

FORM 'B'

(Rule 13)

Form of application for family pension

Application for an extraordinary pension for the family of A.B. late
a killed or died of injuries received, as a result of
special risk of office or risk of office.

Submitted by the

Description of claimant

1. Name and residence, showing village
2. Age
3. Height
4. Race, caste or tribe
5. Marks for identification
6. Present occupation and pecuniary circumstances
7. Degree of relationship to deceased

Description of deceased

8. Name
9. Occupation and Service
10. Length of Service
11. Pay when killed
12. Nature of injury causing death
13. Amount of pension or gratuity proposed
14. Place of payment
15. Date from which pension is to commence
16. Remarks

*Name and ages of
surviving hindred of
deceased*

Name

Date of birth

*Sons
Widows
Daughters
Father
Mother*

Note:- If the deceased has left no son, widowed daughter, father or mother surviving him, the word “none” or “dead” should be entered opposite to such relative.

Place.....

Date

(Signature of Head of Office)