



सीएसआईआर-संरचनात्मक अभियांत्रिकी अनुसंधान केन्द्र  
CSIR-STRUCTURAL ENGINEERING RESEARCH CENTRE  
(वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद Council of Scientific and Industrial Research)  
सीएसआईआर रोड CSIR Road, तरमणि Taramani चेन्नै Chennai - 600 113.

No. 1/111/88-Estt.

Date: 10.06.2026

**CIRCULAR**


Sub: Forms to be submitted by the family pensioners for release of Family Pension- reg.  
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Eligible family member of the deceased government servant / pensioner shall be entitled for family pension from the date following the date of death of the government servant or the retired government servant, as the case may be, as per Rule 50(1) of CCS (Pension) Rules, 2021 may download the forms (Annexure I to Annexure V) and submit with following documents in the COA/AO's Secretariat duly completed in all respects:-

1. Original Death certificate
2. Copy of PAN card of the Family pensioner
3. Copy of Aadhar card of the Family pensioner
4. Copy of passbook front page with account details

Copy to:

- 1) All concerned

  
(Lokanath Patnayak)  
Administrative Officer  
10.06.26

## FORM 12

[See Rule 79(2)]

Application to be submitted to Pension Disbursing Authority by spouse/co-authorised family member for commencement of family pension on death of a pensioner or family pensioner

Photograph

1. (i) Name of the Government servant/pensioner in respect of whom family pension is being claimed  
(ii) Name of pensioner/family pensioner on whose death family pension is claimed  
(iii) Date of death of pensioner/ family pensioner  
(iv) PPO No. of pensioner/ family pensioner

2 Name and other details of claimant—

Name	Date of birth (DD/MM/YYYY)	Relationship with the deceased Government servant/pensioner	Postal Address

3. In case the claimant is minor or suffering from disorder or disability of mind, including mental retardation, details of guardian/nominee, wherever applicable—

Name	Date of birth (DD/MM/YYYY)	Relationship with the minor/mentally disabled claimant	Relationship with the deceased Government servant/pensioner	Postal Address

4. Details of Bank account to which family pension is to be credited

A/c No.	Bank's Name and branch
IFS Code	

I am aware that future good conduct of the claimant/family pensioner shall be an implied condition for every grant of family pension and its continuance.

Signature or left hand thumb impression of the claimant/guardian

Mobile/Telephone No.....

Permanent Account Number for Income Tax (PAN).....

Aadhar No. (voluntary)- .....

## List of Documents to be submitted with Form 12

1. Two specimen signatures of claimant (to be furnished in a separate sheet)  
(Two slips each bearing the left hand thumb and finger impressions may be furnished by a person who is not literate to sign his name. If such an on account of physical disability is unable to give left hand thumb and finger impressions he/she may give thumb and finger impressions of the right hand. Where a Government servant has lost both the hands, he/she may give toe impressions..)
2. Two copies of passport size photographs of the claimant
3. Undertaking for refunding any excess payment made by the pension disbursing Bank
4. Specimen signature or left hand thumb and finger impressions of guardian, in the case of the guardian who is not literate enough to sign his or her name
5. Two self -attested copies of passport size photograph of the guardian/nominee
6. Descriptive roll of the guardian/nominee, wherever applicable, showing the particulars of height and identification marks, self-attested.
7. Copy of PPO of pensioner/ previous family pensioner (To be provided, if available)
8. Proof of permanent address of the guardian.
9. Copy of death certificate of the deceased pensioner/previous family pensioner



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DESCRIPTIVE ROLL OF SMT./SHRI \_\_\_\_\_,  
WIFE / HUSBAND OF (LATE) \_\_\_\_\_  
(RETD.), CSIR - SERC, CSIR ROAD, TARAMANI, CHENNAI - 600 113

1) Date of birth : (in words  
)

(DATE OF BIRTH PROOF ATTACHED)

2) Height : cms.

3) Identification Marks ( IN CAPITAL LETTERS)

(i)

(ii)

4) Blood Group:

SIGNATURE WITH DATE

Attested by

AUTHORISED MEDICAL ATTENDANT\*  
(OFFICIAL SEAL WITH DATE NAME)

(for Office use)  
Accepted by

\* Any Female Authorised Medial Attendant for female family pensioners



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SPECIMEN SIGNATURE OF SMT./SHRI \_\_\_\_\_

WIFE/ HUSBAND OF (LATE) \_\_\_\_\_

(RETD.), CSIR - SERC, CSIR ROAD, TARAMANI, CHENNAI - 600 113

1)

2)

Place :

Date :

Attested by

(Signature with date and Official seal)

(for Office use)  
Accepted



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DECLARATION REGARDING NON – RECEIPT OF PENSION

I, Smt./Shri \_\_\_\_\_, Wife / Husband of (Late)  
\_\_\_\_\_ CSIR - SERC, Chennai hereby  
declare that I am not in receipt of any Pension from any other source / Military or  
State Government and / or Public Sector undertaking / Autonomous Body / Local  
fund under the Central or State Government.

Signature

Place:

Dated:

In the presence of:-

1)

2)

PHOTOGRAPH OF SMT./SHRI \_\_\_\_\_, WIFE /  
HUSBAND OF (LATE) \_\_\_\_\_ (RETD.),  
CSIR - SERC, CSIR ROAD, TARAMANI, CHENNAI - 600 113

(Full signature of the attester partially appearing on photograph also)

Attested  
(Signature with date and Official seal)

(for Office use)  
Accepted

PHOTOGRAPH OF SMT./SHRI \_\_\_\_\_, WIFE /  
HUSBAND OF (LATE) \_\_\_\_\_ (RETD.),  
CSIR - SERC, CSIR ROAD, TARAMANI, CHENNAI - 600 113

(Full signature of the attester partially appearing on photograph also)

Attested  
(Signature with date and Official seal)

(for Office use)  
Accepted