

FORM-4
 [See Rule-54(7)]
 Nomination for Family pension: 1954

Ihereby nominate to the persons mentioned below, who are member of my family to receive in the order shown below the family pension 1954 which may be granted by the Central Government in the event of my death after completion of one Year qualifying service.

Name & Address of nominee	Relationship with the Government Servant	Age	Whether married or unmarried

This nomination supersedes the nomination made by me earlier on _____ which stands cancelled?

NOTE: The Government servant should draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

Dated thisday of201.....at

Two witnesses to signature

Si.No	Name	Signature	Address

Signature of Govt. servant

(To be filled in by the Head of Office)

Nomination by

Signature of Head of Office

Designation

Dated

Office

Designation

FORM 1

[See Rule 53 (1)]

Nomination for Retirement Gratuity/Death Gratuity

(When the Govt. servant has a family and wishes to nominate one member and more then one member, thereof.)

I,, hereby nominate the person/persons mentioned below who is / are member(s) of my family, and confer on him/then the right to receive ,to the extent specified below, any gratuity the payment of which may be authorized by the central Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity, which having become admissible to me on retirement may remain update at my death:

Original nominee(s)				Alternate nominee(s)		
Names and address of nominee / nominees	Relationship with the Government Servant	Age	Amount or share of gratuity payable To each	Name, Address, Relationship and age of person or persons, if any, to whom the right conferred on the nominee predeceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount or share of gratuity payable to each	
(1)	(2)	(3)	(4)	(5)	(6)	

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

Dated this..... day of..... 20..... at.....

Two witnesses to sign/Name & address:

Si.No	Name	Signature	Address

Signature of Government servant
(To be filled by the Head of office)

Nomination by
Designation
Office.....

Signature of Head of office
Date.....
Designation.....

FORM OF NOMINATION

[See Rule 5 (3)]

Account No. _____

I,....., hereby nominate the person(s) mentioned below who is/are member(s)/non member (s) of my family as defined in Rule 2 of the General Provident Fund (Central Services) Rules, 1960 to receive the amount that may stand to my credit in the fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid.

Name and full address of the nominee(s)	Relationship with the subscriber	Share payable to each nominee	Contingencies on the happening of which nomination will become invalid	Name, Address and relationship of the person(s) if any to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber	If the nominee is not a member of the family as provided in Rule 2, indicate the reasons.
(1)	(2)	(3)	(4)	(5)	(6)

Dated this Day of20..... at

Signature of the subscriber.....

Name in Block letters.....

Designation.....

Two witnesses to sign: Name and Address

Sl.No	Name	Signature	Address

Space for use by the Head of Office / Pay and Accounts Office

Nomination by Shri/Smt/Kumari Designation.....

Date of receipt of nomination.....

Signature of Head of Office/ PAO

Designation.....

Date.....

FORM NO.8
NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT EMPLOYEES' GROUP
INSURANCE SCHEME, 1980

(When the Government servant has a family and wishes to nominate one member or more than one member thereof)

I _____ hereby nominate the person(s) mentioned below, who is/are member(s) of my family, and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Central Government under the Central Government Employees' Group Insurance Scheme, 1980, in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

S.No	Names and address of nominee / nominees	Relationship with the Government Servant	Age	Share of amount To be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person, if any, to whom the right of the nominee shall pass in the event of his predeceasing the Government servant
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						

N.B.:- The Government servant should draw lines across the blank space below his last entry to prevent insertion of any names after he has signed.

Dated this..... day of..... 20..... at.....

Two witnesses to sign/name & address

Si.No	Name	Signature	Address

Signature of Government servant

* This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme

FORM 4

[See rules 50 (15), 57, 58, 59, 60, 62, 74, 79 and 80]

Details of Family

Important

1. The original Form submitted by the Government servant is to be retained. All additions/alterations are to be communicated by the Government servant/pensioner along with the supporting documents and the changes shall be recorded in this Form under the signature of Head of Office in column (7). No new Form will substitute the original Form. However, the retiring Government servant should submit the details of family afresh along with Form 6.
2. The details of all members of family (whether eligible for family pension or not) including spouse, all children, parents /parents in law and disabled siblings (brothers and sisters) may be given.
3. The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.
4. Wife and husband shall include judicially separated wife and husband.
5. The pensioner shall intimate the details of change in family structure after retirement in Form 5.
6. Copies of birth certificates to be attached. If birth certificate is not available, then copy of any other certificate, as proof of date of birth, may be attached.

Name of the Government servant		Designation		Nationality	
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Details of family members:

S.N.	Name	Date of birth (DD/MM/YYYY)	Aadhaar no.* (voluntary)	Relationship with Govt. servant	Marital status	Remarks	Dated signature of Head of Office
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

I hereby undertake to keep the above particulars up to date by notifying to the Head of Office any addition or alteration.

E-mail: (Optional) Place:

Mobile: Date (Signature)

**Providing Aadhaar No. is voluntary. However, if it is provided, consent to link it to Bank Account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.*

UNDERTAKING

In pursuance of the Rules 50 (15), 57, 58, 59, 60, 62, 74, 79 and 80 of Central Civil Services (Pension) Rules 2021, I _____ working as _____ in CDSCO, Dte.GHS, Minsitry of Health &FW, do hereby solemnly declare and affirm that dependent(s), as mentioned in Form-4 under the caption of "**Details of Family**" are true and up-to-date. If any statement is found to be untrue, I shall be liable for disciplinary action.

It is also certified that the dependent/s (other than spouse) income is less than Rs. 9000/+DA per person per month from all sources.

(Name of Officer)

Designation

Date :-

Place :-

DECLARATION FROM NEW ENTRANTS TO GOVERNMENT SERVICE

1. I, Shri/Shrimati/ Kumarideclare as under--

- (i) That I am unmarried/a widower/a widow *
- (ii) That I am married and have only one spouse living. *
- (iii) That I have entered into or contracted a marriage with a person having a spouse living.
Application for grant of exemption is enclosed. *
- (iv) That I have entered into and contracted a marriage with another person during the
Lifetime of my spouse. Application for grant of exemption is enclosed. *

2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date.....

Signature.....

(Name)

*NOTE -- Please delete clause/clauses not applicable.

To,
The Section Officer,
Drugs Section,
CDSCO, FDA Bhawan,
New Delhi.

Subject :- Appointment asin CDSCO on
the basis of.....regarding

Sir,

With reference to your letter no.....dated
.....on the above subject, I hereby join duties today i.e.(F.N)
as.....I am enclosing the following
documents:-

Enclosures:-

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)

Yours faithfully

Dated

Address:

FORM No-1

'A' STATEMENT OF IMMOVABLE PROPERTY ON *FIRST APPOINTMENT* As on.....

(1) Name of the Officer (in full) and service to which the office belongs.....

(2) Present post held(3) Present pay.....

Name of the district, Subdivision Talukā and village in which property is situated	Name and Details of property		Present value	If not in own name, state in whose name held and his/her relationship to the member of the service	how acquired whether by purchase, lease, mortgage inheritance gift or otherwise with date of acquisition and name with details of person / persons from whom acquired	Annual Income from the property	remarks
	Housing and other building	lands					
1	2	3	4	5	6	7	8

COUNTERSIGNED.....

SIGNATURE.....

DATE:

OATH OF SECERECY

I.....S/o.....
employed as a.....in the office
of the
.....

Do hereby solemnly declare that I have read the official secrecy act and central civil (conduct) rules and that I shall do nothing derogatory to the secrecy of government services.

Place:

Signature:

Date :

Name:

Designation:

OATH OF ALLEGIANCE

I, _____, do swear/solemnly affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by law established, that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my office loyally, honestly, and with impartiality.

“(So help me God)”

Dated: _____

Place: _____

Signature: _____

Name: _____

Designation: _____

To,

The Section Officer,
Drugs Section
CDSCO, FDA Bhawan
New Delhi.

Subject:- Intimation regarding application for employment (through competitive exam or Otherwise) sent prior to appointment in the ministry

Sir,

This is to inform you that prior to my appointment in this directorate I have applied for the following post/exams:-

Si.No	Post/ Exam	Office /Authority conducting the examination	Date of application/date of exam	Present status

2. I hereby undertake to keep the ministry/my office informed of any further developments in the above case.

3. I also understand that after my appointment in this ministry I shall have to send all application through proper channel, except in respect of examination conducted by UPSC/SSC.

Place:-

Date: -

Yours faithfully

Signature:

Name:

Designation:

Declaration of Permanent "home" address required to be made para 1(4) of The Ministry of Home Affairs Office of Memorandum No.43/I/55-ESrT(A),part II dated 11.10.1956 for the purpose of travel concession to government servant during leave.

I declare my permanent home as under:

Address:

Reasons:

Such as ownership of immovable property, permanent residence of near relative for example parents, brother etc.

Name of the nearest railway station:

Dated:

Signature:

Name:

Designation: