

सेवा मे

दिनांक:

श्री /श्रीमति /सुश्री _____

कार्यालय अधीन _____

सेवानिवृति के लिए आवश्यक दस्तावेज़

क्र। सं.	दस्तावेज	विवरण
1.	आधार कार्ड	स्वयं,पत्नी,बच्चे.
2.	पैन कार्ड	स्वयं,पत्नी.
3.	जन्म प्रमाण पत्र	पत्नी,बच्चे. [यदि जन्म प्रमाण पत्र नहीं हो तो कोई अन्य दस्तावेज जिसमे जन्म तारीख लिखा हो]
4.	बैंक पासबुक [(जॉइंट अकाउंट(संयुक्त खाता)]	पहले पेज जिसमे अकाउंट नंबर और नाम लिखा होना चाहिये।
5.	कैन्सल चेक	01 ओरिजनल(असल)
6.	फोटो(पासपोर्ट साइज)	संयुक्त फोटो (पति-पत्नी का साथ में)-05, स्वयं - 05, पत्नी - 05 पुत्र/पुत्री -03 तथा अन्य कोई आश्रित।
7.	सैलरी अकाउंट कैन्सल चेक	PF के निकासी के लिए
8.	उम्मीद कार्ड	स्वयं, पत्नी, बच्चे तथा अन्य कोई आश्रित।
9.	क्विलयरेंस सर्टिफिकेट	कार्यरत ऑफिस से सेवानिवृत्त होने वाले कर्मचारी द्वारा क्विलयरेंस सर्टिफिकेट कल्याण निरीक्षक के पास जमा करवाना है। (क्विलयरेंस सर्टिफिकेट के बिना निपटारा नहीं किया जाएगा) - प्रशासनिक आदेशानुसार।

- सभी दस्तावेजो स्वप्रमाणित 02 प्रति जमा करनी है ।
- बैंक खाता के प्रथम पेज पर नाम सेवापुस्तिका/जन्म प्रमाणपत्र के अनुसार होने चाहिए ।
- सभी दस्तावेजो मे कर्मचारी का नाम, जन्म तारीख एक जेसे होने चाहिए ओर जो सेवापुस्तिका/जन्म प्रमाणपत्र के अनुसार होने चाहिए । इसमें यदि कोई त्रुटी होतो यह पत्र मिलने के 15 दिवस के अंदर सुधार करवाना होगा अन्यथा सेवानिवृति के तहत निपटारे में होने वाले विलंब /रूकावट के लिए कर्मचारी स्वयं जिम्मेदार रहेंगे।
- मंडल कार्यालय के पत्र क्र. No E/WEL/3/Settel/2023 dated 31.03.2023 के अनुसार सभी Unit In charge/SS कार्यालय प्रमुख कर्मचारी का **Biodata Form/Form 4/Family Declaration** भरकर सेवानिवृति के चार माह पहले कल्याण निरीक्षक को जमा करवाना है ।

कर्मचारी के
हस्ताक्षर

Unit Incharge
के हस्ताक्षर

मुख्य कल्याण निरीक्षक/
कल्याण निरीक्षक के हस्ताक्षर

BIO DATA SHEET FOR RETIREMENT

PENDING DOCUMENTS	HRMS ID	HRMS PASSWORD	MOBILE NO
NAME OF EMPLOYEE			
S/O, W/O			
DESIGNATION			
UNIT/STATION			
DATE OF BIRTH			
DATE OF APPOINTMENT			
PF NO.			
DATE OF RETIREMENT			
PAY BND + GRADE PAY/LEVEL			
RATE OF PAY		PAY BILL UNIT NO	
DEPARTMENT			

DETAILS OF FAMILY

S.N	NAMES	RELATION	DOB	IDENTITY MARK
1				
2				
3				
4				
5				
6				
7				
8				

IDENTITY MARKS OF EMPLOYEE			
RELIGION		RAILWAY QUARTER	VACCATED /NOT VACCATED
HOME ADDRESS:-			
BANK NAME:-		BRANCH	
ACCOUNT NUMBAR			
AADHAR CARD NO:-		IFSC CODE	

FIXED MEDICAL ALLOWANCE (RS.1000/-)	YES/NO	COMMUTATION LOAN	YES/NO
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UNIT IN CHARGE SIGNATURE

EMPLOYEE SIGNATURE

FOR ANY QUERIES CALL ON 9724091612/44275 (MD MERAJ, STAFF & WELFARE INSPECTOR)

Form 4

Common Nomination Form for Gratuity, State Railway Provident Fund and Central Government Employees' Group Insurance Scheme

[See Rule 74 of the Railway Services (Pension) Rules, 1993, Para 941 of Indian Railway Establishment Code vol.I and Para 19.7 of Central Government Employees' Group Insurance Scheme, 1980]

I,, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

- i. any gratuity the payment of which may be authorised under rule 70 of Railway Services (Pension) Rules 1993.
- ii. amount that may stand to my credit in the State Railway Provident Fund
- iii. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980

Name, date of birth (DOB) and address of the nominee	Relation-ship with employee/pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee/pensioner	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Railway servant

Telephone No.

Note 1 : Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i), (ii) and (iii) above

Note 2 : The Railway servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

Forwarded by:-

TO

Date-

DRM(E)BRC

Sub:- Declaration of dependent family member as per Privilege Pass and Medical facilities(UMID).

This is certify that Shri.....Designation.....

Working at Unit/Station.....Retiring on

As per this office records his/her dependent family members details as per Privilege Pass and Medical facilities(UMID) are mentioned below

S.No	Name of family member	Relation	Eligible for pass and facilities (Write Yes or NO)	Privilege and Medical	Remarks
1					
2					
3					
4					
5					

The above information is only for final settlement process.

This is a correct information as per office records and it may be used for only final settlement process at the time of retirement.

[Empty box for signature and stamp]

UNIT INCHARGE SIGNATURE & STAMP

WESTERN RAILWAY
CLEARANCE CERTIFICATE FOR FINAL SETTLEMENT

1. SETTLEMENT CASES

- A. NAME _____ s/o w/o h/o _____ DESIGNATION _____
- B. TICKET NO _____ STATION _____
DATE OF BIRTH _____ DATE OF CONFIRMATION _____
RATE OF PAY Rs. _____ P.M. IN SCALE Rs. _____ with GP _____
- C. DATE OF LEAVING SERVICE _____
REASONS _____

2. A. He proceeded on LPR from _____ to _____
B. He is on leave/absent/sick from _____ to _____ or present.
C. Pay drawn through regular salary bill upto _____ pay bill unit no. _____
Last pay drawn @ Rs. _____ p.m.
D. Pay to be drawn through Supplementary Pay Bill from _____ to _____
and will be sent shortly.
E. Over payment to be recovered as under :

PERIOD		PAY	DP	DA	HRA	CCA	TOTAL
From	To	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.

3. His PF/Pension A/C No. is _____
- A. He is Occupying Railway Quarter No. _____ Unit No. _____ Type _____
Standard or Sub-standard at _____ & vacated on _____ / not vacated
- B. Rent Recovered @ Rs. _____ Upto _____
- C. Charges recovered @ Rs. _____ Upto _____
- D. Quarter is non-electrified / Electric Charges recovered @ Rs. _____ Upto _____
For average period from _____ to _____ Total Rs. _____
4. a. He has not returned the following tools and plants and uniform back which were supplied to him, which may be recovered from his settlement dues.

Uniform	Details of T & P Not returned	Dt. of Supply cost to be Head of Recovered Account

- b. Residential card pass or school pass supplied to him has been returned.

PASS NO.	AVAILABLE (DATES)		BETWEEN STATIONS
	FROM	TO	

5. The employee was working at _____ during periods
From _____ To _____

6. a. Whether any DAR/B&C case to pending _____ Whether Roll / Attendance Register, Time Book and Leave Account were maintained by the employee. Please state whether any Railway claims are to be recovered on account of adjustment of leave while executing the Clearance Certificate _____
- b. It is certified that amount @ Rs. _____ p.m. has been recovered towards Railway Insurance from _____ to _____ and is being recovered @ Rs. _____ p.m. towards Railway Employee Group Insurance Scheme from _____ to till date.

7. He has taken the following Advance :

S.No.	Name of the Advance	Amount taken by the employee	Balance outstanding to be recovered from the settlement dues
1	Cycle Advance		
2	Festival Advance		
3	Fan Advance		
4	Pay Advance		
5	TA Advance		
6	Food Grain Advance		
7	Scooter Advance		
8	House Building Adv.		
9	Funeral Advance		

8. PF recoveries of the last three months are as under :

S.No.	Month	Amount Rs.	Vr.No. & Date	Gross Rs.	Amount Rs.
1					
2					
3					

9. a. The above named dealt with / not dealt with Traffic.
- b. The list of dispatched debits is enclosed.
- c. It is clarified that no disputed and admitted debits are outstanding to the Railway administration except the following.
- 1.
 - 2.
 - 3.
 - 4.
- d. Whether any Dar / B&C case is pending _____
1. No recovery to be made on account of Accounts and Audit Insp.Report.
 2. There is no other Railway recoveries to be made from his settlement dues.
 3. The above particulars have been personally verified and found correct.

His last known address is as under :

Shri _____ ,
 _____ ,
 _____ ,
 _____ , PIN _____ .

Signature _____
 Designation _____