# **NO DEMAND CERTIFICATE**

_	ng against Mr
department except following	of th
COUNTERSIGNED	SIGNATURE
<b>DECLARATION U</b>	UNDER ARTICLE 911 OF CSR
	S/o
	lied nor received any pension, gratuity or commutation
COUNTERSIGNED	SIGNATURE
ARTICLE UNI	DER ARTICLE 920 OF CSR
I hereby declare that if the amount o excess afterwards, I shall be bound to	f pension gratuity of commutation granted to me is refund the same.
	Signature
	Name
	Designation

### **SPECIMEN THUMB IMPRESSION OF:**

Mst	
who has claimed pension/ gratuity &	other funds etc on the death of her husband noted
below:-	
Name of deceased Govt. servant	
Parentage	
<u> </u>	
Designation in the Department	
Date of Death	Copy attached
Department in which he was serving	
Or thumb impression	
	ATTESTED

#### **PENSION CASE**

# **LIST OF FAMILY MEMBERS**

WHO ARE ENTITLED TO THE PENSION OF A DECEASED GOVERNMENT EMPLOYEE:

S.No	NAMES	AGE	Relationship with the deceased
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

above	Further it is submitted that there is no family member except the members noted ve.	
Dated	Signature of the claiming	
	Person or T.I	
	Village	
	P.O	
	Tehsil	
	Distt:	

## **CERTIFICATE OF NON-EMPLOYMENT CST 922**

I declare that I have not received any remuneration for serving in any capacity, either
under government or local fund during the period for which the amount of pension claimed in
this bill is due.

	Signature
	Name
	Designation
COUNTERSIGNED	SIGNATURE
NON INDULGENO	CE IN POLITICS
I hereby certify that I will not take part in my retirement.	n politics within two years after the date of
	Signature
	Name
	Designation
COUNTERSIGNED	SIGNATURE
CERTIFICATE UNDER	ARTICLE 470 OF CSR
Certified that the service of	
Certified that the service of	
Certified that the service of retired f	
Certified that the service of retired f	S/O Srom Government service w.e.f entries/certificates are duly signed and the
Certified that the service of retired f	S/O Srom Government service w.e.f entries/certificates are duly signed and the
Certified that the service of retired f	S/O From Government service w.e.f entries/certificates are duly signed and the pension.  Signature
Certified that the service of retired f	S/O From Government service w.e.f entries/certificates are duly signed and the pension.  Signature  Name
Certified that the service of retired f	S/O Srom Government service w.e.f entries/certificates are duly signed and the pension.

# DECLARATION OF NON-GOVERNMENT ACCOMMODATION It is certified that non accommodation is allowed/provided to Mr. \_\_\_\_\_ by this office or by the Estate Office & as such no dues on account of House rent are outstanding against him. Signature\_\_\_\_\_ Designation \_\_\_\_\_ **COUNTERSIGNED SIGNATURE OPTION FOR COMMUTATION** I hereby option for 50% Commutation out of gross pension as allowed by the Government. Signature Name \_\_\_\_\_ Designation \_\_\_\_\_ **COUNTERSIGNED SIGNATURE** OPTION FOR RANK/TREASURY

•	OF HON FOR DAINK/I KEASUK I
• •	to draw my commutation & Pension from national Bank of Pakistan /
	Signature
	Name
	Designation

**COUNTERSIGNED** 

**SIGNATURE** 

### **DECLARATION OF POSTAL ADDRESS**

Name:	
Father Name	
Address:	
	Signature
	Name
	Designation
	Dosignation
COUNTERSIGNED	SIGNATURE
FORM OF DI	ESCRIPTION ROLLS
Description Rolls of mst	widows
of late	are as under:
1. Name	
2. Cast:	
3. Residence:	
4. Height:	
5. Colour:	
6. Age:	
	any:
8. Place of Payment	
9. N.I.C No	
	Signature
	Name
COUNTERSIGNED	SIGNATURE

### **NON MARRIAGE CERTIFICATE**

This is certified that Mst	
Mother/widow of	has not married and she is still
widow and alive this day on	
	Signature
	Name
	Designation
COUNTERSIGNED	SIGNATURE
DECLARATION UNDE	ER ARTICLE 920 (I) OF CSR
	nity /Commutation /Increase sanctioned to me is entitled to undertake to refund such excess, when
Station:	
Dated:	
Signature	
Address:	
	Signature
	Name
COUNTERSIGNED	SIGNATURE

## **DECLARATION UNDER ARTICLE 911 OF CSR**

I Mst	widow of late	
	who expired on do hereby declare that I have neith	
applied for nor received any pension	and gratuity so far granted by the Government.	
	Signature	
	Name	
	Designation	
	Designation	
COUNTERSIGNED	SIGNATURE	
NON INDU	ULGENCE IN POLITICS	
Certified that Mr.	who died on	
	has been last paid upto	
at the following rate.		
	Signature	
	Name	
	Designation	
COUNTERSIGNED	SIGNATURE	
CERTIFICATE U	UNDER ARTICLE 470 OF CSR	
	is not serving in any	
Department.		
	Signature	
	Name	
	Designation	
COUNTERSIGNED	SIGNATURE	

# Slip bearing Left/Right thumb and finger impression of:

fr S/O		
	Left Hand	Right Hand
Little Finger		
Ring Finger		
Middle Finger		
Fore Finger		
Thumb		
Signature of Governme	ent Servant	
Signature and Designa	tion of the Head of the Office OR	
The attesting officer w	ith stamp	

### **NO ENQUIRY CERTIFICATE**

Certified that there is no Judicial/Dep	partmental enquiry pending against Mr.
retired/ is going to retire from Government Se	
Place:	
Dated:	
	Signature & Designation
	Head of office
NO ENQUIRY CI	ERTIFICATE
NO ENQUIRT CI	<u>EXTITION E</u>
Certified that there is no Judicial/Der	partmental enquiry pending against Mr.
S/O _	
retired/ is going to retire from Government Se	rvice on
Place:	
Dated:	
	Signature & Designation
	Head of office

#### **NO ENQUIRY CERTIFICATE**

This is required both in the case of non Gazatted and Gazatted Government servants and is to be furnished by the Government servants concerned in the following form:

I hereby declare that I have neither applied for nor received any pension or gratuity in respect of any portion of the service included in this respect of any portion of the service included in this application and in respect of which pension or gratuity is claimed herein nor shall I submit an application here after without quoting a reference to this application and to the order which met be passed thereon.

# Signature/thumb impression of the employee

#### **UNDERTAKING**

1
s hereby undertaking and given in that result excess amount of my pension and
ommutation sanctioned to me. I shall be liable to refund/return the excess amount as
nd when noted.
Dated:
Signature/thumb impression of the employee
Signature:
Head of the Office
Department