



BENGAL ENGINEERING AND SCIENCE UNIVERSITY, SHIBPUR
HOWRAH -711 103

APPLICATION FOR PENSION

1. Full Name of the applicant (In block letters) :
2. Father's name (In block letters) :
3. Name of the spouse who is entitled to get pension after the death of the pensioner in block letters. :
4. Permanent Address :
5. Present Address :
6. Date of commencement of service in the University. :
7. Designation (Last) :
8. Date of Birth (As recorded in the University) :
9. Period of Re-employment (if any) :
10. Date of ending whole time continuous service (Due to superannuation/Voluntary retirement/Resignation. In case of resignation copy of the letter accepting resignation by the University to be enclosed.) :
11. Any period of leave without pay/absence subsequently not regularized/suspension not followed by re-instatement. :
12. Reasons for ending of service :
13. Whether the applicant is enjoying Pension from any other source and if so from what source :

14. Left hand finger impressions of the applicant. :

Little finger	Ring Finger	Middle Finger	Fore Finger	Thumb

15. Specimen Signature :

(Signature of applicant)

(Signature of the Registrar)

16. FOR USE BY THE ACCOUNTS DEPARTMENT :

a) Particulars of last basic pay drawn by the applicant :

b) Audit Register page No. & Year :

Last full basic pay drawn month & Year	Last full basic pay	Amount of Pension	Remarks

Checked & admitted pension for Rs. _____ per month & admissible dearness relief w.e.f. _____

Checking Asstt.

Supdt.

Finance Officer

Approved :

(Registrar)

FORM OF APPLICATION (Family Pension)

Application for a family pension for the family of Late Shri / Smt. _____

_____ a _____

(designation)

in the Office/Department of _____

1. Name of the Applicant :
2. Relationship to the deceased
University Servant/Pensioner :
3. Date of Retirement, if the
deceased was pensioner :
4. Date of death of the University
Servant/Pensioner
5. Names and ages of surviving
kindred of the deceased :

Widow/Widower

Name

Date of birth (by Christian era)

Sons
Unmarried Daughters.
Parents.

6. Name of Bank
at which payment is desired.
7. Signature or left-hand-thumb
impression (in the case of those
who are not literate enough to
sign their name).

Contd...2

8. Descriptive Roll of _____

Widow / Widower / Guardian of the minor children/parents of late _____

- i) Date of birth (by Christian era) :
- ii) Height :
- iii) Personal marks, if any, on hand or face.
- iv) Left hand thumb and finger impressions.

Small Finger Attested by:	Ring Finger	Middle Finger Witness	Indes finger thumb
1. _____		1. _____	
2. _____		2. _____	