

Form – “E”

Rule AA 240-E of J&K CSR Vol – I

Nomination for Family Pension/ GPF/ Gratuity/ SLI etc.

I S/D/o
R/o
at present
hereby nominates the persons mentioned below who are members of my family to receive in order shown below the Family Pension/ GPF/ Gratuity/ SLI which may be granted by Government in the eventually of my death while in service or after retirement:-

S. No.	Name of nominee	Address of nominee	Relationship	Age	Matrimonial Status	Share %
1.						
2.						
3.						
4.						
5.						

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

Date this day of at hours

Witness Signature:-

Signature of the Officer/ Official

1. _____ Name _____

Name _____

Rank _____

2. _____ Name _____

PID No. _____

(To be filled by the Head of office in the case of Non-Gazetted Officer)

Nominated By:-

Name _____

Signature/ Seal of HOD

Name (Ranjit Singh Sambyal,KPS)

Rank _____

Date _____

PID No. _____

Form – “A”

REGISTER OF BENEFICIARIES

JAMMU & KASHMIR CIVIL SERVICE (MEDICAL ATTENDANCE- CUM-ALLOWANCE RULES, 1990

Name of Government Servant: -

Designation

PID No.

Details of member of his family declared by him as per the declaration form fitted in Character Roll at Page No.

S. No.	Name of beneficiary	Age	Sex	Relationship with Govt. Servant	Occupation if any and income there from
1	2	3	4	5	6
1.					
2.					
3.					
4.					
5.					

Mark of Identification	No. of Index card issued	Date of issue	Initials of Head Office	Remarks
7	8	9	10	11

Note:- When a Government servant is transferred from one office to another necessary note shall be kept in the register and these particulars and declaration form will be sent to the office to which he is transferred.

Signature/ Seal of HOD

Name (Ranjit Singh Sambyal,KPS)

Date _____

Form – “B”

JAMMU & KASHMIR CIVIL SERVICE (MEDICAL ATTENDANCE- CUM-ALLOWANCE RULES, 1990

FORM OF DECLARATION

(To be addressed to the Head of Office, where the Government servant is himself a Head of Office, he shall address it to the next higher authority)

To

The Sr. Superintendent of Police,
Police Transport Workshop,
Jammu.

Sir,

I Rank
PID No. S/o R/o
..... at present
..... employed in J&K
Police and presently posted in hereby
declare that the following are the members of my family wholly dependent
on me and residing with me, entitled to medical treatment under Jammu &
Kashmir Civil Service (Medical Attendance-Cum-Allowance Rules, 1990.

2. I further declare that none of them has been declared as
member of his/her family by my father/wife/husband, brother, sister or any
relation of mine who is a Government Servant for receiving the benefits
under the scheme.

3. I undertake that on happening of any one of the following
events, I shall forthwith surrender the index card of all the members of my
family including myself as the case may be:-

- (i) On the death of any family member;
- (ii) On a family member ceasing to be dependent on me and
or reside with me;
- (iii) On my retirement/ dismissal/ discharge from
Government Service;
- (iv) On any of the members joining private/ government
service.
- (v) I also undertake that none of my family members to
whom an index card may be issued will misuse it by
transferring to a person other than himself;

Form – “C”

JAMMU & KASHMIR CIVIL SERVICE (MEDICAL ATTENDANCE- CUM-ALLOWANCE RULES, 1990

INDEX CARD

1	Name					
	Designation		PID No.			
2	Name of Department where employed	Police Transport Workshop Jammu				
3	Place of Posting	Police Transport Workshop Jammu				
4	Pay Scale	₹	Basic pay	₹	Grade Pay	₹
5	Permanent Address					
	Present Address					
6	Name/ Names of family members as defined under Rule 3 (a) of these rules:-					

S. No.	Name	Relationship with Govt. Employee
1.		
2.		
3.		
4.		
5.		

Signature of Government Employee

Dated:-

Place

Signature/ Seal of HOD

Name (Ranjit Singh Sambyal,KPS)

Date _____