



FORM-2 PENSION

FORM OF APPLICATION FOR FAMILY PENSION

Application for an extraordinary for the family of Late Mr. _____

S/o _____ died of injuries received in the execution of duty.

Application submitted by Mst. _____ Wd/o _____

1. Name & residential showing village Tehsil & Distt. _____
2. Age: _____ Designation of claimant: _____
3. Height: _____
4. Race, Cast or Tribe: _____
5. Marks of identification: _____
6. Present occupation and pecuniary: _____
7. Degree of relationship of deceased: _____

Description of deceased:

8. Name: _____
9. Occupation and service: _____
10. Length of service: _____
11. Pay when died: _____
12. Nature of injury causing of death: _____
13. Amount of Pension or gratuity proposed: _____
14. Pension Disbursing office: _____
15. Death from which pension is commenced: _____
16. Remarks: _____

Name & age of surviving Kindred of deceased.

Name

Date of Birth

Married

Sons

Widows

Daughters

Father

Mother

Note: If the deceased has left no son, widow, daughter, father mother survive/him the word "none" or dead" should be entered opposite to relative.

Signature of Head of office/department/Division