



भारतीय खेल प्राधिकरण
SPORTS AUTHORITY OF INDIA
 भारत सरकार / GOVERNMENT OF INDIA
 खेल विभाग / DEPARTMENT OF SPORTS



(An Autonomous Body under Ministry of Youth Affairs and Sports)
 (युवा कार्यक्रम और खेल मंत्रालय के तहत एक स्वायत्त निकाय)

Room No. 210, SAI-Head Office Building, SAI-Headquarter,
 Jawaharlal Nehru Stadium Complex (East Gate-No. 10)
 Lodhi Road, New Delhi-110003

F. No. 01-04018(01)/30/2025-HO - Personnel Division

Date: 25.07.2025

Subject: Checklist of Required documents for various type of applications/NOCs/Permissions/Tour/ Foreign Tour for examination and processing of the cases by SAI HO Personnel Division-reg.

The undersigned is directed to convey the approval of the Competent Authority regarding the checklist items and timeline mentioned in the Annexure-I enclosed with this letter.

2. Furthermore, it is also directed to adhere to the instructions outlined in the said Annexure for the submission of various types of applications to the Personnel Division with respect to various type of applications/NOCs/Permissions/Tour/ Foreign Tour for examination and other related matters in respect of all the employees posted at the SAI Head Office and Stadia.
3. This is issued with the approval of DG SAI.

Onkar Nath
 25.07.2025

ओंकार नाथ यादव, आईआरआरएस
 Onkar Nath Yadav, IRRS
 निदेशक (कार्मिक प्रभाग) / Director (Personnel Division)
 भारतीय खेल प्राधिकरण / Sports Authority of India
 युवा कार्यक्रम एवं खेल मंत्रालय / Ministry of Youth Affairs
 भारत सरकार, नई दिल्ली / Govt. of India, New Delhi

(ओंकार नाथ यादव)
 (ONKAR NATH YADAV)
 निदेशक (कार्मिक एवं प्रशिक्षण अनुभाग)
 Director (Personnel & Coach Div)

भा.खे.प्रा. - मुख्य कार्यालय / SAI-Head Office
 टेलीफोन / Tel: 011-24362701

ईमेल / Email: onkar.yadav@nic.in

Copy to;

- i. O/o DG SAI
- ii. O/o Secretary SAI/ Head of TAGG/ CEO TOPS
- iii. CVO, SAI
- iv. DDG Khelo India/Principal, LNCPE Trivandrum/ Sr. Executive Director, NS NIS Patiala/DDG Operations & CD&T
- v. All Divisional Heads in SAI Head Office/ All Stadia Administrators
- vi. Heads of Institution/Regional Centres- For information only
- vii. Deputy Director, IT- For uploading on SAI website
- viii. eOffice team- For uploading on eOffice
- ix. Official language Division- for Hindi version

CHECKLIST
(PERSONNEL DIVISION SAI HO)

Required documents for various type of applications/NOCs/Permissions/Tour/Foreign Tour for examination and processing of the cases by SAI HO Personnel Division:

A) NOC FOR PERSONAL PASSPORT/VISA

1) NOC for Passport Application (Fresh & Renewal)

- a) **Application** -Submit a formal application to Reporting Officer (through proper channel to Personnel Division) requesting the issuance of a NOC for application of passport.
- b) **Copy of Printout of Online Submitted Form for Passport-** Submit a Self-Attested/Signed copy of application form submitted online through MEA website.
- c) **Prior Intimation Form (SAI Pers. Annexure-1.1 i.e. Annexure-H of MEA)**
- d) **2 passport size photographs & ID card**
- e) **Copy of passport (for renewal of passport)**
- f) **Vigilance Clearance**

***Timeline= T-15 working days, after receipt of Vigilance clearance**

NOTE: Complete application along with all the requisite documents mentioned above has to be submitted in Personnel Division 03 weeks in advance from the tentative date of appointment/travel.

2) NOC for Foreign Visit at NO COST TO SAI

- a) **Application for NOC on leave at No Cost to SAI**
- b) **Leave application duly recommended (SAI Pers. Annexure-2.1)**
- c) **Performa duly filled for private travel to be undertaken (SAI Pers. Annexure-2.2)**
- d) **Details of the visit undertaken in last 04 years.**
- e) **Copy of Passport**
- f) **a (or undertaking)- (SAI Pers. Annexure-2.3)**
- g) **Bank Statement for last 06 months**
- h) **Vigilance Clearance**

***Timeline= T-15 working days, after receipt of Vigilance clearance**

NOTE: Complete application along with all the requisite documents mentioned above has to be submitted in Personnel Division 03 weeks in advance from the tentative date of appointment/travel.



3) Administrative Sanction for Foreign Visit at COST TO SAI

- a) Approval of Official Visit
- b) Request for DA advance (if required)
- c) Foreign visit profile (details of visit undertaken-official & personal in last 05 years) (SAI Pers. Annexure-3.1)
- d) Copy of Passport
- e) Vigilance Clearance
- f) In case the concerned employee, needs to avail ex-India leave, Leave Application Form (duly recommended by the Reporting Officer) (In accordance with DoPT OM No. DOPT-1667560418032 dated 07.10.2022)

***Timeline= T-15 working days, after receipt of Vigilance clearance**

NOTE: Complete application along with all the requisite documents mentioned above has to be submitted in Personnel Division 03 weeks in advance from the tentative date of appointment/travel.

3.1. Settlement of Expenses for foreign visit at COST TO SAI

- a) Administrative Sanction
- b) Copy of Passport
- c) Copy of Visa (for fee reimbursement)
- d) TA form (GAR-14 A) (duly filled and cross signed by recommending officer) (SAI Pers. Annexure-3.2)
- e) Travelling bills (in original)
- f) Boarding pass (in original)
- g) E-tickets
- h) Telephone bill receipt
- i) If advance/telephone facility/transport/boarding & lodging etc. has been provided/ availed by the Embassy (MEA), then a declaration, along with necessary documents, has to be submitted to Personnel Division for settlement of the bills.

(All the above-mentioned documents must be self-attested/counter-signed)

***Timeline= T-21 working days**

NOTE: Complete settlement application along with all the requisite documents mentioned above has to be submitted in Personnel Division. If advance availed, then the claim should be made within 30 days from completion of tour.

4. LEAVE APPLICATION - Earned Leave

32/25/27

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4.1. Leaves of Regional Head

- a) Leave Application Form in prescribed Format (clear mention of Type of Leave, Station leave or not, clear mention of dates-along with prefix & suffix, purpose of leave) (SAI Pers. Annexure-4.1)
- b) Recommendation of Reporting Officer
- c) Nomination of officer to look after the charge of Regional Head, during his/her leave period
- d) Balance leave record in r/o officers' service book is not maintained by Personnel Division, SAI Head Office

4.2. Leaves of Officers/Officials in SAI Head Office & Stadia

- a) Leave Application Form in prescribed Format (clear mention of Type of Leave, Station leave or not, clear mention of dates-along with prefix & suffix, purpose of leave) (SAI Pers. Annexure-4.2)
- b) Recommendation of Reporting Officer
- c) Nomination of Link Officer as per Office Order No 32/2025 dated 13.02.2025

*Timeline= T-15 working days

NOTE: Complete application, through Proper Channel, along with all the requisite documents mentioned above has to be submitted in Personnel Division within 03 weeks.

5. LTC/LTC advance/LTC reimbursement/Leave encashment

5.1. LTC of Regional Head

- a) LTC Application Form in prescribed Format (clear mention of Type of Leave, Station leave, clear mention of dates-along with prefix & suffix, purpose of leave) (SAI Pers. Annexure- 5)
- b) Block Period and Block Year to be clearly mentioned
- c) Detail of dependent family members
- d) NOC in case of spouse is government employee
- e) Leave Recommendation of Reporting Officer
- f) Tickets from Authorized Ticket Agency (ATAs)-M/s Balmer Lawrie, M/s Ashok Travels & Tours & IRCTC
- g) Nomination of officer to look after the charge of Regional Head, during his/her leave period
- h) Balance leave record, detail of leave encashment availed in service, in r/o officers' service book is not maintained by Personnel Division, SAI Head Office
- i) In case advance is claimed - 21 days' prior booking details required (proof of booking)
- j) In case reimbursement- Tickets, Boarding passes in original, Form GAR 14-C, Declaration of visit

*TIMELINE

- 1. Leave Sanction after receipt of request = 10 working days
- 2. Sanction of LTC advance/Leave encashment = 10 working days
- 3. Time taken for reimbursement after receipt of documents = 15 working days

5.2. Leaves of Officers/Officials in SAI Head Office & Stadia

- a) LTC Application Form in prescribed Format (clear mention of Type of Leave, Station leave, clear mention of dates-along with prefix & suffix, purpose of leave)

32/2

Page 3

- b) Block Period and Block Year to be clearly mentioned
- c) Detail of dependent family members
- d) NOC in case of spouse is government employee
- e) Leave Recommendation of Reporting Officer
- f) Tickets from Authorized Ticket Agency (ATAs)-M/s Balmer Lawrie, M/s Ashok Travels & Tours & IRCTC
- g) **In case advance is claimed** - 21 days' prior booking details required (proof of booking)
- h) **In case reimbursement-** Tickets, Boarding passes in original, Form GAR 14-C, Declaration of visit

***TIMELINE**

- 1. **Leave Sanction after receipt of request = 10 working days**
- 2. **Sanction of LTC advance/Leave encashment = 10 working days**
- 3. **Time taken for reimbursement after receipt of documents = 15 working days**

6. Intimation for applying in examination/interview

- a) Intimation through proper channel
- b) Copy of print out of advertisement
- c) If application has already been submitted, copy of application form

***Timeline= T-07 working days**

7. NOC for appearing in interview (wherever required)

- a) Copy of Prior Intimation
- b) Copy of interview call letter and schedule of interview
- c) Leave application (in case leave availed for the same)

***Timeline= T-15 working days, after receipt of Vigilance clearance**

NOTE: Complete application along with all the requisite documents mentioned above has to be submitted in Personnel Division within 03 weeks.

8. Intimation for applying to courses/higher studies

- a) Intimation through proper channel
- b) Course detail (Stream, tenure) (Brochure to be enclosed)
- c) Undertaking specifying the no financial implication on SAI and no effect/hampering of official work in SAI

***Timeline= T-21 working days**

9. Experience Certificate of Contractual Staff (all over India) & Salary Certificate of Contractual Staff (SAI Head Office & Stadia)

9.1. Experience Certificate

- a) Application for request, recommended by Reporting Officer
- b) Copy of Offer Letter and Joining Report
- c) Copy of latest Increment Order and Extension Order
- d) Clear mention of Purpose of issuance of Experience Certificate
- e) Nature of job profile

31/25/7

- f) In case Experience Certificate is required upon resignation- Copy of No dues certificate and original ID card to be submitted

9.2. Salary Certificate (for SAI Head Office & Stadia- when salary is disbursed by Personnel Division, SAI Head Office)

- a) Application for request, recommended by Reporting Officer
- b) Copy of Offer Letter and Joining Report
- c) Copy of latest Increment Order and Extension Order
- d) Clear mention of Purpose of issuance of Salary Certificate. In case, salary certificate is required for bank/loan purpose, an undertaking to be submitted that SAI would not bear any financial implication for the same
- e) In case Salary Certificate is required upon resignation- Copy of No dues certificate to be enclosed

NOTE: Experience and Salary Certificates will be issued only after completion of minimum 3 months of contractual service. The time period between issuance of certificates would be 03 months. Exception cases would require specific recommendation of reporting officer.

*Timeline= T-07 working days

10. Issuance of ID card (PVC card) for Contractual Staff (SAI Head Office & Stadia)

- a) Proforma, duly certified by reporting officer (SAI Pers. Annexure- 6)
- b) Copy of offer letter
- c) Copy of Joining report
- d) Copy of Extension order
- e) 2 passport size photographs

NOTE: To be submitted to GAD, SAI Head Office

11. MACP

11.1 Group C (Regional Centres)

- a) Minutes of the Committee recommendation
- b) Statement of MACP (Format enclosed) (SAI Pers. Annexure- 7)
- c) APAR/Performance report (last 10 years)

11.2 Group A & B (Regional Centres)

- a) Statement of MACP (Format enclosed)
- b) APAR/Performance report (last 10 years)

12. Complaints (Disciplinary Proceedings/SH/DA&R/Grievances)

Monthly/Quarterly/Yearly reports to be sought from RCs (Proforma enclosed)- for monitoring purpose

13. GPF Advance/Withdrawal (for SAI Head Office & Stadia)

- a) Application (Withdrawal/Advance) (SAI Pers. Annexure- 8-i & 8-ii) (in prescribed format-copy enclosed)
- b) GPF Statement
- c) Copy of Pay slip of current month/Complete bank details
- d) Undertaking (as per 7th CPC) (SAI Pers. Annexure- 9)

14. Prior intimation/Permission for purchase of movable & immovable properties

B/11

14.1 Immovable Properties

- a. Prior Intimation form (Under rule 18 (2)) (SAI Pers. Annexure-10) (proforma attached)
- b. Detail of Source of Income
- c. Declaration regarding the proposed payment for purchase of the property

14.2 Movable Properties

- a. Prior Intimation form (Under rule 18 (3)) (SAI Pers. Annexure-11) (proforma attached)
- b. Detail of Source of Income
- c. Declaration regarding the proposed payment for purchase of the property

15. MEDICAL RELATED

15.1. Empanelment/ Extension of Empanelment of Hospitals (all over India)

- a. Consolidated list of hospitals/diagnostic centers from RCs (for a period of 03 F.Y.)- Recommended by the Local Committee
- b. Committee should ensure that these hospitals will provide medical treatment / facilities at CGHS rates only.

***Timeline : 02 months advance request**

15.2. Medical Bill reimbursement for self & family (SAI Head Office & Stadia)

- a. Medical claim to be submitted in prescribed format. (SAI Pers. Annexure- 12)
- b. Copy of medical card/ family card (SAI Pers. Annexure- 13)
- c. Bills in original- CGHS code for the respective treatment has to be clearly mentioned for verification of CGHS Rate
- d. Undertaking regarding income detail of dependent children who is earning below Rs. 9,000/- per month.

NOTE: All documents to be submitted in original & duplicate

***Timeline: T-10 working days (Claim to be submitted within 06 months after taking treatment)**

15.3. Medical Bill reimbursement for hospital (SAI Head Office & Stadia)

- a. Medical claim to be submitted in prescribed format
- b. Copy of medical card/ family card
- c. Bills in original- CGHS code for the respective treatment has to be clearly mentioned for verification of CGHS Rate
- d. Undertaking regarding income detail of dependent children who is earning below Rs. 9,000/- per month.

NOTE: All documents to be submitted in original & duplicate

***Timeline: T-10 working days (Claim to be submitted within 06 months after taking treatment)**

15.4. Pension papers/Family pension papers (SAI Head Office & Stadia)

- a. Two sets of Pension Papers (SAI Pers. Annexure-14)

- b. Photocopy of Aadhar Card
- c. Photocopy of PAN Card
- d. Four Joint Photographs of spouse
- e. Copy of joint Bank account details
- f. Finger print of both hand
- g. Thumb impression of both

NOTE: All documents to be submitted in original & duplicate

*Timeline: T-30 working days (Before 01 month from the date of superannuation)

* The aforementioned timeline delineates the period within which the Personnel Division is expected to complete the assigned task.

Onkar Nath

25-07-2025

ओंकार नाथ यादव, आईआरआरएस
Onkar Nath Yadav, IRRS
निदेशक (कर्मिक प्रभाग) / Director (Personnel Division)
भारतीय खेल प्राधिकरण / Sports Authority of India
युवा कार्यक्रम एवं खेल मंत्रालय / Ministry of Youth Affairs
भारत सरकार, नई दिल्ली / Govt. of India, New Delhi

Annexures List

S.No	Subject	Annexures
1.	Prior Intimation Form for passport (Fresh & Renewal)	SAI Pers. Annexure-1.1
2.	Leave application duly recommended in case of Foreign Visit at NO COST TO SAI	SAI Pers. Annexure-2.1
3.	Performa duly filled for private travel to be undertaken	SAI Pers. Annexure-2.2
4.	Declaration (or undertaking) in case of Foreign Visit at NO COST TO SAI	SAI Pers. Annexure-2.3
5.	Foreign visit profile for Administrative Sanction for Foreign Visit at COST TO SAI	SAI Pers. Annexure-3.1
6.	TA form (GAR-14 A) (duly filled and cross signed by recommending officer) for Settlement of Expenses for foreign visit at COST TO SAI	SAI Pers. Annexure-3.2
7.	Leave Application Form in prescribed Format for Leaves of Regional Head	SAI Pers. Annexure-4.1
8.	Leave Application Form in prescribed Format for Leaves of Officers/Officials in SAI Head Office & Stadia	SAI Pers. Annexure-4.2
9.	LTC Application Form in prescribed Format	SAI Pers. Annexure- 5
10.	Proforma, duly certified by reporting officer for of ID card (PVC card) for Contractual Staff (SAI Head Office & Stadia)	SAI Pers. Annexure- 6
11.	Statement of MACP for Group A, B & C Officers	SAI Pers. Annexure- 7
12.	GPF Application (Withdrawal/Advance)	SAI Pers. Annexure- 8-i & 8-ii
13.	Undertaking for GPF Advance /Withdrawal	SAI Pers. Annexure- 9
14.	Prior Intimation form (Under rule 18 (2)) for Immovable Properties	SAI Pers. Annexure- 10
15.	Prior Intimation form (Under rule 18 (3)) for Movable Properties	SAI Pers. Annexure- 11
16.	Medical claim reimbursement to be submitted in prescribed format	SAI Pers. Annexure- 12
17.	Copy of medical card/family card	SAI Pers. Annexure- 13
18.	Pension papers/Family pension papers (SAI Head Office & Stadia)	SAI Pers. Annexure-14

Onkar Nath
25-07-2025

ऑंकार नाथ यादव, आईआरआरएस
Onkar Nath Yadav, IRRS
निदेशक (कार्मिक प्रभाग)/Director (Personnel Division)
भारतीय खेल प्राधिकरण/Sports Authority of India
युवा कार्यक्रम एवं खेल मंत्रालय/Ministry of Youth Affairs
भारत सरकार, नई दिल्ली/Govt. of India, New Delhi

ANNEXURE 'H'

**PRIOR INTIMATION (PI) LETTER FROM THE GOVERNMENT/PSU/STATUTORY BODY
EMPLOYEE TO HIS/HER ADMINISTRATIVE OFFICE FOR SUBMISSION OF PASSPORT
APPLICATION FOR HIMSELF/HERSELF (ON PLAIN PAPER)**

Place:

Date:

[To be addressed to the Controlling/Administrative Authority with full postal address]

.....

PIN:

Tel:

Fax:

Email:

Subject: Prior Intimation for Submission of Passport Application.

Sir/Madam,

I hereby give prior intimation that I am applying for an ordinary Passport to Regional Passport Office,
 This is for your kind information and record.

Yours faithfully,

Employer Signature:

Employer Office Seal:

Signature:

Name:

Date of Birth:

Designation:

Name of Office Where Working:

Name of Organisation:

Address of Present Office:

Residential Address:

Note: The Prior Intimation Letter (under this Annexure) shall be accepted by the Passport Authority for processing the passport application if the same bears the signature and seal of the employer of the applicant acknowledging its receipt.

SPORTS AUTHORITY OF INDIA
APPLICATION FOR GRANT OF CL/EL/ ML/RH/ COMPENSATORY

Dated: _____

NAME : _____

DESIGNATION : _____

PLACE OF POSTING : _____

DURATION OF LEAVE : ON/FROM _____ TO _____

: TOTAL NO. OF DAYS _____

PURPOSE FOR WHICH LEAVE : _____

REQUIRED

WHETHER LTC WILL BE : _____

ABVAILABLE, IF SO WHICH TYPE _____

PLEASE INDICATE HOME TOWN OR _____

PLACE OF CHOICE AND BOCK YEAR _____

LEAVE ADDRESS : _____

NAME & DESIGNATION OF THE : _____

PERSON WHO WILL CARRY OUT _____

THE DUTIES OF THE APPLICANT _____

DURING HIS ABSENCE.

SIGNATURE: _____

NAME: _____

DESIGNATION: _____

REMARKS OF THE NEXT SUPERIOR OFFICER

RECOMMENDED / NOT RECOMMENDED

SANCTIONED / NOT SANCTIONED

SIGNATURE: _____

NAME: _____

DESIGNATION: _____

DATE: _____

Sports Authority of India
Headquarter, East Gate, J.N Stadium, New Delhi

Part-III

PROFORMA FOR GOING ABROAD

(See O.M. No.11013/7/2004-Estt.(A) Dated ___/___/___)

1. Name : _____
2. Designation : _____
3. Pay : _____
4. Ministry/Department : _____
(Specify Centre/State/PSU)
5. Passport No. : _____
6. Details of Foreign visit undertaken during the last five years:

Period of Abroad	Name of Foreign Countries visit	Purpose	Estimated expenditure (Travel, Board/Lodging, Visa, Misc, etc)	Source of fund	Remarks
From	To				

7. Details of previous private Foreign travel. If any undertaken during the last one year(as under item No. 6) : _____

Singnature of the Officer: _____
 Name (In block letters) : _____
 Designation : _____
 Date : _____

AFFIDAVIT

I, _____ S/O, D/O _____
Presently residing (Address) _____
_____ Permanent R/o _____
_____ working as (Designation) _____ Sports Authority

of India, do hereby solemnly affirm and declare as under:-

1. That I do not suffer from any disqualification mentioned in the section of passport Act 1967
2. That I am not wanted by any court of law/police in any case.
3. That I have no complaint/ enquiry is pending against me till today.
4. That I will get leave of kind sanctioned before proceeding actually abroad.
5. That I will complete charge of my assignment before proceeding actually abroad.
6. That I will not accept any kind of employment while abroad.
7. That I will not take part in any activity which provide pro-judicial in the interest of state/Country.

DEPONENT

VERIFICATION:

Verified at (Place) _____ on this (Date) _____ that the content of this affidavit
are true and correct to the best of my knowledge.

DEPONENT

G.A.R-14

[See rules 66 (1) and 90 (1)(i)]

CONSOLIDATED TRAVELING ALLOWANCE BILL OF THE MINISTRY/DEPARTMENT/**OFFICE OF****FOR THE MONTH OF**

[Separate form should be used in case of establishments in which TA is chargeable to different heads of account]

1. Bill No & date : Head of Account :

2. Token No. & date : Major Head :

3. Voucher No. & date : Minor Head :

Detailed Head :

SL. No.	Sub-Bill No.	Name & designation of Govt. Servant	Gross Claim	Advance adjustable	Net amount Payable	Remarks
1.						
2.						
3.						
4.						
5.						
	Total				(A)	
Deduct undisbursed traveling allowance refunded as per details below*					(B)	

Net sum required for payment by (A—B):

(i) Cheque for self ₹

(ii) Cheque in favour of officers as indicated in Remarks col. ₹

(iii) Bank draft in favour of ₹

Appropriation for 20 ₹

Expenditure including this bill ₹

Balance ₹

PASSED FOR PAYMENT (in figures) ₹

(Rupees in words)

Certified that the claims included in the bill have not already been paid and office copies of the sub-bills have been suitably cancelled to avoid double payment.

Received Contents.
Drawing and Disbursing Officer

Drawing and Disbursing Officer

Personal Information

1. Name (official/ Passport) :
2. Designation and place of posting :
3. Equivalent rank in Govt. of India :
4. Date of birth & Date of Superannuation :
5. Staff No :
6. Last three and current year's foreign
Visit details (2016, 2017, 2018 and 2019) :

S. No.	Period	Country	Purpose	Whether Tour report submitted Yes/No

7. Status of submission of Annual
Immovable Property Return statement
for 31.12.2018 (whether submitted
or not) :
8. Passport No and Expiry Date i.r.o
(Diplomatic Official) - Scan copy if any :
9. Pay scale at present according to 6th CPC
and equivalent pay matrix level in 7th CPC :
10. Contact (Mobile No. and E-mail ID) :
11. Aadhar Card No. :
12. PAN Card No. :
13. Ex India Leave status (If Applying) :

(Singnature of Officer)

* Details of undisbursed T.A. refunded.

Bill No./Sub-bill No. and date	Name and designation of Govt. servant	Amount
		₹
	Total:	
	Drawing and disbursing Officer	

FOR USE IN PAY AND ACCOUNTS OFFICE

Passed for Payment of ₹ (Rupees)
to (D.D.O. by designation/ vide details given in the bill)
by cheque/bank draft at after
disallowing ₹ (for reasons to be communicated), No. and date of cheque delivered.

J.A.O.		P.A.O.	
Post-check of vouchers received from cheque drawing D.D.O.s		Post-check of pre-checked vouchers.	
Admitted ₹			
Objected ₹			
(with brief reasons)			
J.A.O.	P.A.O.	J.A.O.	P.A.O.

Note:

1. Claims for journeys on tour and transfer should be grouped and shown separately in the consolidated bill, L.T.C. claims are to drawn on separate bills as these payments are chargeable to the head salaries.
2. Objection, if any, on individual claims be got settled by personal contracts on phone or otherwise as far as possible. In cases where delay is anticipated the affected claim may be ignored and the bill assed for payment in respect of other claims found in order.

SPORTS AUTHORITY OF INDIA

APPLICATION FOR GRANT OF CL/EL/ ML/RH/ COMPENSATORY

Dated: _____

NAME : _____

DESIGNATION : _____

PLACE OF POSTING : _____

DURATION OF LEAVE : ON/FROM _____ TO _____

: TOTAL NO. OF DAYS _____

PURPOSE FOR WHICH LEAVE
REQUIRED : _____

WHETHER LTC WILL BE : _____

ABVAILABLE, IF SO WHICH TYPE _____

PLEASE INDICATE HOME TOWN OR _____

PLACE OF CHOICE AND BOCK YEAR _____

LEAVE ADDRESS : _____

NAME & DESIGNATION OF THE : _____

PERSON WHO WILL CARRY OUT _____

THE DUTIES OF THE APPLICANT _____

DURING HIS ABSENCE. _____

SIGNATURE: _____

NAME: _____

DESIGNATION: _____

REMARKS OF THE NEXT SUPERIOR OFFICERRECOMMENDED / NOT RECOMMENDED
SANCTIONED / NOT SANCTIONED

SIGNATURE: _____

NAME: _____

DESIGNATION: _____

DATE: _____

SPORTS AUTHORITY OF INDIA
APPLICATION FOR GRANT OF CL/EL/ ML/RH/ COMPENSATORY

Dated: _____

NAME : _____

DESIGNATION : _____

PLACE OF POSTING : _____

DURATION OF LEAVE : ON/FROM _____ TO _____

: TOTAL NO. OF DAYS _____

PURPOSE FOR WHICH LEAVE REQUIRED : _____

WHETHER LTC WILL BE : _____

ABAVAILABLE, IF SO WHICH TYPE _____

PLEASE INDICATE HOME TOWN OR _____

PLACE OF CHOICE AND BOCK YEAR _____

LEAVE ADDRESS : _____

NAME & DESIGNATION OF THE : _____

PERSON WHO WILL CARRY OUT _____

THE DUTIES OF THE APPLICANT _____

DURING HIS ABSENCE. _____

SIGNATURE: _____

NAME: _____

DESIGNATION: _____

REMARKS OF THE NEXT SUPERIOR OFFICER

RECOMMENDED / NOT RECOMMENDED
 SANCTIONED / NOT SANCTIONED

SIGNATURE: _____

NAME: _____

DESIGNATION: _____

DATE: _____

SPORTS AUTHORITY OF INDIA
(Personnel Division)

APPLICATION FORM FOR GRANT OF LTC ADVANCE

1. Name of the Government Servant
2. Designation
3. Date of entering in the Govt. Service
4. Present Pay
5. Whether Permanent or Temporary
6. Whether wife/husband is employed and if so
Whether entitled to LTC
7. Hometown as recorded in the service book
8. Whether the concession is to be availed for visiting
Home Town, and if so block for which LTC is to
be availed.
9. (a) If the concession is to visit anywhere in India",
the place to be visited.
(b) Block for which to be availed
10. Single rail fare/bus fare from the head quarter to home
Town /Place of visit by shortage route
11. Persons in respect of whom LTC is proposed to be availed

S. No.	Name & Age	Relationship

12. Amount of advance required

I declare that the particulars furnished above are true and correct to the best of my knowledge. I undertake to produce the tickets for the outward journey within ten days of receipt of the advance.

In the event of cancellation of the journey or if I fail to produce the tickets within ten days of receipt of advance, I undertake to refund the entire advance in one lump sum

Signature of Govt. Servant

PERFORMA FOR IDENTITY CARD FOR CONTRACTUAL EMPLOYEES

Name	Designation	Contract		DOB	Identification Mark	Blood Group	Contact No	Address	Emergency No.
		From	To						

Applicant's Signature

Reporting Officer:

Name & Designation:

Division:

Enclosures:

- i. 2 passport size photographs
- ii. Copy of Offer Letter

LIST FOR MODIFIED ASSURED CAREER PROGRESSION SCHEME : Group A,B & C

[illegible]

APPLICATION FOR WITHDRAWAL FROM GENERAL PROVIDENT FUNDS**SPORTS AUTHORITY OF INDIA**

J.L.N:Stadium, Lodhi Road, New Delhi-110003

Application for withdrawal from _____
 (Here Enter, the Name of the Fund)

S.No.	Details	
1.	Name of the Subscriber	
2.	Account Number	
3.	Designation (With Departmental Suffix)	
4.	Pay	
5.	Date of Joining Service and the date of Superannuation	
6.	Balance at Credit of the Subscriber on the date of Application as below:	
	i. Closing Balance as per Statement for the year ii. Credit from _____ to _____ on Account of monthly Subscriptions. iii. Refunds made to the Fund after the Closing Balance, Vide (i) above iv. Withdrawal during the period from _____ to _____ v. Net Balance at Credit on date of Application	
7.	Amount of withdrawal required	
	(a) Purpose for which the withdrawal is required (b) Rule under which the request is covered	
8.	Whether any withdrawal was taken for the same purpose earlier. If so, indicate the amount and the year	
9.	Name of the Accounts Officer maintaining the Provident Fund Account	

Signature of Applicant

Name: _____

Designation: _____

Division/Branch: _____

APPLICATION FOR ADVANCE FROM GENERAL PROVIDENT FUND

1. Name of the Subscriber : _____
2. Designation: _____
3. Basic Pay : _____
4. Balance at credit of the subscriber on the date of application as below:-
 - i. Closing Balance as per statement for the year _____ :Rs. _____
 - ii. Credit from _____ to _____ on account of :Rs. _____ monthly subscription.
 - iii. Refunds _____ :Rs. _____
 - iv. Withdrawals during the period from _____ to _____ :Rs. _____
5. Amount of Advance/ Outstanding Advance :Rs. _____
 - i. _____ :Rs. _____
 - ii. _____ :Rs. _____
6. Amount of Advance required :Rs. _____
 - a) Purchase for which the advance is required. :Rs. _____
 - b) Rules under which the request is covered. :Rs. _____
 - c) If advance is sought for House Building etc. following information may be given:
 - i. Location and Measurement of the Plot:Rs. _____
 - ii. Whether Plot is freehold or on Lease:Rs. _____
 - iii. Plan for Construction :Rs. _____
 - iv. If the flat or Plot being purchased is from a _____ :Rs. _____
House Building Society, the location and Measurement etc.
 - v. Cost of Construction :Rs. _____
 - vi. If the purchase of flat is from DDA or any :Rs. _____
House Building, the location dimension may be given
 - d) If advance is required for education of children following details may be given :-
 - i. Name of the son/daughter :Rs. _____
 - ii. Class & Institution/ College where studying :Rs. _____
 - e) If advance is required for treatment of alling family members, following details maybe given:-
 - i. Name of the Patient & Relationship.: _____
 - ii. Name of the Hospital/ Doctor where the Patient is undergoing treatment: _____
 - iii. Whether Outdoor/Indoor patient: _____
 - iv. Whether reimbursement available or not: _____
7. Amount of consolidated advance (Item 6 & 7) a number of monthly Installments in which the consolidated advance Is proposed to repaid _____
8. Full Particulars of the pecunary circumstances of the Subscriber, justifying the application for the advances. _____

In certify that particulars given above are correct and complete to the best of my knowledge and belief and that nothing has been canceled by me.

Dated: _____

SIGNATURE OF APPLICANT _____

NAME: _____

DESIGNATION: _____

DIVISION/ DEPARTMENT: _____

SPORTS AUTHORITY OF INDIA

UNDERTAKING FOR GPF WITHDRAWAL/ADVANCE

This is certified that I _____ Designation _____

GPF NO _____ have requested to withdrawal/Advance of sum of Rs. _____

(In words Rs. _____ for the purpose _____

_____ and assure that this amount would be used for the above mentioned purpose only.

Signature: _____

Name: _____

Designation: _____

Place of posting: _____

FORM-I

Form for giving prior intimation or seeking previous sanction under Rule 18 (2) of the CCS (Conduct) Rules, 1964 for transaction in respect of immovable property.

(Please read the instructions before filing up the form)

1. Name of the Government servant : _____
 (a) Designation: _____
 (b) Service to which belongs: _____
 (c) Employee No./ Code No.: _____
2. Scale of Pay and present pay: _____
3. Purpose of application: @ _____
4. Whether property is being acquired or disposed of: _____
5. Probable date of acquisition/disposal of property: _____
6. (a) Mode of acquisition β : _____
 (b) Mode of disposal β : _____
7. Description of Property.

Full details about location $\$$	Description of Property. ψ	Whether freehold or leasehold.	Whether applicant's interest in the property is in full or part. $\&$	Ownership of the property. $*$	Sale/ purchase price of the property. $\#$
(a)	(b)	(c)	(d)	(e)	(f)

8. In case of acquisition, source or sources from which financed/ proposed to be financed. Ω : _____
9. In the case of disposal of property, was requisite sanction/intimation obtained/given for its acquisition (A copy of the sanction/acknowledgement should be attached): _____

10. Details of the Parties with whom transaction is proposed to be made:

Name and address of the party with whom transaction is proposed to be made.	Is the party related to the applicant? If so, state the relationship.	Did the applicant have any official dealing with the parties? €	How was the transaction arranged? ®
(a)	(b)	(c)	(d)

11. In case of acquisition by gift, whether sanction is also required under Rule 13 of the CCS (Conduct) Rules, 1964? α

12. Any other relevant fact which the applicant may like to mention.....

DECLARATION

I hereby declare that the particulars given above are true. I request that I may be given permission to acquire/dispose of property as described above from/to the party whose name is mentioned in item 11 above.

OR

I, hereby intimate the proposed acquisition/disposal of property by me as detailed above. I declare that the particulars given above are true.

Station:

Date:

Signature:

Name:

Designation:

Instructions to follow while filling up the above form:

1.

Symbols	Sl. No./ Field no.	Instructions
@	3.	Purpose of application: sanction for transaction or prior intimation of transaction.
β	6.(a) and 6.(b)	Mode of acquisition/ disposal: whether Purchase/ sale/ Gift/ Mortgage/ Lease or otherwise should be mentioned.
\$	7(a)	Full details about location viz. Municipal No., Street/Village, Taluk, District and State in which the property situated.
ψ	7(b)	Type of Property: Housing and other buildings or Lands.
&	7(d)	Whether applicant's interest in the property is in full or part, in case of partial interest, extent of such interest must be indicated.
*	7(e)	Ownership of the property, in case transaction is not exclusively in the name of the Government servant, particulars of ownership and share of each member may be given.
#	7(f)	Sale/ purchase price of the property (Market value in the case of gifts)
Ω	8.	In case of acquisition, Source or sources from which proposed to financed:- (a) Personal Savings or (b) other sources giving details.
€	10(c)	Did the applicant have any dealings with the party in his official capacity at any time, or is the applicant likely to have any dealings with him in the near future? Write the answer in YES or NO. If yes, full details should be given
®	10(d)	How was the transaction arranged? (Whether through any statutory body or a private agency through advertisement or through friends and relatives). Full particulars to be given.
α	11	Write the answer in YES or NO.

2. In the above form, different portions may be used according to requirement.
3. Where previous sanction is asked for, the application should be submitted at least 30 days before the proposed date of the transaction.

FORM-II

Form for giving intimation or seeking previous sanction under Rule 18 (3) of the CCS (Conduct) Rules, 1964 for transaction in respect of movable property.

(Please read the instructions before filing up the form)

1. Name of the Government Servant _____
 (a) Designation: _____
 (b) Service to which belongs: _____
 (c) Employee No./ Code No.: _____
2. Scale of Pay and present pay: _____
3. Purpose of application: @ _____
4. Description of Movable Property

Acquisition or disposal	Date of acquisition or disposal	Details of Property \$	Mode of acquisition or disposal ©	Whether the applicant's interest in the property is in full or part. &	Ownership of the property *	Sale/ purchase price of the Property ψ
(a)	(b)	(c)	(d)	(e)	(f)	(g)

5. In case of acquisition, source or sources from which financed/ proposed to be financed. Ω _____
6. In the case of disposal of property, was requisite sanction/intimation obtained/given for its acquisition (a copy of the sanction/acknowledgement should be attached). _____
7. Details of the Parties with whom transaction is proposed to be made/ has been made:

Name and address of the parties.	Is the party related to the applicant? If so, state the relationship.	Did the applicant have any official dealing with the parties? €	Nature of official dealing with the party	How was the transaction arranged? ®
(a)	(b)	(c)	(d)	(e)

8. In case of acquisition by gift, whether sanction is also required under Rule 13 of the CCS (Conduct) Rules, 1964? α _____
9. Any other relevant fact which the applicant may like to mention _____

DECLARATION

I, hereby declare that the particulars given above are true. I request that I may be given permission to acquire/dispose of property as described above form/to the party whose name is mentioned in item 7 above.

OR

I, hereby intimate the proposed acquisition/disposal of property by me as detailed above. I declare that the particulars given above are true.

Station:

Signature :

Name:

Date:

Designation :

Instructions to follow while filling up the above form:

1.

Symbols	Sl. No./ Field no.	Instructions
@	3.	Purpose of application: Sanction for transaction or prior intimation of transaction.
\$	4(c)	(a) Movable property as per the Rule 18 of the CCS (Conduct) Rules, 1964 (b) Make, model and also registration No. in case of vehicle
©	4(d)	Mode of acquisition/ disposal- purchase/ sale/ gift/ mortgage/ lease or otherwise.
&	4(e)	Whether applicant's interest in the property is in full or part, In case of partial interest, the extent of such interest must be indicated.
*	4(f)	Ownership of the property, in case the transaction is not exclusively in the name of the Government servant, particulars of ownership and share of each member may be given.
ψ	4(g)	Sale/ purchase price of the property (Market value in the case of gifts)
Ω	5.	Source or sources from which financed/ proposed to financed:- (a) Personal Savings or (b) other sources giving details.
€	7(c)	Did the applicant have any dealings with the party in his official capacity at any time, or is the applicant likely to have any dealings with him in the near future? Write the answer in YES or NO. If yes, full details should be given
®	7(e)	Whether through any statutory body or a private agency through advertisement or through friends and relatives. Full particulars to be given
α	8	Write the answer in YES or NO.

2. In the above form, different portions may be used according to requirement.
3. Where previous sanction is asked for, the application should be submitted at least 30 days before the proposed date of the transaction.

**SPORTS AUTHORITY OF INDIA
LODHI ROAD, J.N. STADIUM, NEW DELHI**

Application for claiming medical reimbursement expenditure

1. Name and Designation of the employee :
2. Name of the patient and his/her
relationship With the employee :
3. Total amount claimed
In words :
4. Name of the Doctor & Reg. No. :
5. List enclosures :

S.No.	Name of Medicines	Cash Memo No. & Date	Amount in Rupees
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
		Total	

Signature of Employee

1. I hereby certify that patient has been under treatment and above/listed medicines were prescribed by me and are/were not supplied by the hospital.
 2. That the patient is/was suffering from
 3. The claim is verified for Rs. (Rupees).
- (Certificates applicable in case of hospitalization treatment only):

MEDICAL OFFICER

FOR OFFICE USE

1. Amount claimed so far :
2. Amount of the present claim :
3. Total amount claimed included present claim:
4. Certified that Shri/Smt/Km. Self is the son/daughter/father/mother/husband of Shri/Smt/Km. As per details of the family available in the office who is employed in the Sports Authority of India,
5. The claim has been verified and passed for payment of Rs.

ASSTT.DIRECTOR (Pers)

MEDICAL CARD PERFORMA
SPORTS AUTHORITY OF INDIA

Joint Photograph of Employee and family
(Photo Size – 5 cm x 8 cm)

1. Name of Employee : _____
2. Designation : _____
3. Residential Address : _____
4. Basic Pay : _____
5. Place of Posting : _____
6. Detail of Family Members

S.No.	Name & Blood Group	Relationship with employee	Date of Birth/Age
1.			
2.			
3.			
4.			
5.			
6.			

Signature of Employee

**FORM OF APPLICATION FOR FINAL PAYMENT/TRANSFER IN
CORPORATE BODIES /OTHER GOVT. OF BALANCES IN THE
PROVIDENT FUND ACCOUNT**

To,

The Secretary
Director General
Sports Authority of India,
J.N. Stadium, New Delhi

Sir,

I am to retire/have retired/have been discharged/dismissed/have been permanently transferred to...../have resigned finally from Govt. Service/have resigned service under.....Government to take up appointment withand my resignation has been acceptedand my resignation has been accepted w.e.f.....forenoon/afternoon. I joined service withon.....forenoon/afternoon.

2. My provident Fund Account No. is.....

3. I desire to receive payment through my office/through the.....Treasury/Sub-treasury. particulars of my personal marks of identification, left hand thumb and finger impressions (in the case of illiterate subscribers) and specimen signature (in the case of literate sub-scribers) in duplicate, duly attested by a Gazetted Officer of the Government, are enclosed.

PART-I

4. I request the the amount of Rs.....standing to the credit in my Provident Fund Account as indicated in the Accounts as indicated in the Account statement issued to me for the year.....(enclosed)/as appearing in my ledger account being maintained by you.....Treasury/Sub Treasury/Head of Officer may please be arranged to be paid to me as first instalment of final payment.

5. The undermentioned Life Insurance Policies were being financed by me from my Provident Fund Account :-

Policy number	Name of the Company	Sum assured
1.		
2.		
3.		

Contd...2

6. After payment of the first instalment of my Provident Fund balance, I will apply for the payment of subsequent instalment in Part-II of the Form immediately on retirement.

Yours faithfully,

Signature

Name

Address

tation

late

This applies only when payment is not desired through the Head of Office.

PART-II

(To be submitted by the Subscriber immediately after his retirement. This part is also applicable in the case of subscribers who apply for final payment for the first time after the date of superannuation, discharge, resignation etc.)

In continuation of my earlier application, dated
for the final payment of Provident Fund balances, I request that the entire balance at my credit with interest due under the rules may be paid to me.

or

I request that the entire amount at my credit with interest due under the rules may be paid to me/transferred to

Signature.....

Name

Address :

FORM I

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION WITHOUT MEDICAL EXAMINATION

[See Rules 5 (2), 6 (1), 12, 13 (1) and (2), 14 (1) and (2), 15 (1) and (2) and 16 (1) and (2)]

(To be submitted in duplicate after retirement but within one year of the date of retirement)

PART I

To,

The..... (Here indicate the designation and full address of the Head of Office)
.....
.....

Subject : Commutation of pension without medical examination

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below :-

1. Name (in Block letters)
2. Father's name (also husband's name in the case of a female Government servant)
3. Designation at the time of retirement
4. Name of Office/Department/Ministry in which employed
5. Date of birth (by Christian era)
6. Date of retirement
7. Class of pension on which retired
8. Amount of pension authorized. [In case final amount of pension has not been authorized, indicate the amount of provisional pension sanctioned under Rule 64 of the Central Civil Services (Pension) Rule, 1972]
9. *Fraction of pension proposed to be commuted
10. Designation of the Accounts Officer who authorized the pension and the No. and date of the Pension Payment Order, if issued
11. Disbursing authority for payment of pension-
 - (a) Treasury/Sub-Treasury (Name and complete address of the Treasury/Sub-Treasury to be indicated)
 - (b) (i) Branch of the Nationalized Bank with complete postal address
 - (ii) Bank Account No. to which monthly pension is being credited each month
 - (c) Accounts Office of the Ministry/ Department/Office

Place :
Date :

Signature
Postal Address

FORM II
ACKNOWLEDGEMENT

Received from Shri.....(name).....(former designation) application
in Part-I of Form 1 of Form 1 for the commutation of a fraction of pension without medical examination.

Place :

Date :

Signature

Head of Office

NOTE : This acknowledgement is to be signed, stamped and dated and is to be detached from the Form and handed over to the applicant. If the form has been received by the post, it has to be acknowledged on the same day and the acknowledgement sent under registered cover.

PART III

Forwarded to the Accounts Officer.....(here
indicate the address and designation) with the remarks that-

- (i) the particulars furnished by the applicant in Part I have been verified and are correct;
- (ii) the applicant is eligible to get a fraction of his pension commuted without medical examination;
- (iii) the commuted value of pension determined with reference to the Table applicable at present comes to Rs.....
- (iv) the amount of residuary pension after commutation will be Rs.....

2. It is requested that further action to authorize the payment of the amount of commuted value of pension may be taken as in Rule 15 of the Central Civil Services (Commutation of Pension) Rules, 1981.

3. The receipt of Part I of the Form has been acknowledged in Part II which has been forwarded separately to the applicant on.

4. The commuted value of pension is debitable to Head of Account-

Place :

Date :

Signature

Head of Office

FORM I

[See Rule 53(1)]

Nomination for Retirement Gratuity/Death Gratuity

When the Government servant has a family and wishes to nominate one member or more than one member, thereof,

I, hereby nominate the person/persons mentioned below who is/are member(s) of my family, and confer on him/them, the right to receive, to the extent specified below, any gratuity the payment of which may be authorized by the Central Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death-

Original nominee(s)				Alternate nominee(s)	
Name and address of nominee/nominees	Relationship with the Government Servant	Age	Amount or share of gratuity payable to each ¹	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee pre-deceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount or share of gratuity payable to each ²
(1)	(2)	(3)	(4)	(5)	(6)

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

NOTE : (i) The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

(ii) Strike out which is not applicable.

Dated this.....day of.....20..... at.....

Witness to signature :

1.

2.

Signature of Government servant

(To be filled by the Head of Office)

Nomination by.....

Signature of Head of Office

Designation.....

Date.....

Office.....

Designation.....

Proforma for acknowledging the receipt of the nomination form by the Head of Office

To

.....

.....

Sir,

In acknowledging the receipt of your nomination, dated the...../cancellation, dated the.....of the nomination made earlier in respect of gratuity in Form.....I am to state that it has been duly placed on record.

Place :

Signature of Head of Office

Dated the.....

Designation.....

Note : The Government servant is advised that it would be in the interest of his nominees if copies of the nominations and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death.

FORM I

[See Rule 53(1)]

Nomination for Retirement Gratuity/Death Gratuity

When the Government servant has a family and wishes to nominate one member or more than one member, thereof.

I,..... hereby nominate the person/persons mentioned below who is/are member(s) of my family, and confer on him/them, the right to receive, to the extent specified below, any gratuity the payment of which may be authorized by the Central Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death-

Original nominee(s)				Alternate nominee(s)	
Name and address of nominee/nominees	Relationship with the Government Servant	Age	Amount or share of gratuity payable to each ¹	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee pre-deceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount or share of gratuity payable to each ²
(1)	(2)	(3)	(4)	(5)	(6)

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

NOTE : (i) The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

(ii) Strike out which is not applicable.

Dated this.....day of.....20..... at.....

Witness to signature :

1.
2.

Signature of Government servant

(To be filled by the Head of Office)

Nomination by.....

Signature of Head of Office

Designation.....

Date.....

Office.....

Designation.....

Proforma for acknowledging the receipt of the nomination form by the Head of Office

To

.....

.....

Sir,

In acknowledging the receipt of your nomination, dated the...../cancellation, dated the.....of the nomination made earlier in respect of gratuity in Form.....I am to state that it has been duly placed on record.

Place :

Signature of Head of Office

Dated the.....

Designation.....

Note : The Government servant is advised that it would be in the interest of his nominees if copies of the nominations and the related notices and acknowledgements are kept in safe custody so that they may come into the possession of the beneficiaries in the event of his death.

FORM 3

[See Rule 54(12)]

Details of Family

Name of the Government servant

Designation

Date of birth

Date of appointment

Details of the members of my family

*as on

Serial No. (1)	Name of the members of family* (2)	Date of Birth (3)	Relationship with the officer (4)	Initials of the Head of Office (5)	Remarks (6)

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alteration.

Place.....

Signature of Government servant

Dated the.....

*Family for this purpose means family as defined in Clause(b) of sub-rule(14) of Rule 54 of the CCS(Pension)Rules, 1972.

Note : -Wife and husband shall include respectively judicially separated wife and husband.

FORM 4
[Deleted]

FORM 5
[See Rules 59 (1) (c) and 61 (1)]

Particulars to be obtained by the Head of Office from the retiring Government servant eight months before the date of his retirement

1. Name.
2. (a) Date of birth
(b) Date of retirement
3. ¹ Two specimen signatures (to be furnished in a separate sheet) duly attested by a Gazetted Government servant.
4. ² Three copies of passport size joint ³ photograph with wife or husband (To be attested by the Head Office).
5. Two slips showing the particulars of height and ⁴ personal identification marks duly attested by a Gazetted Government servant.
6. Present address.
7. ⁵ Address after retirement.
8. Name of the Treasury or the Branch of Public Sector Bank or the Pay and Accounts Office through which the pension is to be drawn.
9. ¹ Details of the family in Form 3.
10. Indicate whether family pension is admissible from any other source military or State Government and/or a Public Sector Undertaking/Autonomous Body/Local Fund under the Central or a State Government.

Place.....

Signature

Dated the.....

Designation

Ministry/Deptt./Office

1. Two slips each bearing the left hand thumb and finger impressions duly attested may be furnished by a person who is not literate to sign his name. If such a Government servant on account of physical disability is unable to give left hand thumb and finger impressions, he may give thumb and finger impressions of the right hand. Where a Government servant has lost both the hands, he may give his toe impressions. Impressions should be duly attested by a Gazetted Government servant.
2. Two copies of the passport size photograph of self only need be furnished if the Government servant is governed by Rule 54 of the Central Civil Services (Pension) Rules, 1972 and is unmarried or a widower or widow.
3. Where it is not possible for a Government servant to submit a photograph with his wife or her husband, he or she may submit separate photographs. The photographs shall be attested by the Head of Office.
4. Specify a few conspicuous marks, not less than two, if possible.
5. Any subsequent change of address should be notified to the Head Office.

FORM 5
[See rules 59 (1) (C) and 61 (1)]

Speciman Signature

Signature

Attested by :

Name

Address

Signature

JOINT PHOTOGRAPH OF GOVT. SERVANT

Attested by :

Name

Full Address

Signature

**PARTICULARS OF HEIGHT AND PERSONAL
IDENTIFICATION MARK OF:**

Height :

Identification Mark :

Attested by :

Name

Address

Signature

FORM 6
[Deleted]

² FORM 7

Form for assessing Pension/Family Pension and Gratuity
*[To be sent in duplicate if payment is desired in
a different circle of accounting unit]*

[See Rules 58, 60, 61 (1) and (3) and 65 (1)]

1. Name of the retiring Government employee.
2. Father's/Husband's Name
3. Height
4. Marks of Identification
5. Date of Birth
6. Service to which belongs (indicate name of organized service, if any, otherwise say, General Central Service)
7. Particulars of post held at the time of retirement.
 - (a) Name of the Office
 - (b) Post held
 - (c) Whether the appointment mentioned above was under Government or outside the Government on foreign service term?
8. Whether declared substantive in any post under the Central Government?
9. Date of beginning of service
10. Date of ending of service
11. Cause of ending of service
- (a) Voluntary retirement on being declared surplus (Rule 29)
 - (b) Permanent absorption in Public Sector Undertaking/Autonomous Body (Rule 37-A).....
 - (c) Due to abolition of Post (Rule 59).....
 - (d) Superannuation (Rule 35)
 - (e) Invalidment on medical ground (Rule 38).....
 - (f) Voluntary/premature retirement at the initiative of the Government servant [under Rules 48, 48-A and FR 56 (k)]

(g) Premature retirement at the initiative of the Government [Rule 48 or FR 56 (j)].

(h) Compulsory retirement (Rule 40)

(i) Removal/dismissal from service (Rules 24 and 41)

(j) Death

12. In the case of compulsory retirement, the orders of the competent authority, whether pension may be allowed at full rates or at reduced rates and, in case of reduced rates, the percentage at which it is to be allowed

13. In case of removal/dismissal from service whether orders of competent authority have been obtained for grant of compassionate allowance and if so, at what rate

14. Particulars relating to military service, if any-

(a) Period of military service

(b) Terminal benefits drawn/being drawn for military service

(c) Whether opted for counting of military service towards civil pension?

(d) If answer to (c) above is in the affirmative, whether the terminal benefits have been refunded

(e) In case of Ex-Servicemen who are eligible for family pension under the Armed Forces Rules, whether opted to retain family pension under the Armed Forces Rules or to draw family pension under the Civil Rules

15. Particulars relating to service in Autonomous Body, if any-

(a) Particulars of Service:

Name of Organization	Post held	Period	
		From	To

(b) Whether the above service is to be counted for pension?

(c) Whether the Autonomous Organization has discharged its pensionary liability to the Central Government?

16. Whether any departmental or judicial proceedings are pending against the retiring employees?
17. Qualifying service-
- (a) Details of omission, imperfection or deficiencies in the Service Book which have been ignored [under Rule 59 (1) (b) (iii)]
- (b) Period not counting as qualifying service-
- (i) Body service (2nd proviso to Rule 13)
- (ii) Extraordinary Leave Not counting as qualifying service (Rule 21)
- (iii) Periods of suspension not treated as qualifying service (Rule 23)
- (iv) Interruptions in service [Rule 27 (1) (b) and Rule 28 (c)]
- (v) Periods of foreign service with United Nations bodies for which United Nations pension has been availed
- (vi) Any other period not treated as qualifying service (give details)
- (c) Additions to qualifying service-
- (i) Military service (Rule 19)
- (ii) War service (Rule 20)
- (iii) Weightage on voluntary retirement on being declared surplus (Rule 29)
- (iv) Weightage under Rule 30
- (v) Benefit of service in an Autonomous Body (Rule 37)
- (vi) Weightage under Rule 48-B
- (d) Net qualifying service
- (e) Qualifying service expressed in terms of completed six monthly periods (period of three months and over is treated as completed six monthly period)
- Emoluments-
- (a) Emoluments drawn during 10 months preceding retirement-

From	To	Rate of Pay	Amount

(b) If the officer was on foreign service immediately preceding retirement, the notional emoluments which he would have drawn under Government but for being on foreign service

(c) Average emoluments reckoned for pension

(d) Emoluments reckoned for retirement gratuity/death gratuity

(e) Emoluments reckoned for family pension

19. Date on which the retiring employee submitted his application for pension in Form 5.

20. Complet and up-to-date details of the family as given in Form-3

Sl. No.	Name of the Member of the family	Date of Birth	Relation with the Government servant

21. Whether nomination made for death gratuity/retirement gratuity?

22. The date on which action initiated to-

(a) obtain the 'No demand certificate' from the Directorate of Estates as provided in Rule 57.

(b) assess the service and emoluments qualifying for pension as provided in Rule 59 and

(c) assess the Government dues other than the dues relating to the allotment of Government accommodation as provided in Rule 73 (1)

23. Details of Government dues recoverable out of gratuity-

(a) Licence fee for Government accommodation [see sub-rules (2), (3) and (4) of Rule 72]

(b) Dues referred to in Rule 73

24. (a) Proposed pension/service gratuity

(b) Proposed dearness relief on pension (as on the date of retirement)

(c) Date from which pension is to commence

25. Rate of Family Pension-
- (a) Enhanced rate
- (b) Period for which family pension will be payable at enhanced rate
- (c) Ordinary rate
- (d) Date from which ordinary rate of family pension will be payable
26. Amount of retirement gratuity/death gratuity.
27. Commutation of pension-
- (a) Whether simultaneously applied for commutation of pension with the pension application (applicable only in the case of those who retire on superannuation pension)?
- (b) The portion of pension commuted
- (c) Commuted value of pension
- (d) Amount of residuary pension after de-ducting commuted portion
- (e) Date from which reduced pension is payable
28. Name and address of Bank/Pension Accounting Office from where pension is to be drawn
29. Head of Account to which pension and gratuity are debitable
30. Post-retirement address of the retiree

*Signature of the
Head of Office*

PART II

1. Date of receipt of pension papers by the Accounts Officer from Head of Office
2. Entitlements admitted-
- A. Length of qualifying service
- B. Pension-
- (i) Class of pension
- (ii) Amount of monthly pension
- (iii) Date of commencement
- C. Commutation of Pension
- (i) Commuted value of portion of pension commuted, if any

(ii) Residuary pension after commutation

(iii) Date from which reduced pension is payable

(iv) Date of restoration of commuted portion of pension subject to the pensioner continuing to live

D. Retirement/Death Gratuity-

(i) Total amount payable

(ii) Amount to be adjusted towards Government dues

(iii) Amount to be withheld for adjustment of unassessed dues

(iv) Net amount to be released immediately

E. Family Pension-

(i) At enhanced rate

(ii) Period for which family pension at enhanced rate is payable

(iii) At normal rate

3. Head of Account to which the amount of pension, retirement/death gratuity and family pension are to be debited

Accounts Officer

FORM 8
[Form of letter to the Accounts Officer forwarding the
pension papers of a Government servant]

No.....
Government of India
Ministry of.....
Department/Office.....
Dated the.....

To

The Pay and Accounts Officer/
Accountant-General

.....
.....
.....

**Subject : Pension papers of Shri/Shrimati/Kumari.....
for authorization of pension**

Sir,

I am directed to forward herewith the pension papers of Shri/Shrimati/Kumari.....
of this Ministry/Department/Office for further necessary action.

2. The details of Government dues which will remain outstanding on the date of retirement of the
Government servant and which need to be recovered out of the amount of retirement gratuity are
indicated below-

- (a) Balance of the house-building or
conveyance advance Rs.
- (b) Overpayment of pay and allowances
including leave salary..... Rs.
- (c) Income Tax deductible at source under
the Income Tax Act, 1961 (43 of 1961).....Rs.
- (d) Arrears of licence fee for occupation of
Government accommodationRs.
- (e) The amount of licence fee for the retention
of Government accommodation for the
permissible period of two months
beyond the date of retirementRs.
- (f) Any other assessed dues and the nature
thereofRs.
- (g) The amount of gratuity to be withheld for
adjustment of unassessed dues, if any.....Rs.

Total

3. Your attention is invited to the list of enclosures which is forwarded herewith.

4. The receipt of this letter may be acknowledged and this Ministry/Department/Office informed
that necessary instructions for the disbursement of pension have been issued to disbursing authority
concerned.

5. The retirement gratuity will be drawn and disbursed by this Ministry/Department/Office on
receipt of authority from you. The outstanding Government dues as mentioned in Para 2 above will
also be recovered out of the retirement gratuity before making payment.

Yours faithfully,

Head of Office

List of enclosures

1. Form 5¹ and Form 7 duly completed.
2. Medical certificate of incapacity (if the claim is for invalid pension)
3. Statement of the savings effected and the reasons why employment could not be found elsewhere (if claim is for compensation pension or gratuity).
4. Service Book (date of retirement to be indicated in the Service Book).
5.
 - (a) Two specimen signatures, duly attested by a Gazetted Government servant or in the case of pensioner not literate enough to sign his name, two slips bearing the left hand thumb and finger impressions, duly attested by a Gazetted Government servant.
 - (b) Three copies of passport size photograph with wife or husband (either jointly or separately) duly attested by the Head of Office.
 - (c) Two slips showing the particulars of height and identification marks, duly attested by a Gazetted Government servant.
6. A statement indicating the reasons for delay in case of pension papers are not forwarded before six months of the retirement of Government servant
7. Written statement, if any, of the Government servant as required under Rule 59 (1) (a).
8. Brief statement leading to reinstatement of the Government servant in case the Government servant has been reinstated after having been suspended, compulsorily retired, removed or dismissed from service.

NOTE : When initials or name of the Government servant are or is incorrectly given in the various records consulted, this fact should be mentioned in the letter.

-
1. If a Government servant is compulsorily retired from service and delay is anticipated in obtaining Form 5 from the Government servant, the Head of Office may forward the pension papers to the Accounts Officer without Form 5. The Form may be sent as soon as it is obtained from the Government servant.

FORM 5

[See Rule 7]

To,

Head of Office

(Place).....

I,.....(Name of the pensioner in Capital Letters; hereby nominate the person named below, under Rule 7 of the Central Civil Services (Commutation of Pension) Rule, 1981.

Name and address of the nominee 1	Relationship with the pensioner 2	If nominee is minor		Name and Address of other nominee in case the nominee under Column (1) predeceases the pensioner 5	Relationship with pensioner 6	Date of birth if the other nominee is minor 7	Name and address of person who may receive the commuted value of pension during the other nominee's minority 8	Contingency on happening of which nomination shall become invalid 9
		Date of Birth 3	Name and address of person who may receive the said commuted value during the nominee's minority 4					

Place :

Date :

Witness : Signature :

Name and Address :

Signature (or thumb-impression if illiterate) and name of Pensioner:

Address :

Signature of Head of Office:

STAMP

Acknowledgement to be sent by the Head of Office

Certified that the nomination has been received from.....(Name of Pensioner) whose address is.....

Place :

Date :

Signature of Head of Office

Full Address :

[G.L. Deptt. of Pension and Pensioners' Welfare. Notification No. 34(5)/83-Pension Unit, dated the 17th April, 1985, published as S.O. No. 1870 in the Gazette of India, dated the 4th May 1985.]

FORM A

[See Rule 5]

Pension Disbursing Authority/Head of Office
i.e. of Bank/Treasury/Post Office/Accounts Officer etc.

I, hereby nominate the person named below under rule 5 of the payment of Arrears of pension (Nomination) Rules, 1983.

Name and address of the nominee 1	Relation-ship with the pensioner 2	If nominee is minor		Name and Address of other nominee in case the nominee under Column (1) predeceases the pensioner 5	Relation-ship with pensioner 6	Date of birth if the other nominee is minor 7	Name and address of person who may receive the pension during the other nominee's minority 8	Contingency on happening of which nomination shall become invalid 9
		Date of Birth 3	Name and address of person who may receive the said commuted value during the nominee's minority 4					

Place :

Date :

Witness : Signature :

Signature of Pension disbursing Authority/Head of Office
Acknowledgement to be sent by the Pension Disbursing authority/Head of Office certified that application/nomination has been received from (name of pensioner) whose address is

Place :

Date :

Signature (or thumb-impression if illiterate) and name of Pensioner:

Address :

Signature of pension Disbursing Authority Seal/Treasury Accounts Officer/Head of Office whose address is
Full Address :

Form of certificate of verification of service for pension

No.....
Government of India
Ministry of.....
Department/Office of.....
Dated.....

Certificate

It is clarified, in consultation with the Accounts Officer, that Shri.....
Designation.....has completed a qualifying service of
.....years.....months,.....days as on.....
(date), as per details given below. The service has been verified on the basis of his service documents
and in accordance with the rules regarding qualifying service in force at present. The verification of
service under sub-rules (1) and (2) of Rule 32 of the Central Civil Services (Pension) Rules, 1972,
shall be treated as final and shall not be re-opened except when necessitated by a subsequent change
in the rules and orders governing the conditions under which the service qualifies for pension.

DETAILS OF QUALIFYING SERVICE

	From	To
1.		
2.		
3.		

Signature of Head of Office

To

Shri.....
(Name and Designation)

1. Strike out whichever is not applicable.

SPORTS AUTHORITY OF INDIA
" NO DEMAND CERTIFICATE"

Certified that nothing is outstanding against Sh./Smt./Kum.....
so far as Assistant Director (HK) is concerned.

Asstt. Dir. (HK)

Certified that nothing is outstanding against Sh./Smt./Kum..... SO
far as Administrator, J.N. Stadium, is concerned.

Administrator (JNS)

Certified that nothing is outstanding against Sh./Smt./Kum..... SO
far as Assistant Director (CS) is concerned.

Asstt. Dir. (CS)

Certified that nothing is outstanding against Sh./Smt./Kum..... SO
far as Asstt. Dir. (Lib) is concerned.

Asstt. Dir. (Lib)

Certified that nothing is outstanding against Sh./Smt./Kum..... SO
far as Asstt. Dir (Pers) is concerned.

Asstt. Dir. (Pers)

SPORTS AUTHORITY OF INDIA

Proforma containing particulars for claiming benefits under the Group Savings Linked Insurance Scheme

1. Name of the Employee & Designation :
2. Employee No./S.No. in the List :
3. Category :
4. Date of Birth :
5. Date of Entry into scheme :
6. If there has been a change in the monthly contribution during his membership indicate date of change and revised contribution :
7. Amount of monthly contribution being recovered from the employee :
8. Due date for payment of first contribution :
9. Date of exit from scheme :
10. Due date for payment of the last contribution. :
11. Mode of Exit (Death/retirement/termination of service (please enclosed a copy of order notifying death/retirement/acceptance of resignation etc. :
12. Cause of Death (in case of exit by death. :
13. Was the employee absent on grounds of ill health on the date of entry into scheme. If so give details of leave with reason. :
14. Name of the beneficiary and relationship with the employee (in case of death. Please enclose a copy of appointment of beneficiary in the concerned employees). :
15. Nature of proof of death (please enclose original Death Certificate issued by competent Authority in Form No. 10. :
16. Whether any premium remaining unrecovered from the salary during Membership. :

SIGNATURE OF HEAD OF UNIT/CENT

APPENDIX-D

FORMS

Form of application for Final Payment/Transfer to Corporate Bodies/Other Governments of Balances in the.....Provident Fund Account.

To
The.....
.....

Sir,

I am to retire/have retired/have proceeded on leave preparatory to retirement for..... months/have been discharged/dismissed/have been permanently transferred to...../have resigned finally from Government service/have resigned service underGovernment to take up appointment with.....and my resignation has been accepted with effect from.....forenoon/afternoon. I joined service with.....on.....forenoon/afternoon.

2. My Provident Fund Account No. is.....
3. I desire to receive payment through my office/through the Treasury/Sub-Treasury. Particulars of my personal marks of identification, left hand thumb and finger impressions (in the case of illiterate subscribers) and specimen signature (in the case of literate subscribers) in duplicate, duly attested by a Gazetted Officer of the Government are enclosed.

PART I

(To be filled in when the application for final payment is submitted upto one year prior to retirement)

4. I request that the amount of Rs.....standing to the credit in my Provident Fund Account as indicated in the Accounts Statement issued to me for the year.....(enclosed)/as appearing in my ledger account being maintained by you..... Treasury/Sub Treasury/Head of Office, may please be arranged to be paid to me as first installment of final payment.

5. The undermentioned Life Insurance Policies were being financed by me from my Provident Fund Account.

Policy Number	Name of the Company	Sum Assured
.....
.....
.....

6. After payment of the first instalment of my Provident Fund balance, I will apply for the payment of subsequent installment in Part-II of the Form immediately on retirement.

Yours faithfully,

Signature.....

Name.....

Station :

Address.....

Date :

.....

This applies only when payment is not desired through the Head of Office.

(FOR USE BY HEAD OF OFFICES)

Forwarded to the Accountant General.....for necessary action.

2. The Provident Fund Account No.....of Shri/Shrimati/Kumari (as certified from the statements furnished to him/her from year to year) is.....

3. He/She is due to retire from Government service on.....

4. Certified that he/she had taken the following advances in respect of which installment of Rs.....are yet to be recovered and credited to the Fund account. The details of the final withdrawals granted to him/her are also indicated below :

S.No.	Temporary Advances	Final Withdrawals

Signature of the Head of Office