Pension from the University of Delhi and

that he/she is alive on this date.

Place:

Date:

To be attested by Dean/HOD/In-Charge/
Group A Officer with rubber stamp
and seal

NON –EMPLOYMENT/RE-EMPLOYMENT CERTIFICATE

(Applicable in the case of pensioner/Family Pension)

To be given by pensioner once a year in November

• I declare that I have not received any remuneration for serving in any capacity in an establishment of the Central Government/State Government, the University or its affiliated Colleges, Central Autonomous Bodies, Central/State Undertaking, R.B.I Nationalized Bank /L.I.C/G.I.C, etc., during the year ended in November.....

• I declare that I have been employed/re-employed in the office of.....

..... and was in receipt of the following emoluments during the period.

My SAVING A/c No. with you is Lgr. No.....A/c No.....

Signature.....

Name of the pensioner.....

Permanent Address.....

.....

.....

• Strike out whichever is not applicable.

To be attested by Dean/HOD/In-Charge/
Group A Officer with rubber stamp
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Ref.No.Fin/Pen.Cell/2022-23/
Dated:

Name of the pensioner

Address

.....

महोदय / महोदया,
Dear Sir/Madam,

मैं आपको सूचित करता हूँ कि कार्यकारी परिषद की २१ मार्च २०१२ को सम्पन्न बैठक में परिषद ने भारत सरकार द्वारा समरूपता लाने के लिए आरंभ की गई योजना प्राधिकृत बैंक के माध्यम से केंद्रीय सरकार सिविल पेन्शनभोगियों की पेंशन के भुगतान हेतु योजना के अनुसार भारतीय स्टेट बैंक के माध्यम से दिल्ली विश्वविद्यालय के पेन्शनभोगी और परिवार पेंशन भोगियों की मासिक पेन्शन के संवितरण हेतु नयी प्रक्रिया को अपना लिया है।

I am to inform you that the Executive Council, in its meeting held on 21st March, 2012, has adopted a new procedure for disbursement of monthly pension in respect of the pensioners and family pensioners of the University through State Bank of India as per identical "Scheme for Payment of Pension for Central Government Civil Pensioners through Authorized Bank" introduced by the Government of India.

बैंक के माध्यम से पेन्शन / परिवार पेन्शन के संवितरण हेतु भारतीय स्टेट बैंक की आवश्यकता के अनुसार पेंशनभोगी/परिवार पेन्शनभोगियों द्वारा निम्नलिखित जानकारी को तत्काल प्रस्तुत किया जाना अनिवार्य है ताकि विश्वविद्यालय द्वारा पेंशन/परिवार पेन्शन जारी करने के लिए उस जानकारी को भारतीय स्टेट बैंक को भेजा जा सके और पेन्शनभोगी/परिवार पेन्शनभोगी को आर्बिटि पी.पी.ओ. नंबर के संबंध में अन्य निर्धारित जानकारी सहित पत्र जारी किया जा सके।

As per the requirement of State Bank of India for disbursement of pension/family pension through the bank the following information is essentially required to be submitted by the pensioner/family pensioner, immediately so as to enable the University, to send the same to State Bank of India to release the pension/family pension as well as to issue the letter to pensioner/family pensioner with reference to the allotted PPO Number together with the other prescribed information there for:-

1. सेवानिवृत्त हो रहे कर्मचारी की स्थायी लेखा संख्या PAN No. of retiring/retired employee.....
2. सेवा-निवृत्ति के बाद पत्र व्यवहार का पता Address after retirement.....
3. पेंशनभोगी की पत्नी/पति का नाम/ परिवार पेन्शनभोगी का नाम तथा पेन्शनभोगी के साथ उसका संबंध
Name of the wife/husband of the pensioner/name of the family pensioner and his/her relationship with the pensioners:
4. परिवार पेंशनभोगी/पत्नी/पति की जन्मतिथि (प्रमाण हेतु उसकी प्रति संलग्न है)
Date of Birth of family pensioner/wife/husband (with its copy of proof):
- (i) उनका स्थायी लेखा सं..... (उसकी प्रति सहित)
His/Her PAN Number..... (with its copy)
- (ii) उनका आधार कार्ड सं..... (उसकी प्रति सहित)
His/Her Aadhar Card Number..... (with its copy)
- (iii) वर्तमान दूरभाष नंबर/मोबाइल नंबर..... यदि कोई हो
Latest Land Line No./Mobile No.....if any :

आपसे अनुरोध है कि कृपया उपर्युक्त जानकारी स्पष्ट अक्षरों में भरकर यथाशीघ्र भेजें।
You are kindly requested to send the above information in capital letter expeditiously.

भवदीय Yours faithfully,

Sd/-
संयुक्त कुलसचिव (वित्त)
Joint Registrar (Finance)



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पेंशनभोगी के बचनबंध पत्र का नमूना
Specimen Letter of Undertaking by the Pensioner

दिनांक Date :

शाखा प्रबंधक The Branch Manager,
भारतीय स्टेट बैंक State Bank of India,
दिल्ली विश्वविद्यालय University of Delhi,
दिल्ली Delhi – 110007 (1067)

महोदय/ महोदया
Dear Sir/Madam,

आपके कार्यालय के माध्यम से पी.पी.ओ. सं. के तहत पेंशन का भुगतान।
Payment of Pension under P.P.O. No. through your office.

मेरे अनुरोध पर प्रत्येक माह मुझे देय पेंशन की राशि का भुगतान आपके यहाँ से मेरे खाते में क्रेडिट करने पर आपकी सहमति दिए जाने के मद्देनज़र मैं अधोहस्ताक्षरी सहमत हूँ और वचन देता हूँ कि मैं ऐसी कोई भी राशि जिसका मैं हकदार नहीं हूँ या ऐसी राशि जिसका मैं हकदार हूँ या रहूँगा या हूँगा से अधिक यदि मेरे खाते में क्रेडिट कर दी गई हो, तो उसे वापस कर दूँगा/दूँगी। मैं इसके द्वारा यह भी वचन देता/देती हूँ और सहमत हूँ कि मैं स्वयं एवं मेरे वारिश उत्तराधिकारी, निर्वाहकों, प्रशासक योजना के तहत मेरे खाते में मेरी पेंशन क्रेडिट करने में बैंक द्वारा हुई या वहन की गई किसी भी हानि के लिए और के संबंध में बैंक को क्षतिपूर्ति करने के लिए एवं इसका बैंक को तत्काल भुगतान करने के लिए बाध्य होंगे तथा मैं बैंक का अपरिवर्तनीय रूप में प्राधिकृत भी करता हूँ कि मेरे उपर्युक्त खाते या बैंक के जहाँ मुझसे संबंधित अन्य खाते/जमाओं में से डेबिट कर देय राशि की वसूली कर लें।

In consideration of having agreed my request to make payment of pension due to me every month by credit to my account, I, the undersigned agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successors, executors and administrator to indemnify the bank from and against by loss, suffered or incurred by the bank in so crediting my pension to my account under the Scheme and to forthwith pay the same to the bank and also irrevocably authorize the bank to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the bank.

भवदीय Your faithfully,

हस्ताक्षर Signature :

नाम Name :

पता Address:

.....

साक्षी केवल परिवार के सदस्य Witness only family/ members; (Self-attested copy of identification documents of witness ex. PAN Card, Aadhar Card, Driving License etc. along with copy of passbook)

हस्ताक्षर Signature:

नाम Name:

पता Address:

दिनांक Date:

बचत खाता सं.

Saving A/c. No.

Bank Name

हस्ताक्षर Signature :

नाम Name :

पता Address:

दिनांक Date:

बचत खाता सं.

Saving A/c. No.

Bank Name



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UNDERTAKING

The Finance Officer
University of Delhi
Delhi-110007

Sir,

1. I am to inform you that I am not drawing/receiving any other pension

Please choose or

2. I am drawing/receiving other pension/family pension

Please choose or

2 (a). If in Sr. No. 2, please provide details.....

Name:-.....

Signature:-.....

Designation:-.....

Address:-.....

.....

.....

Dated:-.....

To be attested by Dean/HOD/In-Charge/
Group A Officer with rubber stamp and seal