LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

OFFICE OF COMPTROLLER

OFFICE ORDER

No. CVU/LUVAS/ASSTT/IF/2017/ 1596 Dated: 02.11.2017

The Vice-Chancellor, LUVAS, Hisar is pleased to order the following amendments in the LUVAS Account Code Volume I. The amendments are based on the changes made by the Haryana Govt. in the Haryana Civil Services Rules on various topics published by it and circulated vide notification No. 2/2/2016/-4FR/22280 dated 29 July, 2016.

**Chapter V (Salary and Allowances)**

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| --- | --- | --- | --- |
| **Rule** | **Existing Rule** | **Amended Rule** |  |
| 5.1(1) | For each employee there shall be a service book in Form VU-5/1 | For each employee there shall be a service book in Form VU-5/1  (Form revised as per annexure-4 of Rule 46 of Haryana Civil Services (General) Rules, 2016, is enclosed)  The service book will contain the following details:- |  |
|  |  | 1.Complete Biodata, |  |
|  |  | 2.Details of Certificates, Nominations and detail of family members, |  |
|  |  | 3.Previous qualifying service and foreign service details if any, |  |
|  |  | 4.History of service events, |  |
|  |  | 5.Record of verification of service, |  |
|  |  | 6.Record of entries of LTC, |  |
|  |  | 7.Record of loans and advances taken by the employee, |  |
|  |  | 8.Comments of internal audits, |  |
|  |  | 9.Leave account in respect of earned leave, half pay leave, maternity leave and child adoption leave or paternity leave, child care leave, extra ordinary leave, or any other kind of leave,  **Note:-** The above particulars of the employee to be mentioned in the revised service book shall be tallied with the particulars of the employee as mentioned under e-Governance system and variation, if any, may be re-conciled/modified accordingly. |  |
|  | The service book shall be prepared immediately after the first appointment and in any case before the first increment is drawn. The service book of an employee must be kept in the custody of a responsible employee nominated by the DDO and it may be transferred with the employee from one DDO to another but should not be given to the employee. It should also not be returned to the employee on his retirement, resignation or discharge from the service.  A certified copy of the service book may be supplied to the University employee, who asks for it, on quitting University service by retirement, discharge or resignation. | The service book shall be prepared immediately after the first appointment and in any case before the first increment is drawn. The service book of an employee must be kept in the custody of a responsible employee nominated by the DDO and it may be transferred with the employee from one DDO to another but should not be given to the employee. It should also not be returned to the employee on his retirement, resignation or discharge from the service.  A certified copy of the service book may be supplied to the University employee, who asks for it, on quitting University service by retirement discharge or resignation, on payment of fee of Rs.200/-. During service also he can have a photocopy of his service book for his personal record on payment of a fee of Rs.5/- per page once in a year |  |
| **5.2(6)** | **Note-** HoD or Controlling Officer, as the case may be, is required to record a certificate in the service book of the employee after every three years, during the month of April and at the time of transfer to another deptt., that all kinds of leave availed by the employee during his stay in that department upto that date, have been duly recorded in the service book and accounted for in the leave account maintained therein. | **Note-** HoD or Controlling Officer, as the case may be, is required to record a certificate in the service book of the employee at the time of transfer to another deptt., that all kinds of leave availed by the employee during his stay in that department upto that date, have been duly recorded in the service book and accounted for in the leave account maintained therein. |  |
| **5.12** | Form of the TA Bill claim as given in form VU5/8 has been revised by the State Government as per form under Rule-77 of the Government TA Rules. Therefore, form VU5/8 has been revised accordingly and a copy of the revised form is enclosed. | | |
| **5.13** | The form of the travelling allowance check register in form VU5/9 has been revised by the State Government as given in Rule 81(2) (b) of Government TA Rules. Therefore, form VU5/9 has been revised accordingly and a copy of the revised form is enclosed. | | |

**Chapter IX: CPF and GPF Rules**

**9.2** Form VU 9/1 and VU 9/1(a) are according to PF-1 under Rule 9 of the Government GPF Rules with a change that one additional column “father/husbands name” has been provided. This change has been made in the above forms after Sr. No. 2 of the form. The Forms have also been re-numbered as VU 9/1 and VU 9/2. A copy each of the revised forms is enclosed

**9.2** In the Govt Rules only one nomination form has been provided as PF-2. Accordingly forms VU 9/8 and VU 9/9 have been replaced by a singal form VU 9/8. A copy of the revised form is enclosed.

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|  | **Existing Rule** | **Amended Rule** |  |
| **9.6** | When a sum is to be withdrawn from the CPF/GPF account for payment to a subscriber or his nominees or heirs, or for credit to the University account, the payment order shall be affixed in each case, on the office note itself by Comptroller as under:  “Passed for payment of Rs……………………….out of LUVAS CPF/GPF Account”.    Assistant Comptroller  These payments (except those for investments) will then be got pre-audited in the same way as claims payable out of the University account. The vouchers shall be serially numbered for the month and kept in a separate file. | When a sum is to be withdrawn from the GPF account for payment to a subscriber or his nominees or heirs, under rule 48 and/or rule 54 of Haryana Civil Services (General Provident Fund) Rules, 2016 for withdrawal upto 90 per cent from GPF within one year prior to the date of retirement and for final payment on retirement or quitting service, an application in form VU 9/9 and VU 9/10, as the case may be, complete in all respects as per rules, shall be submitted by the employee through his HOD/Controlling Officer to the Comptroller for payment. The Comptroller Office shall process the case and expedite payment. The payment order shall be affixed in each case, on the office note itself by Comptroller as under:  “Passed for payment of Rs……………………….out of LUVAS CPF/GPF Account”.    Assistant Comptroller  These payments will then be got pre-audited in the same way as claims payable out of the University account. The vouchers shall be serially numbered for the month and kept in a separate file.  A copy of form VU 9/9 and VU 9/10 on the pattern of Government form PF-8 and PF-9, are enclosed. |  |

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|  | **Existing Rule** | **Amended Rule** |  |
| **9.13** | All declarations of nominations made by subscribers shall be kept by the Comptroller in safe custody and a record thereof kept in a register of nominations in Form VU 9/7. The nominations shall be in Form VU 9/8 or VU 9/9 depending upon whether the subscriber has or does not have family. Such nomination shall be serially numbered and the number of nomination quoted in the account of the subscriber in the Provident Fund Ledger (form VU 9/2) | All declarations of nominations made by subscribers shall be kept by the Comptroller in safe custody and a record thereof kept in a register of nominations in Form VU 9/7. The nominations shall be in Form VU 9/8. Such nomination shall be serially numbered and the number of nomination quoted in the account of the subscriber in the Provident Fund Ledger (form VU 9/2) |  |

**Chapter X Pension**

In the Haryana Government revised Pension Rules, 2016, most of the Pension Forms have been revised. Accordingly the Pension Forms in this Chapter in the LUVAS Account Code have also been revised. The details of the revised forms are given below:-

1. Form VU 10/1 (a) given in Rule 10.2 has been revised according to form Pen-2 of the State Government Pension Rules. Form VU 10/2 has been revised according to form Pen-3 of the State Government Pension Rules.

(2) Form VU 10/3 given in Rule 10.7 has been revised according to form Pen-4 of the State Government Pension Rules.

(3) Form VU 10/4 given in Rule 10.9 (1) has been revised according to form Pen-7 of the State Government Pension Rules.

(4) Form VU 10/4 (a) (b) has been combined into one form VU/10/4(a) and revised according to form Pen-5 of the State Government Pension Rules.

(5) Form VU 10/5 and 10/5 (a) given in Rule 10.9 (2) have been revised according to form Pen-8 and Pen-6 respectively of the Government Pension Rules. Form VU10/5(a) has been renumbered as Form VU10/6.

(6) Form VU 10/8 has been revised according to form Pen-9 of the State Government Pension Rules.

(7) Form VU 10/9, 10.9 (a,b,c) have been deleted as these are not required.

(8) Form VU 10/11 given in Rule 10.11(2) has been revised according to form Pen-12 of the State Government Pension Rules.

(9) Form VU 10/12 and VU 10/13 given in Rule 10.11 (2) have been revised according to forms Pen-13 and Pen-14 of the State Government Pension Rules.

(10) Forms VU 10/15 (Pension Payment Order) given in Rule 10.12(4) has been revised according to form Pen-16 of the State Government Pension Rules. A new form for Family Pension Payment Order introduced by the State Government as form Pen-17 has also been included in the above rule as Form VU 10/15 (a) .

(11) Form VU 10/22 has been amended so as to include Family Pension Payment Order in various columns.

A copy each of the revised forms incorporated in the Account Code on Government pattern, as mentioned above, are enclosed.

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|  | **Existing Rule** | **Amended Rule** |  |
| **10.1(1)** | All matters pertaining to grant of pension to the retirees of the University, who have joined University service up to 31.12.2005 (except those which have been specifically provided for in the Pension Statutes) would be regulated in accordance with the provisions of Punjab CSR Vol. II (as applicable to Haryana Government employees), as amended from time to time and as modified by the Board of Management of the University in consistence with the provisions of Lala Lajpat Rai University of Veterinary and Animal Sciences Act, 2010. | All matters pertaining to grant of pension to the retirees of the University, who have joined University service up to 31.12.2005 (except those which have been specifically provided for in the Pension Statutes) would be regulated in accordance with the Haryana Civil Services (pension) Rules, 2016 as amended from time to time and as modified by the Board of Management of the University in consistence with the provisions of Lala Lajpat Rai University of Veterinary and Animal Sciences Act, 2010. |  |
| **10.6** | Head of Department/Office shall obtain particulars in Form VU 10/1(a) eight months before the date on which the University employee is due to retire on superannuation and shall undertake the preparation of pension papers in Form VU 10/2. | Head of Department/Office shall obtain particulars of the retiring University Employee in Form VU 10/1(a) one year before the date on which he is due to retire on superannuation and shall undertake the preparation of pension papers in Form VU 10/2. |  |
| **10.7** | Head of Department/Office shall complete Form VU 10/2 not later than 6 months before the retirement of the employee and shall forward the same to the Comptroller through his Controlling Officer, duly completed, with a covering letter in Form VU 10/3 along with service book of the employee duly completed up-to-date and any other documents related/relied upon for verification of service. | Head of Department/Office shall complete Form VU 10/2 not later than 8 months before the retirement of the employee and shall forward the same to the Comptroller through his Controlling Officer, duly completed, with a covering letter in Form VU 10/3 along with service book of the employee duly completed up-to-date and any other documents related/relied upon for verification of service. |  |
| **10.9(1)**  **10.9(2)** | As soon as Head of Department/office receives intimation regarding death of any employee while in service he shall initiate action for obtaining claims for family pension and death gratuity from the beneficiary or beneficiaries as provided in the Pension Statutes by sending a letter in Form VU 10/4 for family pension and Form VU 10/4(a) or 10/4 (b) for death-cum-retirement gratuity.      On receipt of claim or claims along with necessary documents i.e. (a) death certificate, (b) two copies or passport size photograph duly attested by a Gazetted Officer, (c) guardianship certificate where pension is admissible to minor children, (d) two copies of the details of family members, (e) application for family pension in Form VU 10/5 and (f) application for death-cum-retirement gratuity in Form VU 10/5 (a) and assessing the family pension and DCRG inform VU 10/6 and VU 10/7, the Head of Department/office will forward the case in Form VU 10/8 through the Controlling Officer to the Comptroller for sanction of family pension and Death-cum-retirement gratuity along with service book or service record duly completed up-to-date and any other documents relied upon for verification of service claimed. This shall be done not later than one month of the receipt of the claim by the Head of Department/office. | As soon as Head of Department/office receives intimation regarding death of any employee while in service he shall initiate action for obtaining claims for family pension and death gratuity from the beneficiary or beneficiaries as provided in the Pension Statutes by sending a letter in Form VU 10/4 (a) for family pension and Form VU 10/4 for death-cum-retirement gratuity.  The information in respect of death-cum-retirement gratuity shall be called for immediately after the death of the employee. However information in respect of family pension shall be called six months before the completion of the period of payment of compassionate financial assistance to the family.    On receipt of claim or claims along with necessary documents i.e. (a) death certificate, (b) two copies or passport size photograph duly attested by a Gazetted Officer, (c) guardianship certificate where pension is admissible to minor children, (d) two copies of the details of family members, (e) application for family pension in Form VU 10/5 and (f) application for death-cum-retirement gratuity in Form VU 10/6 the Head of Department/office will forward the case in Form VU 10/8 through the Controlling Officer to the Comptroller for sanction of Death-cum-retirement gratuity and/or pension, as the case may be, along with service book or service record duly completed up-to-date and any other documents relied upon for verification of service claimed. This shall be done within one month of the receipt of the claim by the Head of Department/office.    The Comptroller Office shall issue Family Pension Payment Order in respect of family pension payable to the eligible member of the family. |  |
| **10.11(2)**  **10.11(3)** | Application for commutation of pension after medical examination in cases covered by the statutes shall be made by the employee/pensioner in Form VU 10/11 and submitted to the Head of Department/office. The latter shall forward the application to the Chief Medical Officer in Form VU 10/12 for arranging medical examination of the applicant. He shall also inform the applicant and also send to him one copy of Form VU 10/13 requesting him to complete part 1 of the form (excepting his signatures on the declaration) before presenting himself for medical examination. The examining medical authority shall record its report in part III of Form VU 10/13.  On receipt of Complete Form VU 10/11 and VU 10/13 the Comptroller shall arrange to pay the lump sum amount to the applicant as expeditiously as possible and also take appropriate action for corresponding reduction in the amount of pension. | Application for commutation of pension after medical examination in cases covered by the statutes shall be made by the employee/pensioner in Form VU 10/11 and submitted to the Head of Department/office. The latter shall forward the application to the Chief Medical Officer in Form VU 10/12 for arranging medical examination of the applicant. He shall also inform the applicant and also send to him one copy of Form VU 10/13 requesting him to complete part 1 of the form (excepting his signatures on the declaration) before presenting himself for medical examination. The examining medical authority shall record its report in part III of Form VU 10/13.  In cases where the application for commutation of a portion of pension is submitted after one year from the date of retirement it shall not be admissible without medical examination. For this purpose also application shall be submitted in Form VU 10/11 and further necessary action taken as per Form VU 10/12 and VU 10/13.  On receipt of Complete information in Form VU 10/11 and VU 10/13 along with a forwarding letter in Form VU10/13(a) from the HOD/Controlling Officer, the Comptroller shall arrange to pay the lump sum amount to the applicant as expeditiously as possible and also take appropriate action for corresponding reduction in the amount of pension. |  |
| **10.12(4)** | After verification by the Audit, pension payment order (PPO) in Form VU 10/15 (both portions) will be prepared and after keeping a record of the same in the register of pension payment orders in Form VU 10/16 and pension payment register in Form VU 10/17 will be sent to the Manager, SBI, HAU branch with a forwarding letter in Form VU 10/18(a) or VU 10/18(b) as the case may be under intimation to the pensioner and Head of Department/officer. | After verification by the Audit, pension payment order (PPO) in Form VU 10/15 (both portions) will be prepared and after keeping a record of the same in the register of pension payment orders in Form VU 10/16 and pension payment register in Form VU 10/17 will be sent to the Bank Manager, of the authorised bank with a forwarding letter in Form VU 10/18(a) under intimation to the pensioner and Head of Department/officer.    As per provisions in the Haryana Government Pension Rules (Rule 91 of Haryana Civil Services Pension Rules, 2016) a Family Pension Payment Order may be issued separately, in Form VU 10/15(a) and sent to the Manager of the authorised bank with forwarding letter in form VU 10/18(b) under intimation to the family pensioner and Head of the Department/office. |  |
| **10.15(i,ii)** | A note may be added after this rule as indicated→ | **Note:-** The word “pension” includes “family pension” and the word “pensioner” includes “family pensioner” wherever it occurs in these rules. |  |
| **10.25** | The pension payment order issued by the Comptroller indicates the entitlement in respect of family pension to the widow/widower, consequent on the death of the pensioner. The bank is authorized to commence payment of family pension on receipt of death certificate of the pensioner and the application for the grant of family pension to her/him in Form VU 10/5 along with pensioner’s portion of the PPO. A separate PPO is not issued for this purpose by the Comptroller. The bank will enter the date of death of the pensioner in the disburser’s portion of the PPO and also make entries in the pensioner’s portion and in the register in Form VU 10/22. | The pension payment order issued by the Comptroller also indicates the entitlement in respect of family pension to the widow/widower, consequent on the death of the pensioner. On receipt of death certificate of the pensioner and the application for the grant of family pension to her/him in Form VU 10/5, the Comptroller will issue Family Pension Payment Order in form VU10/15(a) and send the same to the authorised bank for making payment to the family pensioner. The bank will enter the date of death of the pensioner in the disburser’s portion of the FPPO and also make entries in the family pensioner’s portion and in the register in Form VU 10/22. |  |
| **10B. 2(vii)** | The benefits of gratuity, commutation of pension and family pension as per provisions of the Punjab CSR Volume II shall not be admissible to the employees covered under the New Pension Scheme 2008. | The benefits of commutation of pension and family pension as per provisions of the Haryana Civil Services (pension) Rules, 2016 shall not be admissible to the employees covered under the New Pension Scheme 2008.  However, for gratuity benefits, the Haryana Government vide its order No. 2/6/2010-1 Pension dated 19th January, 2017 has decided that the employees covered under the New Pension Scheme shall be eligible for benefit of ‘Retirement Gratuity and Death Gratuity’ on the same terms and conditions as are applicable to the employees covered by Haryana Civil Services (pension) Rule, 2016. These orders have been adopted by the University and its employees who are covered under the NPS Scheme shall be eligible for the above benefit. |  |

**Chapter 1: General Rules**

The following rule has been added as rule 1.8 (7) in Chapter I of LUVAS Account Code Vol. 1.

**Rule 1.8 (7)** **“Important note for E-governance approval.”**

“The case regarding the approval/verification/concurrence or on which the advice of Audit is required will be sent to Audit through E-governance and/or manually depending on the nature of the case. The approval granted by the Audit through E-governance will also have the same authenticity/validity as approved through manual system.”

This may be treated as 2nd amendment of LUVAS Account Code Volume I

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Comptroller

Endst. No. CVU/LUVAS/ASSTT/IF/2017/1596-1640 Dated: 02.11.2017

A copy of the above along with forms mentioned in the Rules as revised above is forwarded to the following for information and necessary action:-

1. All Deans/Directors/HoDs/Offices including outstations LUVAS, Hisar
2. Secretary to Vice-Chancellor, LUVAS, Hisar
3. J.D. Audit, LUVAS, Hisar
4. Incharge, Computer Centre, LUVAS for uploading the above circular on the University website.
5. The President LUVAS Teachers Association/President LUVASNTEA.

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Comptroller

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCE, HISAR**

Service Book

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Provident Fund Account No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form VU 5/1**

**(Refer to in Rule 5.1(1)**

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCE, HISAR**

Service Book of Sh./Smt./Kumari

|  |  |  |
| --- | --- | --- |
| 1. | Name in full (in block letters) Shri/Smt./Kumari |  |
| 2. | Father’s name (in block letters) |  |
| 3. | Mother’s name (in block letters) |  |
| 4. | Husband’s/Wife’s name (in block letters) |  |
| 5. | Nationality |  |
| 6. | Whether a member of Scheduled Caste/Tribe? |  |
| 7. | Date of birth (both in words and figures) |  |
| 8.  9.  10. | Educational Qualifications: |  |
| (a) at the time of first appointment |  |
| (b) subsequently acquired |  |
| 11. | Professional and technical qualifications not covered by 8 above. |  |
| 12. | Exact height by measurement (without shoes) |  |
| 13. | Aadhaar Card No. or Personal mark of identification |  |
| 14. | Permanent Home Address  Cell No. |  |
| 15. | Left/Right hand thumb impression |  |
| 16. | Signature of the University employee (with date) |  |
| 17. | Signature and designation of attesting officer (with date). |  |

Note.—Photograph should be renewed after ten years of service of University employee.

Form of Service Book Form Part-I BIO-DATA

Photograph of the  
Candidate (to be  
attested by Head  
of office)

Form Part- II

Certificates, Declarations and Nominations

|  |  |  |  |
| --- | --- | --- | --- |
| Sr.  No. | Subject | Certificate | Signature and designation of the certifying officer |
| 1. | 2 | 3 | 4 |
| 1. | Certificate of  Medical examination | The employee was medically examined by on and found fit. The certificate of medical examination has been kept in safe custody, vide Sr. No. --------------of Volume-II of the Service Book. |  |
| 2. | Character & antecedent | His/her character and antecedent have been verified and the verification report kept in safe custody, vide Sr. No. in a separate folder to be titled as Volume-II of the Service Book. |  |
| 3. | Allegiance to the Constitution | He/she has taken the oath of allegiance/ affirmation to the Constitution, vide Sr. No.­­­­­-----------of Volume-II of the Service Book. |  |
| 4. | Oath of Secrecy | He/she has read the Official Secret Act, Right to Information Act, 2005 and the Haryana Civil Services (Government Employees’ Conduct) Rules, 2016 and LUVAS conduct rules, has also taken the oath of Secrecy, vide Sr. No.----------- of Volume-II of the Service  Book. |  |
| 5. | Marital status | He/she has furnished declaration regarding his/her not having contracted bigamous marriage. The relevant declaration has been filed at Sr. No.------------- of Volume-II of the Service Book. |  |
| 6. | Declaration of Home Town | He/she has furnished the declaration of home town which has been accepted and filed at Sr. No.------------- of Volume-II of the  Service Book. |  |
| 7. | Verification of entries in Form Part I | The correctness of the entries against Sr. No. 5 to 8 of Part I— ‘Bio-data’ has been verified from original certificates considered as valid documentary evidence for the respective purposes. Attested copies of these certificates have been filed at Sr. No.-----------of Volume-II of the Service Book. |  |
| 8. | Dowry in marriage | He/she has furnished declaration regarding his/her not demanding/giving/taking any dowry in the marriage. |  |
| 9. | Detail of family members | He/she has made available the detail of his family members in the prescribed form. |  |
| 10. | 1. GPF A/c No.   or  Permanent Retirement Account No. (PRAN)   1. Nomination for GPF or Defined Contributory Pension Scheme | GPF Account /PRAN No.  He/she has filed nomination for final payment of General Provident Fund/ Defined Contributory Pension Scheme and these have been forwarded to the Comptroller and have been filed in Volume II of the service book,- vide Sr. Nos. shown against them.  1.  2.  3. |  |
| 11. | Nomination for  Leave encashment and any other dues, if any, | He/she has filed nomination for Leave encashment and other dues, if any, which have been filed in Volume II of the service book,- vide Sr. Nos. shown against them.  1.  2. |  |

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| --- | --- | --- | --- |
| 12. | 1. G.I.S. A/c No. 2. Nomination for   G.I.S. | He/she has filed nomination for G.I.S. and the following related notices, have been filed at Sr. No. of Volume-II of  the Service Book.  1.  2. |  |
| 13. | Nomination for death-cum- retirement gratuity | He/she has filed nomination for death-cum-retirement gratuity and the following related notices which have been filed in Volume-II of the service book,- vide Sr. Nos. shown against them.  1.  2.  3. |  |
| 14. | Option for fixation of pay on revision or promotion | This shall be pasted in the service book. |  |
| 15. | Passing of departmental test, if any |  |  |

Form Part - III (A)  
Previous Qualifying Service

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From | To | Name of previous Department/ Organization | Post held and emoluments drawn | Details of terminal benefits received and deposited, if any. | Signature and designation of certifying officer | Remarks |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
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Form Part - III (B)  
Detail of Foreign Service

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| --- | --- | --- | --- | --- | --- | --- |
| From | To | Name of borrowing organization | Post held and emoluments drawn | Details of leave salary and pension contribution received/credited,  if any. | Signature and designation of certifying officer | Remarks |
| 1. | 2. | 3. | 4. | 5. | 6. | 7. |
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Form Part - IV  
HISTORY OF SERVICE

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| --- | --- | --- | --- | --- | --- | --- |
| Sr.  No. | From | To | Post held | Office (with station) | Pay band, grade pay or pay scale and Pay | Event affecting cols. 2 - 6, e.g. transfer/ promotion/ reversion etc. |
| 1. | 2. | 3. | 4. | 5. | 6. | 7. |
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| --- | --- | --- | --- |
| Signature and designation of attesting officer (with date) | Signature and designation of Head of office (with date) | Signature of the University employee | Remarks |
| 8. | 9. | 10. | 11. |
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Form Part - V

VERIFICATION OF SERVICE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr.  No. | Period  (From-To) | Period in Y/M/D | Post Held | Qualifying or non-qualifying service | Document(s) on the basis of which the entry is made in Column 5 | Signature & Designation of the certifying officer alongwith Date |
| 1. | 2. | 3. | 4. | 5. | 6. | 7. |
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Form Part - VI  
 Detail of Family Members

Detail of family members given by him/her has been placed in Volume II of the service book:-

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| --- | --- | --- | --- | --- | --- | --- |
| Sr.  No. | Name | Date of birth | Relation | Aadhaar Card No. | Occupation | Remarks |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |

Note.— Whenever any change occurs in the family, it shall be informed by the University employee and necessary entries shall be made in the service book.

Form Part - VII

Account of Leave Travel Concession

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr. No. | Block years of LTC | LTC Sanctioned vide No. and date | LTC of home town or anywhere in India actually availed, if any | One month emoluments in lieu of LTC received, if any | Remarks |
| 1 | 2 | 3 | 4 | 5 | 6 |
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Form Part - VIII (A)

House Building Advance (HBA)

|  |  |  |  |
| --- | --- | --- | --- |
|  | | First HBA | Second HBA |
| 1. | Amount of Loan/Advance sanctioned (Rs) |  |  |
| 2. | Whether first or second |  |  |
| 3. | Purpose of loan (Purchase of plot/built up house/construction/repair/extension) |  |  |
| 4. | Sanction order Nos. & Date of first/second/third installment |  |  |
| 5. | Number of installments in which the principal amount is recoverable. |  |  |
| 6. | Amount of monthly installment to be recovered of first/second/third installment |  |  |
| 7. | Voucher No. and Date of release of first installment |  |  |
| 8. | Voucher No. and Date of release of second installment |  |  |
| 9. | Voucher No. and Date of release of third installment |  |  |
| 10. | Month in which the recovery of first installment of advance commenced |  |  |
| 11. | Month in which the last installment of advance is to be recovered |  |  |
| 12. | Rate of interest applicable |  |  |
| 13. | Number of installments in which interest amount is to be recovered |  |  |
| 14. | Yearly status of loan :- |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | First/  Second  HBA | Financial  year | Outstanding amount of HBA | | Amount of HBA recovered | | Net outstanding amount of HBA | | Non-Recovery Period, if any. | Signature of Head of office or Authorized Officer |
| Principal | Interest | Principal | Interest | Principal | Interest |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|  |  |  |  |  |  |  |  |  |  |  |
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Form Part - VIII (B)

House Building Advance for Extension or Repair

Amount of loan/advance sanctioned (Rs)

Whether first or second

Purpose of Loan (For repair/extension)

Sanction order Nos. & Date

Number of instalments in which the principal amount is recoverable.

Amount of monthly instalment to be recovered

Voucher No. and Date of release of loan

Month in which the recovery of first instalment of advance commenced

Month in which the last instalment of advance is to be recovered

Rate of interest applicable

Number of instalments in which interest amount is to be recovered

Loan for extension  
of house

Loan for repair of house

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | Extension/ Repair loan | Financial  year | Outstanding amount of loan | | Amount of loan  recovered | | Net outstanding amount of loan | | Non-Recovery period, if any. | Signature of Head of office or Authorized Officer |
| Principal | Interest | Principal | Interest | Principal | Interest |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
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12.

Yearly status of loan :-

Form Part - VIII (C)

Motor Car Loan (First)

|  |  |  |
| --- | --- | --- |
| 1. | Amount of loan sanctioned (Rs) |  |
| 2. | Sanction Order No. & Date |  |
| 3. | Number of installments in which the principal amount is recoverable. |  |
| 4. | Amount of monthly installment to be recovered |  |
| 5. | Voucher No. and Date of release of car loan |  |
| 6. | Month in which the recovery of first installment of advance commenced |  |
| 7. | Month in which the last installment of advance is to be recovered |  |
| 8. | Rate of interest applicable |  |
| 9. | Number of installments in which interest amount is to be recovered |  |
| 10. | Yearly status of loan :- |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | Financial  year | Outstanding amount of car loan | | Amount of car loan recovered | | Net outstanding amount of car loan | | Non­- recovery period, if any. | Signature of Head of office or Authorized Officer | |
| Principal | Interest | Principal | Interest | Principal | Interest |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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Form Part - VIII (D)

Motor Cycle or Scooter Loan

1. Amount of Loan Sanctioned (Rs)

Purpose of loan (motor cycle/scooter/moped)

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10.

Sanction order Nos. & Date

Number of installments in which the principal amount is recoverable.

Amount of monthly installment to be recovered

Voucher No. and Date of drawal

Month in which the recovery of first installment of loan commenced

Month in which the last installment of loan is to be recovered

Rate of interest applicable

Number of installments in which interest amount is to be recovered

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | Financial  year | Outstanding amount of scooter loan | | Amount of scooter loan recovered | | Net outstanding amount of scooter loan | | Non-­recovery period, if any | Signature of Head of office or Authorized Officer |
| Principal | Interest | Principal | Interest | Principal | Interest |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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11.

Yearly status of loan :-

Form Part - VIII (E)  
Computer/Laptop Advance

Number of instalments in which the principal amount is recoverable.

Purpose of computer advance

Number of instalments in which interest amount is to be recovered

Rate of interest applicable

Month in which the last instalment of advance is to be recovered

2.

3.

Sanction Order Nos. & Date

4.

6.

7.

8.

9.

10.

First

Second

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | First/  Second  Advance | Financial  year | Outstanding amount of Computer Advance | | Amount of Computer Advance recovered | | Net outstanding amount of Computer Advance | | Non­Recovery Period, if any. | Signature of Head of office or Authorized Officer |
| Principal | Interest | Principal | Interest | Principal | Interest |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
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11.

Yearly status of Loan :-

1. Amount of Advance Sanction (Rs.)

Date of Voucher No. and date of drawal

Amount of monthly instalment to be recovered

5.

Month in which the recovery of first instalment of advance commenced

**Form Part - VIII (F)**

**Marriage Loan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | First | Second | Third |
| 1. | Amount of Marriage Loan sanctioned (Rs) |  |  |  |
| 2. | Purpose of Marriage Loan |  |  |  |
| 3. | Sanction Order Nos. & Date |  |  |  |
| 4. | Number of installments in which the principal amount is recoverable. |  |  |  |
| 5. | Amount of monthly installment to be recovered |  |  |  |
| 6. | Voucher No. and Date of drawal |  |  |  |
| 7. | Month in which the recovery of first installment of advance commenced |  |  |  |
| 8. | Month in which the last installment of advance is to be recovered |  |  |  |
| 9. | Rate of interest applicable |  |  |  |
| 10. | Number of installments in which interest amount is to be recovered |  |  |  |
| 11. | Yearly status of Loan :- |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr.  No. | First/  Second/  Third  Advance | Financial  year | Outstanding amount of Marriage Loan | | Amount of Marriage Loan recovered | | Net outstanding amount of Marriage Loan | | Non-Recovery Period, if any. | Signature of Head of office or Authorized Officer |
| Principal | Interest | Principal | Interest | Principal | Interest |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
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Form Part - IX

Comments of Internal Audit

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| --- | --- | --- | --- | --- |
| Sr. No. | Date of Verification | Comments of Internal Audit | Signature of Audit Officer | Details of compliance of Observations of Audit Officer by the Head of office |
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Form Part-X

Leave Account Forms

(i) Form of Earned Leave Account

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Duty | | | Leave earned in days | Leave at credit (in days columns 9+4) | Leave taken | | | Balance of Earned Leave on return from leave (Col. 5-8) |
| From | To | No. of days spent on duty | From | To | No. of days |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|  |  |  |  |  |  |  |  |  |
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(ii) Form of Half Pay Leave Account

Half Pay Leave on Private Affairs and on Medical Certificate

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Length of service | | | HPL earned/ at credit | | HPL availed | | | Commuted leave | | | Commu­ted leave  conver­ted into half-pay leave (twice of column 11) | Leave not due | | | Total  half  pay  leave  taken  (Cols.  8+12+  15) | Balance on return  from  leave  Column  (5-16) | Re­  marks |
| From | To | No. of comp­leted years of service | HPL  earned  (in  days) | Leave at credit (Colum n 17+4) | From | To | No.  of  days | From | To | No.  of  days | From | To | No.  of  days |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
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(iii) Form of Maternity & Child Adoption Leave Account or Paternity Leave

Name & Designation

Date of Joining

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.  No. | Period | | No. of days | Remarks |
| From | To |
| 1 | 2 | 3 | 4 | 5 |
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(iv) Form of Child Care Leave Account

Name & Designation

Date of Joining

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.  No. | Period | | No. of days | Remarks |
| From | To |
| 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |
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Name & Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Joining \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| Sr.  No. | Period | | No. of days | Kind of Leave availed | Remarks |
| From | To |
| 1 | 2 | 3 | 4 | 5 | 6 |
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(v) Form of Extraordinary Leave Account or any other kind of Leave

Instructions for entries in Service Book

|  |  |
| --- | --- |
| 1. | **Entries in Form Part-I regarding Bio-data.—**   1. Entries in Form Part-I shall be made regarding bio-data of the University employee at the time of his first appointment and the same shall be attested by the head of office or any other officer duly authorized in this behalf. Additions and alterations in this part shall also be similarly attested by the Head of office or authorized officer. 2. Signature or left/right hand thumb impression of the University employee concerned shall be obtained in the presence of the head of office or authorised officer. |
| 2. | **Entries in Form Part-II regarding Certificates and Attestation.—**   1. The entries of first nine certificates/documents in Form Part-II shall be recorded at the time of initial appointment of the University employee and the remaining, at the appropriate stages. In particular before certifying item 4 regarding the oath of secrecy, the head of office shall ensure that a copy each of Official Secrets Act and Haryana Civil Services (Government Employees’ Conduct) Rules, 2016 and LUVAS conduct Rules, are made available to the University employee concerned for formally noting their contents. 2. All these certificate/documents shall be kept in safe custody and placed in a separate folder titled Volume-II of service book and shall not be attached with the service book. 3. The entries of nominations and related notices like changes in nominations for general provident fund, death cum retirement gratuity and/or benefits admissible under Defined Contributory Pension Scheme, leave encashment and any other dues shall be made in this form. 4. Entries of option exercised at the time of revision of pay scales, promotion, grant of assured career progression etc. shall also be made in this form. |
| 3. | **Entries in Form Part-III(a)regarding Previous Qualifying Service.—**  Entries in Form Part-III(a) shall be filled only where no service book is available in respect of the past service, if any, which has to be admitted on the basis of collateral evidence. The purpose for which the previous service has been accepted as “qualifying” shall also be specified, e.g., leave, pay, pension, etc. These entries shall be attested by the head of office or any other officer duly authorized in this behalf.  Entries in Form Part-III(b) regarding Foreign Service.—  Columns 1, 3 and 4 of Form Part-III(b) shall be filled after receipt of intimation from the foreign employer about the Government employee having reported for duty on foreign service. Column 2 shall be filled after repatriation from foreign service. Entry in column 4 shall be in brief, as may be appropriate. |
| 4. | **Entries in Form Part-IV regarding History of Service.—**   1. Entries in Form Part-IV shall be made at the time of initial appointment and thereafter, on the occurrence of events involving a change in the post, office, station, pay structure or nature of appointment. Such events shall include appointment, promotion, reversion, deputation, transfer (including transfer on foreign service), increment, leave and suspension. 2. Entries regarding period of suspension, period of extraordinary leave with or without medical, period of wilful absence, any period of interruption in service, any punishment awarded by the competent authority, date of confirmation in service, resignation from service, termination from service, retirement from service and date of disappearance or death while in service shall be made in red ink. 3. Columns 4 to 6 in respect of second and subsequent entries need be filled only if there is a change in the post, pay structure, office or station. 4. Columns 6 shall show different components of pay separately, e.g. “pay 16190 (pay band 2) +   functional/ACP grade pay 4600 + dearness pay + special pay 100 + personal pay Rs. 100”   1. Column 7 relates to entries regarding promotion/reversion/grant of assured career progression/transfer etc. which affect the columns 2 to 6. 2. Before attesting any entry made in column 11, the attesting officer shall ensure that there is no un­explained gap between entries and signatures/rubber stamp of the attesting officer. 3. Any event not effecting columns 2 to 6 shall be briefly noted in column 11. |
| 5. | **Entries in Form Part-V regarding record of Verification of Service.—**  Entries in Form Part-V shall be made for relevant period after due verification from pay bill. It will be the duty of Head of office to ensure that in case of transfer of University employee working in his office all the details under relevant columns are duly completed before forwarding the service book to the new office of the Government employee concerned. He shall also ensure that all certificates/ documents of Volume-II of the service book are handled/forwarded with due care. |

|  |  |
| --- | --- |
| 6. | Form Part-VI regarding detail of family members.—  Every University employee at the time of entry into University service shall inform the detail of his family members and entries in this regard shall be made by the Head of office in Form Part-VI. Whenever any change occurs in the family, it shall also be informed by him and necessary entries shall also be made in his service book. |
| 7. | Form Part-VII regarding account of leave travel concession.—  Whenever leave travel concession of home town or anywhere in India is sanctioned to and actually availed by a University employee, necessary entries in this regard shall be made by the Head of office in Form Part- VII. |
| 8. | Form Part-VIII regarding Loans & Advances.—  In Form Part-VIII, necessary entries shall be made whenever any loan/ advance is sanctioned and released to a University employee, and thereafter on every financial year basis. Due care must be taken while calculating the amount of interest and penal interest if any. |
| 9. | Form Part-IX of Comments of Internal Audit—  Whenever service book of a University employee is checked by an internal audit party, necessary entry shall be made by them in Form Part-IX form alongwith comments. |

**Form VU 5/8**

**(Referred to in Rule 5.12)**

LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

Travelling Allowance Bill for the month of ..........................

Name & Designation of employee.................Purpose of journey..........................................

Basic Pay:

Grade of the employee (I,II,III,IV,V)

Declared Income (for non-employees)...........................................................................

For T.A. Purpose Rs. .........................................T.A. Check Register Page No.........................

Place of Posting/at headquarter/section.......................Scheme...........................................

TRAVELLING ALLOWANCE CLAIM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Departure place & station | Date & time | Arrival place & station | Date & time | Purpose of journey | Mode & class of accommodation & ticket Nos. | Actual cost of travelling for journey performed in public conveyance |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Local/road mileage allowance if journey performed by own vehicle or taxi/ auto rickshaw and toll charges, if any. | | | Hotel charges, if any,  alongwith receipt No. | Daily allowance | | | Total of columns  7+10+11+14 | Remarks, if any |
| Km. | Rate | Amount | No.of days | Rate | Amount |  |  |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Total Rs. (in words) (Rupees. )

|  |  |
| --- | --- |
| Amount of advance if already taken | Rs. |
| Voucher No. & Date | No.  Date: |

(Signature of the Claimant)

**Declaration**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(designation)

do hereby certify that I have actually performed the journeys as claimed in the travelling bill and the claim is prepared strictly as per provisions in the Haryana Civil Services (Travelling Allowance) Rules, 2016. I do understand that in case it is found that the claim or part thereof is based on wrong facts, I shall be liable to the disciplinary action for major penalties under the Haryana Civil Services (Punishment and Appeal) Rules, 2016, as followed by the University.

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

(Signature of the Claimant)

INSTRUCTIONS

Copy, in original, of tour programme approved by the competent authority should invariably be attached with the claim.

Contd. Form UV 5/8

Date of Examination/Meeting/visit Verified

Assistant Registrar

Attested and paid

For payment on the spot:

Voucher No……..

Cash book Page No….

Cashier D& D.O.

BUEGET PROVISION(TO BE FILLED IN BY CONTROLLING OFFICER)

Allotment for the current year : Rs………………………………..

Amount of present bill……………………………………………..(less advance payment, if any)

Total of previous bills …………………………………………………..

Total to date ……………………………………………….

Balance available ……………………………

Passed for payment of Rs………………….. (Rs………………………..)

DRAWING & DISBURSING OFFICER

(FOR USE IN AUDIT OFFICE)

Pre-audited and passed for payment of Rs…………………………………..

(Rs………………………………………………………………………………………………)

RAO/J.D. Audit.

(FOR USE IN COMPTROLLER’S OFFICE)

Paid vide cheque No………………………

Vr. No………………………….. date………………..

and expenditure classified

Asstt. Comptroller

Asstt.

**CERTIFICATES FOR JOURNEYS ON TOUR/TRANSFER ETC.**

1. ON TOUR

CERTIFIED THAT:

i) Journey fare has been charged by the mode/class of travel and this includes sleeper/reservation charges.

ii) Particulars provided in the bill are correct.

iii) The claim for this journey has not been preferred earlier or claimed from any other source.

iv) I have performed journey by my own car or Taxi/Auto rickshaw plying on hire the whole accommodation of which was reserved by me.

v) I was not provided free lodging and /or boarding except on…………

vi) I was on duty in camp during the period for which daily allowance has been claimed.

11. ON TRANSFER

i) Journey fare has been charged by the mode/class of travel and this includes sleeper/reservation charges.

ii) Particulars provided in the bill are correct.

iii) The claim for this journey has not been preferred earlier or claimed from any other source.

iv) I have performed journey by my own car or Taxi/Auto rickshaw plying on hire the whole accommodation of which was reserved by me.

v) Certified that …………….truck load of household goods were actually transported and actual charges paid were not less than those claimed in the bill.

vi) Certified that the family members for whom TA has been claimed are wholly dependent upon me and residing with me, and accompanied me/followed/preceded me as admissible under rules.

111. FOR EXAMINERS/EXPERTS/MEMBERS OF BOM/FC etc.

i) Journey fare has been charged by the mode/class of travel and this includes sleeper/reservation charges.

ii) Particulars provided in the bill are correct.

iii) The claim for this journey has not been preferred earlier or claimed from any other source.

iv) I have performed journey by my own car or Taxi/Auto rickshaw plying on hire the whole accommodation of which was reserved by me.

Signature…………………………

Address ………………………….

……………………………

\*Please sign at both the places. Pre-receipted (Received payment)

Signature……………………..

Note: Extracts from TA Rules, indicating TA/DA rates etc. may be supplied to outside claimants, other than University employees to enable them to prepare TA bills correctly and as per rules.

Form VU 5/9

(Referred to in Rule 5.13)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY & ANIMAL SCIENCES, HISAR**

**TRAVELLING ALLOWANCE CHECK REGISTER FOR THE YEAR...................**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of officer with designation | Date(s) of journey | Amount of Bill Rs. | Date of receipt of Bill and date of admission by Audit | Initial of D& DO | Date of credit in SB Account of claimant | Remarks |
|  |  |  |  |  |  |  |

Form VU 9/1

(Referred to in Rule 9.2)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

Application for admission to the Contributory Provident Fund to be submitted in duplicate

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account No to be allotted by the Comptroller’s office | Name of applicant | Father/Husband’s name | Date of birth | Designation | Office to whom attached | Rate of emoluments per month | Rate of subscription per month | Whether the applicant has a family or not | Remarks |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Certified that I have got no pensionary rights or hold lien on any post, whatsoever, in any Govt. Department.

Station........................ Signature of Applicant

Signature of the Drawing & Disbursing officer

Designation.................

Dated:........................

Office of the Comptroller, LUVAS, Hisar

No. /CPF/ Dated, the

Returned with Account No. allotted. This number should be quoted in all correspondence connected therewith. A Form of Nomination in prescribed Form, duly filled in, may please be sent as soon as possible.

Comptroller, LUVAS

F**orm VU 9/8**

Referred to in Rule 9.13

LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

Form of Nomination

(to be submitted in triplicate)

Name of Subscriber CPF/GPF Account No…….

1. hereby nominate the person(s) mentioned below

who is/are member(s)/non-member(s) of my family as defined in these rules 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:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | 1st | 2nd | 3rd |
| 1 | Name(s) of the nominee(s) |  |  |  |
| 2 | Address of the nominee(s) |  |  |  |
| 3 | Relationship with the subscriber |  |  |  |
| 4 | Age of the nominee(s) |  |  |  |
| 5 | Share payable to each nominee |  |  |  |
| 6 | Contingencies on the happening of which the nomination shall become  invalid |  |  |  |
| 7 | Name, address and relationship of the person(s), if any, to whom the right of nominee shall pass in the event of his predeceasing the subscriber |  |  |  |
| 8 | If the nominee is not a member of the family as per provision in these rules, indicate the reasons |  |  |  |
| 9 | Other information, if any |  |  |  |

Place Signature of the Subscriber

Dated 20 Name in block letters \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation

Signature of two witnesses:

Name and Address:

|  |  |  |
| --- | --- | --- |
| 1 |  | Signature |
| 2 |  | Signature |

Note 1.— The form of nomination shall be filled in triplicate. Two copies will be sent to the Comptroller LUVAS, Hisar, who will return one copy duly accepted and signed to the Head of department for office record.

Note 2.— If only one person is nominated, the words “in full’ should be written against the nominee for point 5. If more than one person is nominated, the share payable to each nominee to cover the whole amount of the Fund shall be specified.

For use by the Head of Department

Nomination received from Sh./Ms

Designation on dated for onward

submission to the Comptroller LUVAS, Hisar.

Dated 20 (Signature of Head of Office)

For use by office of Comptroller LUVAS, Hisar

No. Date :

Nomination made by Sh./Ms.

Designation , O/o

is hereby accepted and returned to (Head of Department) for office record.

(Signature)

Comptroller LUVAS, Hisar

Form VU 9/9

Referred to in Rule 9.6

LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

(to be submitted in duplicate)

Application for withdrawal upto 90% from GPF account during the period  
one year before the date of retirement on superannuation without any specific purpose/reason Department\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Head of Office

|  |  |  |
| --- | --- | --- |
| 1 | Name of the subscriber: |  |
| 2 | Designation: |  |
| 3 | Account number (complete): |  |
| 4 | Existing pay band/pay scale |  |
| 5 | Existing pay including dearness pay, personal  pay, special pay, if any |  |
| 6 | Date of joining service : |  |
| 7 | Date of superannuation : |  |
| 8 | Balance at credit of the subscriber on the date of  the application as below: |  |
| (i) Closing balance as per latest GPF statement  for the year (copy enclosed) | Rs. |
| (ii) Add regular monthly subscription plus  lumpsum subscription, if any, after the date  of General Provident Fund statement  mentioned at (i) above: | Rs. |
| (iii) Add refunds of advance(s) after the date of  statement mentioned at (i) above: | Rs. |
|  | (iv) Total (i) + (ii) + and (iii): | Rs. |
| (v) Less amount of advance(s) and withdrawal(s)  taken after the date of General Provident  Fund statement mentioned at (i) above: | Rs. |
| (vi) Net balance at credit: | Rs. |

|  |  |  |
| --- | --- | --- |
| 9 | Amount of withdrawal required: | Rs. |
| 10 | Rule under which the withdrawal is admissible |  |

Certified that the information given in this application is true and correct and nothing has been concealed or mis-stated therein.

Signature of the applicant

Dated

Name

Designation

Branch

(Examination/Verification by the Office)

1. This is to certify that the office has checked and verified the details submitted by the subscriber in this application. All the details furnished by the subscriber are verified to be correct.
2. The subscriber is entitled to the withdrawal being applied for under the rules.

(Signature of the Head of Department with Seal)

Dated :

Form VU 9/10

Referred to in Rule 9.6

LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR

(to be submitted in duplicate)

Application for Final Payment on Retirement/Quitting Service

To

The Comptroller LUVAS, Hisar

(Through the Head of Department)

Sir,

It is submitted that —

1. I am to retire/have retired; w.e.f.
2. I have been discharged/dismissed; w.e.f.
3. I have been permanently transferred/absorbed to ;

w.e.f.

1. I have resigned finally from University service; w.e.f.

or

1. I have resigned service under University to take up

appointment with and my resignation has been accepted

with effect from forenoon/afternoon.

1. I joined service with w.e.f.

forenoon/afternoon.

1. My GPF account No. is
2. I desire to receive payment through my office or

through the (Name of the Bank). Particulars of my personal marks of identification, left hand thumb and finger impressions (in the case of illiterate subscribers) and specimen signature (in the case of literate subscribers) in duplicate, duly attested by an Officer of the University, are enclosed.

1. I request that the entire amount at my credit with interest, due under the rules, may be paid to me/transferred to .

Yours faithfully,

Dated (Signature of Subscriber)

Name:

Address:

(For Use by Head of Department)

1. Forwarded to the Comptroller LUVAS, Hisar for necessary action.
2. Sh./Ms
3. has to retire/have retired; w.e.f.
4. has been discharged/dismissed; w.e.f.
5. has been permanently transferred/absorbed to ; w.e.f.
6. has resigned finally from University service; w.e.f. or
7. has resigned service under University to take up appointment

with and his/her resignation has been accepted with effect

from forenoon/afternoon.

1. He/she has joined service with on

forenoo n/afternoon.

1. The last deduction for subscription to his GPF account was made from his pay in

the Office Bill No. dated for Rs.

(Rupees ) the amount of deduction being Rs.

as subscription and recovery on account of refund of advance Rs.

Certified that he/she had taken the following advances in respect of which

installment of Rs. are yet to be recovered and

credited to the Fund Account. The details of advance(s)/withdrawal(s) granted to him during the twelve months immediately preceding the date of his quitting service are also indicated below:-

|  |  |  |  |
| --- | --- | --- | --- |
| Sr.  No. | Amount of advances/ withdrawal | Place of encashment | Voucher Number and date |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. Certified that no advance/withdrawal will be sanctioned to the subscriber henceforth.
2. Certified that the subscriber/claimant submitted the application on .

(Signature of Head of Department)

Dated:

(This form is based on Form Pen-2 referred to in Rule 71 Form VU 10/1(a)

of Haryana Civil Services Pension Rules 2016) Referred to in Rule 10.6

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

|  |
| --- |
| Paste one passport size joint photograph of employee or photograph of widow/widower, as the case may be, duly attested by head of the office |

Particulars to be obtained by the Head of office from the retiring University employee one year before his retirement on superannuation or from the family of deceased University employee within one month from the date of death.

|  |  |  |
| --- | --- | --- |
| 1. | Name of the University employee |  |
| 2. | Designation |  |
| 3. | Department/Office |  |
| 4. | Date of birth |  |
| 5. | Date of retirement  or  Date of death, in case of death while in service |  |
| 6. | Present address alongwith Mobile phone  number |  |
| 7. | Address after retirement alongwith Mobile phone number [[1]](#footnote-2) |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8 | Details of the members of the family as on   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Sr. No. | Name of the members of family | Date of birth | Relationship with the University employee | Aadhaar Card No. | Remarks | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | 6 |  |  |  |  |  | | |
| 9 | Name of the Branch of Public Sector Bank through  which the employee wants to draw his pension. |  |
| 10 | Enclose the following documents:-   1. Two slips of specimen signature to be attested by Head of Office or any other officer authorized by him 2. Four copies of passport size joint photographs of the University employee with spouse (to be attested by Head of office or any officer authorized by him) 3. Form regarding detail of family members. |  |
| 11 | Option for commutation of pension and fraction of pension proposed to be commuted: |  |

Place Signature of University employee

or

Dated the Family member of the deceased University

employee.

Acknowledgement

Received from Shri/Smt. (Name and former

designation) application in Form VU 10/2-3 complete in all respects for the calculation of pension/DCRG/Commutation of Pension etc..

Place: Signature of Head of Office

(With Stamp)

Date :

(This form is based on Form Pen-3 referred to in Rule 75 Form VU 10/2

of Haryana Civil Services Pension Rules 2016) Referred to in Rule 10.6

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

Form for obtaining information from Head of Department of the employee for Assessing Pension/ Family Pension, Commutation of Pension and DCRG.

(To be sent in duplicate to the Comptroller LUVAS, Hisar.)

Paste one passport size joint photograph dulty attested Signature & Stamp of attesting authority should  
be on the  
photograph.

1. Name of the University employee
2. Sex
3. Aadhar Card Number
4. Father’s Name
5. Name of wife/husband
6. Date of Birth
7. Marks of identification of University employee
8. Present residential address of the University employee

alongwith Mobile phone number

1. Address after retirement alongwith Mobile phone number
2. Particulars of the post held at the time of retirement:

|  |  |  |
| --- | --- | --- |
| (a) | Department |  |
| (b) | Name of the Office |  |
| © | Post last held and group of the post |  |
| (d) | Pay scale of the post |  |

1. Class of pension applicable
2. Date of beginning of service
3. Date of ending of service
4. Particulars relating to military service/past service, if any,

allowed to be counted by the competent authourity towards civil pension

1. Total length of service
2. (i) Period of foreign service if any

(ii) Whether pension contribution has been

received for the above said period,

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **17** | Periods of non-qualifying service   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | From | To | YY | MM | DD | | (a) | Interruption in service condoned under Rule 14(2) |  |  |  |  |  | | (b) | Extraordinary leave not qualifying for pension |  |  |  |  |  | | (c) | Period of suspension not treated as qualifying service for pension |  |  |  |  |  | | (d) | Any other service not treated as qualifying service for pension. |  |  |  |  |  | | (e) | Total period of non-qualifying service : |  |  |  |  |  | | | |
| 18 | Net qualifying service (Column 15-17) in terms of completed six monthly periods i.e. period of three months and above is treated as completed six monthly period.  Note.— Details of qualifying service is attached. | |  |
| 19 | Detail of period, if any, treated as duty in case of a University employee who has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service.  Emoluments at the time of retirement:- | | From\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_  (\_\_\_\_\_\_\_Y\_\_\_\_\_\_\_M\_\_\_\_D)  Order No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 20 | Emoluments at the time of retirement:-   |  |  |  | | --- | --- | --- | | (a) | Last drawn emoluments (actual) |  | | (b) | Last emoluments (notional) if any |  | | (a) | Emoluments reckoned for Pension and Family Pension |  | | (b) | Emoluments reckoned for death-cum-retirement gratuity |  |   Note- See also the definition of Emoluments for the purpose of Pension/DCRG/Family Pension as per Haryana Government Pension Rules, 2016  Note- If the officer was on foreign service immediately preceding retirement, the notional emoluments which he would have drawn under University but for being on foreign service be reflected against (a) above. | | |
| 21 | Date of receipt of Form duly complete in all respects, from the University employee. |  | |
| 22 | Proposed pension:-   |  |  |  | | --- | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2 | X | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_=  40 | | | |
| 23 | Proposed death-cum-retirement gratuity:   |  |  |  | | --- | --- | --- | | 4 | X | = | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 24. | Proposed family pension:   |  |  |  | | --- | --- | --- | | (a) | Ordinary Family Pension: | Pay last drawn X 30%  (subject to Minimum and maximum | | (b) | Enhanced Family Pension: | Equal to 50% of last emoluments in case of death while in service  OR  Equal to retiring pension in case of death after retirement before attaining the age of 65 years) (Subject to minimum and maximum of limit of enhanced family pension as per rule) | | | | |
| 25. | The amount of the family pension becoming payable to the family of the deceased University employee, if death takes place after retirement.   1. before attaining the age of 65 years. Rs. 2. after attaining the age of 65 years Rs.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Sr.  No. | N a me of the members of family | Date of birth | Relationship with University employee | Aadhaar Card No. | | 1 |  |  |  |  | | 2 |  |  |  |  | | 3 |  |  |  |  | | 4 |  |  |  |  | | 5 |  |  |  |  | | | | |
| 26. | Date from which pension is to commence | | |  |
| 27. | Proposed amount of provisional pension, if departmental or judicial proceeding instituted against the University employee are pending at the time of retirement | | |  |
| 28. | Details of University dues recoverable out of DCRG:-   |  |  |  | | --- | --- | --- | | (a) | Licence fee for the allotment of University accommodation |  | | (b) | Other dues(referred to in rule 73), if any |  | | | | |
| 29. | Whether valid nomination made for DCRG subsists, if yes, enclose the copy thereof. |  | | |
| 30 | Commutation of pension if applied before retirement or within one year after retirement:-   |  |  |  | | --- | --- | --- | | (a) | The portion of pension to be commuted:  (upto 40% of pension) |  | | (b) | Commuted value of pension=  (Portion of pension to be commuted x factor from commutation table under rule 96 x 12) |  | | (c) | Amount of residuary pension after deducting commuted portion of pension [Sr. No. 22-30(a)] |  | | | | |
| 31. | (i) Place of payment of Pension/DCRG  (Branch of Public Sector Bank) | |  | |
| (ii) Bank Account No. | |  | |
| (iii) Unique Payee Code | |  | |
| 32. | 10 digit DDO Code | |  | |

|  |  |  |
| --- | --- | --- |
| 33. | Particulars of Pension Sanctioning Authority |  |
|  | (i) Designation : |  |
|  | (ii) Office Address : |  |
|  | (iii) Contact number : |  |

Place: Signature of the Head of Office

Date : (with date and stamp of office)

(This form is based on Govt. Form Pen-4 referred to in Form VU 10/3

Rule 75 of Haryana Civil Services Pension Rules 2016) Referred to in Rule 10.7

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

Specimen of form forwarding letter of Pension Papers of the University employee to be submitted to the Comptroller, LUVAS, Hisar, by the concerned HOD through controlling officer.

From

HOD/Controlling Officer,

LUVAS, Hisar

To

The Comptroller

LUVAS Hisar,

No.

Dated the

Pension papers of Shri/Shrimati/Kumari \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for authorization of pension/DCRG.

Subject:

Sir,

I am directed to forward herewith the pension papers of Shri/Shrimati/Kumari

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of this department/office for further necessary action.

2. The details of University dues which shall remain outstanding on the date of retirement of the University employee and which need to be recovered out of the amount of DCRG are indicated below:-

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (a) | Balance of outstanding Loans and Advances   |  |  |  | | --- | --- | --- | | 1 | HBA |  | | 2 | Motor Car Advance |  | | 3 | Marriage Loan |  | | 4 | Computer Loan |  | | 5 | Any other Loan |  | |  | Total |  | | |
| (b) | Over payment of pay and allowances including leave salary, if any | Rs. |
| (c) | Income tax deductible at source under the Income Tax Act 1961 (43 of 1961) | Rs. |
| (d) | Arrears of licence fee for occupation of University accommodation | Rs. |
| (e) | The amount of licence fee for the retention of University accommodation for the permissible period of six months beyond the date of retirement. | Rs. |
| (f) | Any other assessed dues and the nature thereof | Rs. |
| (g) | The amount of gratuity to be withheld for adjustment of un-assessed dues, if any | Rs. |
|  | Total |  |

1. Your attention is invited to the list of enclosures which are being forwarded herewith. It is requested that authorization of Pension, DCRG, Commutation of Pension may please be made at the earliest.
2. The receipt of this letter may please be acknowledged and this department/office be informed.

Yours faithfully

Head of Office/Department

(with date and stamp)

List of Enclosures: -

|  |  |
| --- | --- |
| 1. | Form VU 10/1, 2 and 3 duly completed. |
| 2. | Medical certificate of incapacity (if the claim is for invalid pension). |
| 3. | Copy of order of retirement or death certificate in case of death while in service |
| 4. | Last Pay Certificate generated from e-salary system duly signed by DDO. |
| 5. | Statement of qualifying and non-qualifying service with reference to entries of verification made in service book. |
| 6. | Calculation sheet of pension, commutation of pension, death-cum-retirement gratuity and family pension (normal and enhanced). |
| 7. | Service book complete in all respects (date of retirement to be indicated in the service book). |
| 8. | Certificate regarding no judicial or departmental proceedings are pending at the time of retirement. |
| 9. | Clearance certificate from Vigilance Department, in case of Group A and B University employees. |
| 10. | Brief statement regarding re-instatement of the University employee in case he has been re-instated after having been suspended, compulsorily retired, removed or dismissed from service. |
| 11. | Four copies of passport size photograph with and without spouse duly attested by the Head of Office or any other Officer authorized by him. Out of these one each be pasted on Form Pen.-2 and Pen.-3 and two photographs to be attached. |
| 12. | Two slips of three specimen signatures or thumb impressions of University employee and spouse, duly attested by Head of Office or any other Officer authorized by him. |
| 13. | Photo copy of Aadhar Card of University employee and family member(s) eligible for family pension, if any. |
| 14. | Undertaking regarding refund of excess payment of pension, commutation of pension and gratuity, if found at a later stage*.* (to be submitted by the retiring University employee) |
| 15. | Undertaking regarding adjustment of long term loans and advances and rent of University accommodation. (to be submitted by the retiring University employee) |
| 16. | Option for Medical Allowance*.* (to be submitted by the retiring University employee) |

Signature of the Head of Department

(with date and stamp)

Enclosures of this Form

1. Three specimen signatures of University employee and spouse :-

(to be attested by the Head of Office or the officer authorized by him)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of  University  employee : |  | | |
| Specimen signatures : |  |  |  |
| Name of spouse : |  | | |
| Specimen signatures : |  |  |  |

Signature of the competent officer  
 (with date and stamp)

1. Three Specimen Signatures of University employee and spouse :-

(to be attested by the Head of Office or the officer authorised by him)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of  University  employee : |  | | |
| Specimen signatures : |  |  |  |
| Name of spouse : |  | | |
| Specimen signatures : |  |  |  |

Undertaking regarding refund/recovery of excess payment:-

Undertaking

Whereas the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(pension

sanctioning authority) has consented to grant me the sum of Rs.

as the amount of my pension and Rs. as death-cum-retirement gratuity w.e.f. subject to revision of the same being found to be in excess of that to which I am entitled under the rules and I promise to raise no objection to such revision. I further promise to refund/recover any amount paid to me in excess of that to which I may be eventually found entitled.

Signature of the University employee

|  |  |
| --- | --- |
| Witness No. 1:- | Witness No. 2 :- |
| Signature : | Signature : |
| Name : | Name : |
| Designation : | Designation : |
| Address : | Address : |

Undertaking regarding adjustment of loans and advances and University dues :-

Undertaking

I hereby authorize to recover from my pension any University dues such as over payment of pay and allowances, leave salary, loans and advances, travelling allowance or any amount of any description is found recoverable at any stage.

Signature of the University employee

Option for Medical Allowance :-

I intend to draw fixed medical allowance at the rate prescribed from time to time with my pension/family pension. Or

I intend to avail the facility of medical re-imbursement, instead of fixed medical allowance, for out door treatment being a chronic disease patient or otherwise separately.

Signature of the University employee

Certificate regarding departmental/judicial proceedings pending, if any :-

Certificate

It is certified that complaint/department proceedings/judicial proceedings are pending/

not pending against Shri/Smt. who is going to retire

from service on while working as .

Signature of the competent officer  
 (with date and stamp)

Undertaking regarding adjustment of rent of University accommodation

Undertaking

I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to recover from my pension any amount of rent of University accommodation, if found recoverable from me at any stage.

Signature of the University Employee

Calculation sheet of Pension/Family Pension/DCRG :- Calculation of Pension :

|  |  |  |
| --- | --- | --- |
| Last emoluments | X | Qualifying service in half years (Max. 40 half years) |
| 2 | 40 |

Calculation of Normal Family Pension :

|  |  |  |
| --- | --- | --- |
| Last emoluments | X | 30% |

Calculation of Enhanced Family Pension:

|  |  |  |
| --- | --- | --- |
| Last emoluments | X | 50%  (In case of death while in service) |
| OR Equal to retiring pension  (in case of death after retirement before attaining the age of 65 years) | | |

Calculation of DCRG:

|  |  |  |
| --- | --- | --- |
| Last emoluments  4 | X | Qualifying service in half years |
| (Maximum 66 half years for Group A,B & C and 70 half years for Group D employees) | | |

Note- For definition of ‘Emoluments’ for the purpose of Pension and DCRG, see Rule 8 of Haryana Civil Services (Pension) Rules, 2016.

Signature of the Competent Officer (with date and stamp)

9. Statement of Qualifying and Non-qualifying service :-

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr.  No. | Period (From - To) | Period in YY/MM/DD | Post held | Qualifying  service  YY/MM/DD | Non-qualifying  service  YY/MM/DD | Document(s) on the basis of which the entry is made in Column 5 |
| 1. | 2. | 3. | 4. | 5. | 6. | 7. |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  | Total  Service |  |  |  |  |  |

Signature of the Competent Officer

(with date and stamp)

**Form VU 10/4**

Referred to in Rule 10.9(1)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

Specimen of Letter to be sent to the member(s) of the family of a  
deceased University employee for the grant of the death-cum-retirement  
gratuity where valid nomination subsists or not

From

HOD/Controlling Officer,

LUVAS, Hisar

To

The Comptroller

LUVAS Hisar,

No.

Dated the

Subject: Payment of death-cum-retirement gratuity in respect of the late Shri/Smt.

Sir/Madam,

I am directed to state that in terms of the nomination, which is valid under

the rules, made by late Shri/Smt.

(Designation) in the

Office/Department of a death-cum-

retirement gratuity is payable to his/her nominee(s). A copy of the said nomination is enclosed herewith. If any contingency has happened after the date of making the nomination, so as to render the nomination invalid, in whole or in part, precise details of the contingency may kindly be stated. OR

I am directed to say that in terms of Rule 45 of Haryana Civil Services (Pension) Rules, 2016, as applicable to LUVAS, a death-cum-retirement gratuity is payable to the following members of the family of deceased University employee Shri/Smt.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Designation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In the office/Department

Of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in equal share:-

|  |  |  |
| --- | --- | --- |
| (i) | Wife/Husband (including judicially separated wife/husband); |  |
| (ii) | Children (married or unmarried) including legally adopted children and widowed/divorced daughter(s); |  |
| (iii) | widow of predeceased son, if not remarried, otherwise the children of predeceased son in equal shares; |  |

2. In the event of there being no surviving member of the family as indicated above, the death-cum-retirement gratuity shall be payable to the following members of the family in equal share:-

|  |  |  |
| --- | --- | --- |
| (i) | brother(s) below the age of 18 years, dependent unmarried/widowed/divorced sister(s); |  |
| (ii) | mother, including adoptive/step mother in case of individuals whose personal law permits adoption; |  |
| (iii) | father including adoptive/step father in case of individuals whose personal law permits adoption; |  |

3. It is requested that a claim for the payment of death-cum-retirement gratuity

may be submitted in the enclosed Form VU 10/6 as soon as possible.

Yours faithfully,

Head of Office  
 (with date and stamp)

Form VU 10/4 (a)

Referred to in Rule 10/9 (1)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

Specimen of Letter to be sent to the widow/widower or other eligible  
family member of a deceased University Employee six months before  
the cessation of compassionate financial assistance for grant of

Family Pension

From

HOD/Controlling Officer,

LUVAS, Hisar

To

The Comptroller

LUVAS Hisar,

No.

Dated the

Subject: Payment of Family Pension in respect of late Shri/Smt.

Sir/Madam,

I am directed to state that in terms of rules, of the Haryana Civil Services (Pension) Rules, 2016 as applicable to University employees, a family pension is payable to the eligible family member of the

late Shri/Smt. (designation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_working

in the office/department of .

1. You are advised that a claim for the grant of family pension may be submitted in the enclosed Form VU 10/5.
2. The family pension shall be payable to the widow/widower till death or remarriage, whichever is earlier and thereafter to other eligible family member, if any, as per provision laid down in Haryana Civil Services (Pension) Rules, 2016.

Yours faithfully,

Head of office  
 (with stamp and date)

Form VU 10/5

Referred to in Rule 10.9(2)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

Form of application for the grant of family pension in case of death of a  
University employee while in service

Part - I  
(To be filled by the family of deceased University employee)

1 Name:

[widow or widower, if any, otherwise dependent son/daughter or Guardian, if the deceased person(s) is survived by minor child(ren)]

Detail of surviving widow/ widower and children of the deceased University employee eligible for family pension :-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr.  No. | Name | Date of birth | Occupation, if any | Relationship with the deceased person | Aadhaar Card No. |
| (1) |  |  |  |  |  |
| (2) |  |  |  |  |  |
| (3) |  |  |  |  |  |
| (4) |  |  |  |  |  |
| (5) |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 3 | Date of death of the University employee |  |
| 4 | Office/Department in which the deceased University employee served last |  |
| 5 | If the applicant is guardian, his date of birth and relationship with the deceased University employee |  |
| 6 | Full address of the applicant alongwith Mobile phone number |  |
| 7 | (i) Place of payment of family pension (Branch of Public Sector Bank) |  |

1. Bank Account No.
2. Unique Payee Code
3. Date of cessation of compassionate financial assistance, if any.
4. Name, address and signatures of two reputed persons/ officers who attested the specimen signatures: -

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Full address | Signature |
| (i) |  |  |  |
| (ii) |  |  |  |

Note.— Attestation should be done by two Gazetted Officers or two reputed persons in the town, village or Pargana in which the claimant resides.

10 Enclose the following documents :

|  |  |
| --- | --- |
| (i) | Two slips of specimen signatures of the applicant, duly attested. |
| (ii) | Four copies of passport size photograph of the applicant to be attested by  the Head of Office across the photograph itself instead of paper. |
| (iii) | Birth Certificate or any other documentary evidence for age of child/  children. |
| (iv) | Death Certificate of the deceased University employee. |
| (v) | Certificate of Guardianship issued by the Court of Law in case of other than  natural guardian. |

11 Witnesses :

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Full Address | Signatures |
| 1 |  |  |  |
| 2 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date : Signature of the applicant  Place : | | | |
| Part - II  [To be filled up by the Pension Sanctioning Authority (HOD)] | | | | |
| 12 | Name of the deceased University employee |  | | |
| 13 | Father’s/Husband’s name |  | | |
| 14 | Date of birth |  | | |
| 15 | Date of death |  | | |
| 16 | Name of the office/Department where working at the time of death |  | | |
| 17 | Post held at the time of death |  | | |
| 18 | Emoluments for family pension (Actual/Notional)  Pay in the pay band + Grade pay |  | | |
| 19 | 1. Date of beginning of service on regular   basis   1. If any service prior to appointment on regular basis |  | | |
| 20 | Date of ending of service on death |  | | |
| 21 | Total length of service |  | YY MM DD |  |
|  |
| 22 | Family Pension proposed   1. Normal family pension 2. Enhanced family pension [if service   rendered at the time of death is more  than seven years as in rule 49(1) of  Pension rules. |  | | |
| 23 | Period of tenability of Family Pension   1. At ordinary rate 2. At Enhanced Rate | From\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_  From\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |
| --- | --- | --- |
| 24 | Name of family member eligible for family pension |  |
| 25 | Relationship with the deceased University employee |  |
| 26 | Full postal address alongwith Mobile phone  number |  |
| 27 | Date on which claim received from the  claimants |  |
| 28 | Name and address of guardian who shall receive payment of family pension in the  case of minor |  |
| 29 | (i) Place of payment of pension (Branch of  Public Sector Bank) |  |
|  | (ii) Bank Account No. |  |
|  | (iii) Unique Payee Code |  |

It is certified that compassionate financial assistance is admissible upto \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which has been paid to Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

an eligible family member of the deceased University employee.

Date : Signature of Pension Sanctioning Authority

Place : (with stamp)

Form VU 10/6

Referred to in Rule 10.9 (2)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

Form of Application to be submitted by the Family member or Nominee for  
grant of DCRG in case of death of University employee before the

Receipt of DCRG

(To be filled in separately by 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).

|  |  |  |
| --- | --- | --- |
| Part - I  (To be filled by the family of deceased University employee) | | |
| 1 | Name of the claimant |  |
| 2 | Date of birth of the claimant |  |
| 3 | Name of the guardian in case the claimants are minor |  |
| 4 | Date of birth of the guardian |  |
| 5 | Name of the deceased University employee in respect of whom DCRG is being claimed |  |
| 6 | Date of death of University employee |  |
| 7 | Office/Department in which the deceased University employee served last |  |
| 8 | Relationship of the claimant/guardian with the deceased University employee |  |
| 9 | Full postal address of the claimant/guardian alongwith Mobile phone number |  |

Where gratuity is claimed by the guardian on behalf of minors, the names of the minors, their age, relationship with the deceased University employee, etc. :-

10

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr.  No. | Name | Age | Relationship with the deceased University employee | Relationship of the  guardian with minors | Aadhaar Card No. | Postal  address |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |

11. Place of payment of Death gratuity

(Public Sector Bank Branch)

12. Enclose two slips of specimen signatures of

claimant/guardian duly attested

attested the specimen signatures:-

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Full address | Signature |
| (i) |  |  |  |
| (ii) |  |  |  |

Note.— Attestation shall be done by two Gazetted Officers or two persons of respectability in the town, village or Pargana in which the claimant resides.

13. Name, address and signatures of the two persons/gazetted officers who

Witnesses :

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Full Address | Signatures |
| 1 |  |  |  |
| 2 |  |  |  |

14

Place : Signature/Thumb impression of the claimant/guardian

Date:

Part - II  
[To be filled up by the Pension Sanctioning Authority (HOD)]

15 Name of the deceased University employee

16 Father’s/Husband’s name

Date of birth

17

18

Date of death

1. Name of the office/Department where working at the time of death

20 Post held as the time of death

Date of beginning of service on regular basis

21

22

23

Date of ending of service on death

Particulars relating to benefit of military service/past service, if any, allowed by the competent authority to count towards pension

|  |  |  |
| --- | --- | --- |
| (a) | Period of past service for which benefit has been allowed |  |
| (b) | Whether terminal benefits have been deposited or not |  |
| (c) | Order No. and date |  |

1. Total length of service
2. Periods of non-qualifying service

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | From | To | YY | MM | DD |
| (a) | Interruption in service condoned under Rule 14(2) |  |  |  |  |  |
| (b) | Extraordinary leave not qualifying for pension |  |  |  |  |  |
| (c) | Period of suspension not treated as qualifying service for pension |  |  |  |  |  |
| (d) | Any other service not treated as qualifying service for pension |  |  |  |  |  |
| (e) | Total period of non-qualifying service |  |  |  |  |  |

26. Net qualifying service for DCRG : (Column 24 - 25) in terms of completed six monthly periods i.e. period of three months and above is treated as completed six monthly period.

Note.— Details of qualifying service is attached.

|  |  |  |
| --- | --- | --- |
| YY | MM | DD |
|  |  |  |

1. Detail of period, if any, treated as duty in case of a University employee who has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service
2. Emoluments for DCRG (Actual/Notional)
3. Amount of death-cum-retirement gratuity
4. Details of University dues recoverable out of DCRG
5. Licence fee of University accommodation, if any
6. Other dues, if any
7. Weather valid nomination for death-cum-retirement

Gratuity subsists or not

1. Date on which claim received from the

Claimants

33 Name and address of guardian who will

receive payment of DCRG in the case of

minor alongwith Mobile Phone number

34 (i) Place of payment of pension

(Branch of Public Sector Bank)

(ii) Bank Account No.

(iii) Unique Payee Code

35 (i) Enclose the legal guardianship

Certificate, where natural guardian is

not alive, issued by the Court of Law

(ii) Enclosed indemnity Bond.

Date : Signature of Head of Office

Place : (with stamp)

**Form VU 10/8**

Referred to in Rule 10.9(2)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

Specimen of Letter for forwarding papers to the Comptroller LUVAS Hisar, for the grant of Death-cum-retirement gratuity to be sent within a month in case of death while in service and for grant of Family Pension to be sent three months before  
cessation of compassionate financial assistance.

From

HOD/CO

LUVAS Hisar,

To

Comptroller

LUVAS Hisar

No.

Dated the

**Subject: Grant of death-cum-retirement gratuity and/or Family Pension.**

Sir,

I am directed to say that Shri/Smt. designation

died on . His family has become eligible for the grant of death-cum-retirement gratuity and/or Family Pension. The detailed information in the prescribed form\_\_\_\_\_\_\_\_\_\_\_\_duly completed in all respects is forwarded herewith for further necessary action.

2. The details of University dues which shall remain outstanding on the date of retirement of the University employee and which need to be recovered out of the amount of DCRG are indicated below:-

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (a) | Balance of outstanding loans and advances, if any.   |  |  |  | | --- | --- | --- | | 1 | HBA |  | | 2 | Motor car advance |  | | 3 | Marriage loan |  | | 4 | Computer loan |  | | 5 | Any other loan |  | | |
| (b) | Over payment of pay and allowances including leave salary, if any | Rs. |
| (c) | Income tax deductible at source under the Income Tax Act 1961 (43 of 1961) | Rs. |
| (d) | Arrears of licence fee for occupation of University accommodation | Rs. |
| (e) | The amount of licence fee for the retention of University accommodation for the permissible period (of six months) beyond the date of retirement. | Rs. |
| (f) | Any other assessed dues and the nature thereof | Rs. |
| (g) | The amount of gratuity to be withheld for adjustment of unassessed dues, if any | Rs. |
|  | Total | Rs. |

3. Your attention is invited to the list of enclosures which are being forwarded herewith. It is requested that authorization of DCRG and/or Family Pension may please be made at the earliest.

4. The receipt of this letter may please be acknowledged and this department/office be informed.

Yours faithfully,

Head of office

(with date and stamp)

List of Enclosures:-

1

2

3

Form VU 10/11

Referred to in Rule 10.11(2)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

Form of Application for Commutation of Pension admissible after Medical Examination

|  |
| --- |
| Paste one Passport size joint photograph duly attested |

(To be submitted in triplicate)

**Part - I**

To

The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Here indicate the designation and full address of the Head of office)

**Subject: Commutation of pension after medical examination.**

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of rule 95 of Haryana Civil Services Pension Rules, 2016. Necessary particulars are furnished below alongwith two copies of my photograph:-

|  |  |  |
| --- | --- | --- |
| **1**. | Name (in block letters) |  |
| **2**. | Father’s/Husband’s name |  |
| 3. | Full postal address alongwith Mobile phone number |  |
| 4. | Designation |  |
| 5. | Name of Office/Department in which employed |  |
| **6**. | Date of birth |  |
| 7. | Date of retirement |  |
| **8**. | Class of pension |  |
| 9. | Amount of pension authorized. |  |
| **10**. | Fraction of pension proposed to be commuted |  |
| **11**. | Month from which pension to be commuted |  |
| **12**. | Pension Payment Order Number, if issued |  |
| 13. | Disbursing authority for payment of pension |  |
|
| (i) Branch of the Nationalized Bank with complete address |  |
| (ii) Bank Account No. to which the monthly pension is being credited each month |  |
| (iii) Unique Payee Code |  |
| 14. | Preference for station where medical examination is desired to take place |  |

Place: Signature of University employee

Date:

**Part - II**

**Acknowledgement**

Received from Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name

and designation) application in Part I of form VU 10/11 for commutation of a fraction of pension after medical examination.

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

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Head of office (with stamp)

**PART-III**

No............................. Dated...................

Forwarded to the Comptroller. LUVAS, Hisar with the remarks that the particulars furnished by the applicant in Part-I have been verified and are correct and the applicant is eligible to get a fraction of his pension commuted after medical examination.

2 It is requested that Part-IV of the Form may be completed and returned to this office as early as possible.

Place:

(Head of the office)

Date:

**PART-IV**

Name of the applicant

Date of birth (by Christian era)

Date of retirement

Amount of pension authorised

Class of pension

Amount of pension desired to be commuted

On the basis of

Normal Added year

Age 1 yrs. 2 yrs.

(i) Sum payable if commutation becomes absolute

before the applicant’s next birthday, which falls Rs...............................

on..............................................

(ii) Sum payable if commutation becomes absolute

after the applicant’s next birth day which falls Rs...............................

on..............................................

The Head of Account to which the commuted value

Is debitable.

Number of enclosures, if any (See note below)

The sum payable will be a charge

Note: The comptroller should enclose with the Form a copy of the report of statement of the applicant’s case if the applicant has previously commuted a part of his pension or declined to accept commutation on the basis of tan addition of years to actual age, or has been refused commutation on medical grounds.

Place: Signature and Designation

Date: of the Comptroller

Form VU 10/12

Referred to in Rule 10.11(2)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

**Form of Letter to the Chief Medical Officer**

From

HOD/CO

LUVAS

Hisar,

To

The Chief Medical Officer,

University Hospital,

Hisar

No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated the\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject:- Medical Examination for Commutation of Pension.**

Sir,

Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who retired from service on\_\_\_\_\_\_\_\_\_\_\_\_\_\_

as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (designation) has applied for commuting a fraction of his pension for a lumpsum payment. The following documents are forwarded herewith:-

1. Application in Form VU 10/11 in original together with an unattested copy of the applicant’s photograph.
2. A copy of Form VU 10/13 in duplicate.
3. In terms of Rule 102 and 103 of pension rules, Shri shall be examined by a

Medical Board/Medical Officer not lower than the rank of Chief Medical Officer. It is requested that arrangement may be made to get Shri\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ examined as expeditiously as possible before his next birthday which falls on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. It is requested that arrangements for medical examination by the medical authority indicated in Para-3 above may be made at the nearest available station mentioned by Shri\_\_\_\_\_\_\_\_\_\_\_in his application.
2. It is requested that Shri may be informed direct under intimation to this

Office as to where and when he should appear before the appropriate authority for medical examination. A copy of this letter is being endorsed to him so that he may comply with your instructions on hearing from you.

1. The receipt of this letter may please be acknowledged.

Yours faithfully,

Head of office/Deptt

(with date and stamp)

Copy forwarded to Shri\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(here give complete address) with the remarks that he shall be eligible for the lump sum payment in lieu of the amount of pension to be commuted on the basis of assumed age reported by the medical authority.

Shri\_\_\_\_\_\_\_\_\_\_\_\_\_should report for medical examination to the medical authority direct on hearing from Chief Medical Officer. He shall take with him the enclosed Form VU 10/13 with the particulars required in Part I completed, except the signature.

Signature of Head of Officer/Deptt.

(with date and stamp)

Form VU 10/13

Referred to in Rule 10.11(2)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

|  |
| --- |
| Affix passport size recent photograph |

Medical Examination by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(here enter the medical authority)

**PART – I**

The applicant must complete this statement prior to his examination by the

(here enter the medical authority) and shall sign the declaration appended thereto in the presence of that authority:-

1. Name of the applicant (in block letters)
2. Date of birth
3. Place of birth
4. Particulars regarding parents, brothers and sisters:

|  |  |  |  |
| --- | --- | --- | --- |
| Father’s age if living and state of health | Father’s age at death and cause of death | Number of brothers living, their ages and state of health | Number of brothers dead, their ages at death and cause of death |
|  |  |  |  |
| Mother’s age if living and state of health | Mother’s age at death and cause of death | Number of sisters living, their ages and state of health | Number of sisters dead, their ages at death and cause of death |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 5. | Have you ever been examined—   1. for Life Insurance, or/and 2. by any Government Medical Officer or Medical Board. |  |
| **6**. | Have you been granted or considered for grant of invalid pension? If so, state the ground thereof. |  |
| 7. | Have you ever been granted leave on medical certificate during the last five years? If so, state periods of leave and nature of illness. |  |
| **8**. | Have you ever—   1. Had enlargement or suppuration of glands small pox, intermittent or any other fever, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks rheumatism, appendicitis, epilepsy, insanity or other nervous disease, discharge from or other disease of the ear, syphilis, or gonorrhea; or 2. had any other disease or injury which required confinement to bed, or ? |  |

|  |  |  |
| --- | --- | --- |
|  | 1. undergone any surgical operation? or 2. suffered from any illness, wound or injury sustained while on active service? or 3. presence of albumin or sugar in urine. |  |
| 9. | Present state of health—   1. have you a hernia? 2. have you varicocele, varicose veins or piles? 3. Is your vision in each eye good (with or without glasses)? 4. Is your hearing in each ear good? 5. Have you any congenial or acquired malformation, defect or deformity? 6. Have you lost or gained weight markedly during the last three years? 7. Have you been under treatment of any doctor within the last three months and nature of illness for which such treatment was taken? |  |

**Declaration by Applicant**

(To be signed in the presence of medical authority)

I declare all the above answers to be, best of my belief, true and correct.

I am fully aware that by willfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation I have applied for, and of having my pension withheld or withdrawn under rule 10 and 12 of the Haryana Civil Services (Pension) Rules, 2016.

Applicant’s Signature

Signed in presence of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Medical Authority

(with date and stamp)

**PART – II**

|  |  |  |
| --- | --- | --- |
| ( To be filled in by the examining medical authority ) | | |
| **1**. | Apparent age |  |
| **2**. | Height |  |
| 3. | Weight |  |
| 4. | Describe any scars or identifying marks of the applicant |  |
| 5. | Pulse rate |  |
| (a) Sitting |  |
| (b) Standing |  |
| (c) Character of pulse |  |
| **6**. | Blood pressure— |  |
| (a) Systolic |  |
| (b) Diastolic |  |
| 7. | Is there any evidence of disease of the main organs— |  |
| (a) Heart |  |
| (b) Lungs |  |
| (c) Liver |  |
| (d) Spleen |  |
| (e) Kidney |  |
| **8**. | Investigations |  |
| (a) Urine (State Specific gravity) |  |
| (b) Blood |  |
| (c) X-Ray Chest |  |
| (d) E.C.G. |  |
| 9. | Has the applicant a hernia? |  |
| (if so, state the kind and if reducible) |  |
| **10**. | Any additional finding |  |

**PART – III**

(To be filled in by the examining medical authority)

I/We have carefully examined Shri/Smt./Kumari, whose photo has also been attested by the undersigned and am/are of opinion that—

He/She is in good bodily health and has the prospect of an average duration of life.

Or

He/She is not in good bodily health and is not a fit subject for commutation.

Or

Although he/she is suffering from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ he/she is considered a fit subject for commutation but his/her age for purpose of commutation, i.e. , the age next birthday shall be taken to be\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in words) years more than his/her actual age.

Signature and designation of examining Medical Authority.

**Date:**

**Form VU 10/13(a)**

**Referred to in Rule 10.11(3)**

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

Specimen of forwarding letter of Commutation of Pension after one year to be submitted to the Comptroller LUVAS, Hisar.

From

HOD/CO

LUVAS

Hisar

To

The Comptroller

LUVAS

Hisar

No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject: Pension papers of Commutation of Pension of Shri/Shrimati/Kumari for

authorization of Commutation of pension.

Sir,

I am directed to forward herewith the pension papers of commutation of pension of Shri/Smt./Kumari\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of this department/office for further necessary action.

In terms of Rule\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of Pension Rules, commutation of pension is not

admissible to him without medical examination.

3 Your attention is invited to the list of enclosures which are being forwarded herewith,

i.e. Application of commutation of Pension, Medical Certificate of the pensioner obtained from

Chief Medical Officer/Medical Board. It is requested that authorization of Commutation of Pension

may please be made at the earliest.

4. The receipt of this letter may please be acknowledged and this department/ office be informed.

Yours faithfully,

Head of Office/Deptt.

(with date and stamp)

List of enclosures

Form VU-10/15

(Referred to in Rule 10.12(4)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

**PENSION PAYMENT ORDER (2 COPIES)**

**1ST COPY DISBURSER’S PORTION**

**2ND COPY: PENSIONER’S PORTION**

No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form VU 10/15

Referred to in Rule 10.12(4)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

**OFFICE OF THE COMPTROLLER, LUVAS, HISAR**

**PENSION PAYMENT ORDER**

|  |
| --- |
| Joint photograph of pensioner and his/her spouse duly attested by the Head of office/Deptt. |

10.

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Date of

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|  |  |  |
| --- | --- | --- |
| **For Pensioner/Pension Disbursing Authority** | | |
| 1 | Pension Payment Order No. (PPO No.) |  |
| 2 | Name of the Pensioner |  |
| 3 | Case No./Application No. |  |
| 4 | Rules Applicable: | Haryana Civil Services (Pension) Rules, 2016 |
| 5 | Aadhar Card Number |  |
| 6 | Unique Payee Code |  |
| 7 | Place of payment of pension (Branch of Public Sector Bank) |  |
| 8 | Bank Account No. |  |
| 9 | Full Address alongwith mobile phone |  |
| 10 | Date of birth of pensioner |  |
| 11 | Date of appointment in University service |  |
| 12 | Date of retirement |  |
| 13 | Post held at the time of retirement |  |
| 14 | Pay scale last held |  |
| 15 | Group of the post last held |  |
| 16 | Office from where retired |  |
| 17 | Class of pension |  |
| 18 | Net qualifying service |  |

|  |  |  |
| --- | --- | --- |
| 19 | Last pay drawn (Notional/Actual) |  |
| 20 | Emoluments for Pension/Family Pension (Notional/Actual) |  |
| 21 | Emoluments for DCRG (Notional/Actual) |  |
| 22 | Amount of Pension |  |
| 23 | Weather regular pension or provisional pension |  |
| 24 | Pension with held, if any |  |
| 25 | Commuted portion of pension |  |
| 26 | Date of restoration of commuted portion of pension |  |
| 27 | Net pension payable |  |
| 28 | Amount of Normal Family Pension  RS.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | From\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_ |
| 29 | Amount of Enhanced Family Pension  Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | From\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_ |
| 30 | Details of Family members eligible for family pension   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Sr. No. | Name | Relationship | Date of birth/age | Weather disabled (attached proof) | Aadhar Card No. | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | |
| (A) | UNTIL FURTHER NOTICE, on the expiry of every month, please pay to Sh./Smt./ Km.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_W/H/S/D/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the above said Pension/Family Pension plus the amount of dearness relief as admissible thereon from time to time after due identification of the pensioner. | |
| (B) | The payment of pension shall commence from | |
| (c) | In the event of the death of Sh./Smt./Km.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_above said Enhanced Family  Pension shall be paid to Smt./Sh.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_from the day following the date of death till the expiry of seven years from the date of retirement or on completion of 65 years age had the retiree survived, whichever is earlier and thereafter above said Normal Family Pension shall be paid as per conditions mentioned in Haryana Civil Services (Pension) Rules, 2016. | |
| (d) | Income Tax, as per rules, shall be deducted at source. | |

Signature and Designation

Seal of the Pension Payment issuing Authority

(Comptroller LUVAS Hisar)

|  |  |
| --- | --- |
|  | Important Instructions  **Family Pension in case of death of pensioner:** |
| **1**. | **In case of widow/widower:** From the date following the date of death of pensioner upto the date of remarriage or death whichever is earlier. However, the childless widow shall be eligible after remarriage provided her income from all sources should be less than or equal to minimum family pension plus dearness relief thereon. |
| **In case of dependent unmarried son/daughte**r: From the date following the date of ineligibility of mother/father till the date of marriage, on attaining the age of 25 years or earning livelihood, whichever is the earliest. |
| **In case of dependent unmarried daughter/widowed or divorced daughter:** From the date following the date of ineligibility of mother and father/above said brother-sister(s) till the date of marriage/remarriage or earning livelihood, whichever is earlier. |
| **In case of dependent disabled child:** From the date following the date of ineligibility of family pension to the mother and father/physically fit brother and sister(s) to the date of earning livelihood. |
| **In case of dependent parents upto the date of death:** From the date following the date of ineligibility of spouse and dependent children. |
| **Note.—** For detail See Rule 8(10)(B) and Chapter VIII of Haryana Civil Services (Pension) Rules, 2016. |
| **2**. | No pension shall be liable to seizure, attachment or sequestration by process of any Court in India on the instance of Creditor for any demand against the pensioner (Section 11, Act XXIII of 1871). |
| 3. | 1. Pensioner shall have to submit his/her life certificate on line once in a year in the month of March by login website [**www.jeevanpramaan.gov.in**](http://www.jeevanpramaan.gov.in/) with Aadhaar Biometric Authentication. In exceptional cases life certificate signed by a competent medical authority shall also be accepted. 2. In case of death of a pensioner, it shall be the duty of the family to intimate the Pension Disbursing Authority immediately. |
| 4. | Dearness relief is payable with reference to the amount of original pension before commutation. Relief on pension/family pension is payable at the rate prescribed by University from time to time. |
| 5. | Special remarks, if any, of Comptroller LUVAS, Hisar. |

Part - II

(For Pension Disbursing Authority i.e. the authorized Bank)

Record of initial Pension and revision thereof

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Authority letter No. and date | Date of effect | Amount of Pension  Fixed/Revised  Rs. | Reason for Revision | Rate of Dearness Relief  Rs. | Remarks | Initials of designated officer |
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Part - III

(For Pension Disbursing Authority i.e. the authorized Bank)

Record of transfer of PPO from one Pension Disbursing Authority (PDA) to another, if any:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.  No. | Full particulars of PDA at which pension was being drawn before transfer | Date upto which pension has been paid | Full particulars of PDA to which PPO is transferred | Date and Signature of authorized officer of transferring PDA |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
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| 9. |  |  |  |  |
| 10. |  |  |  |  |

Part-IV

(For Pension Disbursing Authority i.e. the authorized Bank)

Record of periodical Jeevan Praman Patra (Life Certificate)

(To be authenticated once in a year i.e. in the month of March)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr.  No. | Acknowledgement No. and date of Jeevan Praman Patra | Initial of designated officer | Remarks | Sr.  No. | Acknowledgement No. and date of Jeevan Praman Patra | Initial of designated officer | Remarks |
| 1. |  |  |  | 26. |  |  |  |
| 2. |  |  |  | 27. |  |  |  |
| 3. |  |  |  | 28. |  |  |  |
| 4. |  |  |  | 29. |  |  |  |
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| 23. |  |  |  | 48. |  |  |  |
| 24. |  |  |  | 49. |  |  |  |
| 25. |  |  |  | 50. |  |  |  |

Form VU-10/15(a)

(Referred to in Rule 10.12(4)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

**PENSION PAYMENT ORDER (2 COPIES)**

**1ST COPY: DISBURSER’S PORTION**

**2ND COPY: FAMILY PENSIONER’S PORTION**

No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form VU 10/15(a)

Referred to in Rule 10.12(4)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

**OFFICE OF THE COMPTROLLER LUVAS, HISAR**

**FAMILY PENSION PAYMENT ORDER**

|  |  |  |
| --- | --- | --- |
| For Family Pensioner/Pension Disbursing Authority | | |
| 1. | Family Pension Payment Order No. (FPPO No.) |  |
| 2. | Name of the Family Pensioner |  |
| 3. | Case No./Application No. |  |
| 4. | Rules Applicable : | Haryana Civil Services (Pension) Rules, 2016 |
| 5. | Aadhaar Card Number of Family Pensioner |  |
| 6. | Unique Payee Code |  |
| 7. | Place of payment of family pension (Branch of Public Sector Bank) |  |
| 8. | Bank Account No. |  |
| 9. | Full address alongwith mobile phone number |  |
| 10 | Date of birth of family pensioner |  |
| 11. | Any other family pension is being drawn or not. If yes, give particulars from where it is being drawn drawn. |  |
| 12. | Name of deceased University employee |  |
| 13. | Relationship with deceased University employee |  |
| 14. | Date of appointment in University service |  |
| 15. | Post held at the time of death |  |
| 16. | Pay scale last held |  |
| 17. | Group of the post last held |  |
| 18. | Office/Department where last served |  |
| 19. | Total service of deceased University employee |  |
| 20. | Date of cessation of Compassionate Financial Assistance |  |
| 21. | Last pay drawn (Notional/Actual) |  |
| 22. | Emoluments for Family Pension (Notional/Actual) |  |
| 23. | Emoluments for DCRG (Notional/Actual) |  |
| 24. | Amount of Normal Family Pension Rs. | From\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 25. | Amount of Enhanced Family Pension Rs. | From\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 26 | Details of other Family members eligible for family pension   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Sr. No. | Name | Relationship | Date of birth/age | Weather disabled (attached proof) | Aadhar Card No. | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | |

|  |  |
| --- | --- |
| (A) | UNTIL FURTHER NOTICE OR INELIGIBILITY, on the expiry of every month, please pay to Sh./Smt./ Km.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_W/H/S/D/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the above said  Family Pension plus the amount of dearness relief as admissible thereon from time to time after due identification of the pensioner. |
| (B) | The payment of pension shall commence from .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (C) | Income Tax, as per rules, shall be deducted at source. |

Signature and Designation

Seal of the Pension Payment

Issuing Authority

(Comptroller LUVAS, Hisar)

|  |  |
| --- | --- |
|  | Important Instructions  Family Pension in case of death of a University employee while in service OR death of a Pensioner  pensioner |
| **1**. | **In case of spouse :** Family pension in case of death of University employee while in service from the date following the date of cessation of compassionate financial assistance but in case of death of the pensioner from a date following the date of death till remarriage or death of the recipient, whichever is earlier. However, the childless widow shall be eligible after remarriage provided her income from all sources should be less than or equal to minimum family pension plus dearness relief thereon. |
| **In case of dependent unmarried son/daughter:** From the date following the date of ineligibility of mother/father till the date of marriage, on attaining the age of 25 years or earning livelihood, whichever is the earliest. |
| **In case of dependent unmarried daughter/widowed or divorced daughter:** From the date following the date of ineligibility of mother and father/ above said brothers and sister(s) till the date of marriage/remarriage or earning livelihood, whichever is earlier. |
| **In case of dependent disabled children:** From the date following the date of ineligibility of mother and father/physically fit brothers/sisters to the date of earning livelihood. |
| **In case of dependent parents upto the date of death:** From the date following the date of ineligibility of spouse and dependent children. |
| **Note.—** For detail See Rule 8(10)(B) and Chapter VIII of Haryana Civil Services (Pension) Rules, 2016. |
| **2**. | No pension shall be liable to seizure, attachment or sequestration by process of any Court in India on the instance of Creditor for any demand against the pensioner (Section 11, Act XXIII of 1871). |
| 3. | 1. Pensioner shall have to submit his/her life certificate on line once in a year in the month of March by login website [www.jeevanpramaan.sov.in](http://www.jeevanpramaan.gov.in/) with Aadhaar Biometric Authentication. In exceptional cases life certificate signed by a competent medical authority shall also be accepted. 2. In case of death of a pensioner, it shall be the duty of the family to intimate the Pension Disbursing Authority immediately. |
| 4. | Dearness Relief on family pension is payable as admissible from time to time. Family Pension shall cease when no member is eligible. |
| 5. | Special remarks, if any, of Comptroller LUVAS, Hisar |

Part - II

(For Pension Disbursing Authority i.e. the authorized Bank)

Record of initial Family Pension and revision thereof

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Authority letter No. and date | Date of effect | Amount of Pension  Fixed/Revised  Rs. | Reason for Revision | Rate of Dearness Relief  Rs. | Remarks | Initials of designated officer |
|  |  |  |  |  |  |  |
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Part – III

**(For Pension Disbursing Authority i.e. the authorized Bank)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.  No. | Full particulars of PDA at which pension was being drawn before transfer | Date upto which pension has been paid | Full particulars of PDA to which PPO is transferred | Date and Signature of authorized officer of transferring PDA |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |

**Record of transfer of FPPO from one Pension Disbursing Authority (PDA) to another,**

Part IV

**(For Pension Disbursing Authority i.e. the authorized Bank)**

**Record of periodical Jeevan Praman Patra (Life Certificate)**

**(To be authenticated once in a year i.e. in the month of March)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr.  No. | Acknowledgement No. and date of Jeevan Praman Patra | Initial of designated officer | Remarks | Sr.  No. | Acknowledgement No. and date of Jeevan Praman Patra | Initial of designated officer | Remarks |
| 1. |  |  |  | 26. |  |  |  |
| 2. |  |  |  | 27. |  |  |  |
| 3. |  |  |  | 28. |  |  |  |
| 4. |  |  |  | 29. |  |  |  |
| 5. |  |  |  | 30. |  |  |  |
| 6. |  |  |  | 31. |  |  |  |
| 7. |  |  |  | 32. |  |  |  |
| 8. |  |  |  | 33. |  |  |  |
| 9. |  |  |  | 34. |  |  |  |
| 10. |  |  |  | 35. |  |  |  |
| 11. |  |  |  | 36. |  |  |  |
| 12. |  |  |  | 37. |  |  |  |
| 13. |  |  |  | 38. |  |  |  |
| 14. |  |  |  | 39. |  |  |  |
| 15. |  |  |  | 40. |  |  |  |
| 16. |  |  |  | 41. |  |  |  |
| 17. |  |  |  | 42. |  |  |  |
| 18. |  |  |  | 43. |  |  |  |
| 19. |  |  |  | 44. |  |  |  |
| 20. |  |  |  | 45. |  |  |  |
| 21. |  |  |  | 46. |  |  |  |
| 22. |  |  |  | 47. |  |  |  |
| 23. |  |  |  | 48. |  |  |  |
| 24. |  |  |  | 49. |  |  |  |
| 25. |  |  |  | 50. |  |  |  |

Part-V

**(For Pension Disbursing Authority i.e. the authorized Bank)**

**Record of periodical income/marriage or re-marriage certificate**

**(To be authenticated once in a year i.e. in the month of March)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr.  No. | Date of income/ marriage certificate | Initial of designated officer | Remarks | Sr.  No. | Date of income/ marriage certificate | Initial of designated officer | Remarks |
| 1. |  |  |  | 26. |  |  |  |
| 2. |  |  |  | 27. |  |  |  |
| 3. |  |  |  | 28. |  |  |  |
| 4. |  |  |  | 29. |  |  |  |
| 5. |  |  |  | 30. |  |  |  |
| 6. |  |  |  | 31. |  |  |  |
| 7. |  |  |  | 32. |  |  |  |
| 8. |  |  |  | 33. |  |  |  |
| 9. |  |  |  | 34. |  |  |  |
| 10. |  |  |  | 35. |  |  |  |
| 11. |  |  |  | 36. |  |  |  |
| 12. |  |  |  | 37. |  |  |  |
| 13. |  |  |  | 38. |  |  |  |
| 14. |  |  |  | 39. |  |  |  |
| 15. |  |  |  | 40. |  |  |  |
| 16. |  |  |  | 41. |  |  |  |
| 17. |  |  |  | 42. |  |  |  |
| 18. |  |  |  | 43. |  |  |  |
| 19. |  |  |  | 44. |  |  |  |
| 20. |  |  |  | 45. |  |  |  |
| 21. |  |  |  | 46. |  |  |  |
| 22. |  |  |  | 47. |  |  |  |
| 23. |  |  |  | 48. |  |  |  |
| 24. |  |  |  | 49. |  |  |  |
| 25. |  |  |  | 50. |  |  |  |

Form VU -10/22

Referred to in Rule 10.16(4)

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

INDEX REGISTER OF PENSION PAYMENTS

(To be maintained by the bank)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | Name of Pensioner/Family Pensioner | PPO/FPPO No issued by the Comptroller | Monthly amount of pension/family pension (Basic pension and relief to be shown separately) | | Date from which pension/family pension will commence | Remarks |
| Basic Pension | Relief |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|  |  |  |  |  |  |  |

Note: Each entry should be attested by Nominated Officer of the bank i.e. State Bank of India, CCSHAU, Hisar.

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY & ANIMAL SCIENCES, HISAR**

**PENSION FILE**

Office....................................

Department............................

|  |
| --- |
| 1. Name & Designation of University Employee |
| 1. Father’s/Husband’s Name |
| 1. Date of Birth |
| 1. GPF No. |
| 1. Date of Joining Service |
| 1. Date of Retirement |
| 1. Present Address |
| 1. Address after retirement |

Signatures of Pensioner

Signatures of HOD

**Formal Application for Pension**

To

.....................................

.....................................

.....................................

**Subject: Application for sanction of pension**

Sir,

I am due to retire from service with effect from................................my date of birth being .................................. I, therefore, request that steps may kindly be taken to grant me pension and gratuity, admissible to me and make payment on/from the date of my retirement. I desire to draw my pension from ................................................................Bank.

1. I hereby declare that I have neither applied for nor received any pension or gratuity in respect of any portion of service qualifying for the pension and in respect of which pension or gratuity is claimed therein nor shall I submit an application thereafter without quoting a reference to this application and the orders which may be passed thereon.
2. Please find enclosed Form VU-10/1(a),10/2 and 10/3 duly completed.
3. Four copies of passport size photograph with and without spouse duly attested are enclosed.
4. Two slips of three specimen signatures or thumb impression of me and spouse, duly attested are enclosed.
5. Photo copy of Aadhar Card is enclosed.
6. My present address is ..............................................................................................

.....................................................................................................Mob No.............................

and after retirement will be .....................................................................................

........................................................................................Mob No..........................

1. Other necessary documents are also enclosed.

Yours faithfully,

Signature:..................................

Name:.......................................

Designation:..............................

Department/Office:....................

Date the ............... .................................................

**Photographs**

Name.................................................................Designation...................................................

Date of Birth.....................Date of retirement...................Present Place of Posting...................

Two Photographs duly attested without spouse

Two Photographs duly attested with spouse

Note: Four copies of passport size photograph with and without spouse duly attested by the Head of Office or any other Gazetted Officer authorized by him. Out of these one each to be pasted on Form Pen-2 and Pen-3 and two photographs to be attached.

**(This form is based on Form Pen-12-A referred to in Rule 11.1 of Punjab Form VU 10/10**

**Civil Services (Pension) Rules Vol II as applicable to Haryana) Referred to in Rule 10.11(1)**

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

(to be submitted in duplicate after retirement but within one year from the date of retirement)

PART-I

|  |
| --- |
| Space for photograph of Retiree Only. |

To

The.....................................................

........................................................... Here indicate the designation and

.......................................................... full address of the Head of Office

**Sub: 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

Husband’s name (in case of female LUVAS employee)

1. Designation at the time of retirement
2. Name of Office/Department in which employed

at the time of retirement.

1. Date of Birth (by Christian era)
2. Date of retirement
3. Class of Pension on which retired
4. Amount of Pension authorised

(in case final amount of pension has not been authorised indicate the amount of provisional pension)

1. Fraction of pension proposed to be commuted (40%)
2. Designation of the Accounts Officer

Who authorised the pension and No. and date of Pension Payment Order, if issued

1. Disbursing authority for payment of pension:-
2. Branch of the Nationalised

Bank with complete postal address

1. Bank Account No. to which monthly pension is

being credited/ to be credited each month.

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

Date: Postal Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: The payment of commuted value of pension shall be made through the disbursing authority from which pension is being drawn. It is not open to an applicant to draw the commuted value to pension from disbursing authority other than the disbursing authority from which pension is being drawn.

* The applicant should indicate the fraction of the amount of monthly pension (subject to the maximum of 40% thereof)
* Score out which is not applicable.

**PART II**

No................... Dated:

Forwarded to the Comptroller, LUVAS, (here indicate the address & designation) \_\_\_\_\_\_\_\_\_\_\_\_

with the remarks that:-

1. The particulars furnished by the applicant in PART-I have been verified and are correct,
2. The applicant is eligible to get a fraction of his pension commuted without medical examination,
3. The commuted value of pension determined with reference to the Table applicable at present comes to Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
4. The amount of residuary pension after commutation will be Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. It is requested that further action to authorise the payment of the amount of commuted value of pension may please be taken in accordance with rules.
2. The receipt of Part-I of the Form has been acknowledged in Part-II which has been forwarded separately to the applicant on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. The commuted value of pension is debitable of Head of account namely LUVAS Pension Fund.

Place Signature

Date Head of Office

--------------------------------------------(Detach from here) --------------------------------------------------

**PART-III**

**Acknowledgement**

Received from Sh./Smt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name & former designation) application in Part I of this Form for the Commutation of a fraction of pension without medical examination.

Place : Signature

Date : Head of Office

**Note:**- *This acknowledgment is to be signed, stamped and dated and is to be detached from the Form & handed over to the applicant. If the form has been received by post, it has to be acknowledged on the same day and the acknowledgement sent under registered cover.*

1. Any subsequent change of address should be informed to the Head of Office & Comptroller LUVAS, Hisar [↑](#footnote-ref-2)