## **Form-12**

FORM OF APPLICATION FOR THE GRANT OF DEATH-CUM-RETIREMENT GRATUITY ON THE DEATH OF GOVERNMENT SERVANT

To be filled in separately by each claimant and in case the claimant is minor, the Form should be filled in by the guardian on his/ her behalf. Where there are more than one Minor, the guardian should claim the gratuity in one Form on their behalf.

| 1   |  |                               |                 |  |  |
|---|--|-------------------------------|-----------------|--|--|
| _   | ` '  | Date of Birth of the claimant |                 |  |  |
| 2   | (i) Name of the guardian in case the claimant s are minors   |                               |                 |  |  |
| (ii) Date of birth of the guardian          |  |                               |                 |  |  |
| 3   | (i) name of the deceased Government servant in respect of whom gratuity is being   |                               |                 |  |  |
|   | claimed  | <br>b_sf.C                    | 4.              |  |  |
| 1   | (ii) Date of death of Government servant:  |                               |                 |  |  |
| 4   | Relationship of the claimant-guardian with the deceased Government servant   |                               |                 |  |  |
| 5   | Full postal address of the claimant guardian   |                               |                 |  |  |
| Tun postai addices of the claimant guardian |  |                               |                 |  |  |
|   |  |                               |                 |  |  |
|   |  |                               | Signa           | ture /thumb impression of the claimant guardian. |  |
| 6   | (i) where gratuity is claimed by the guardian on behalf of minors, the names of the minors, their ages, relationship with the deceased Government servant etc.:- |                               |                 |  |  |
| Ü   |  |                               |                 |  |  |
|   | 1  |                               |                 |  |  |
|   | 2  |                               |                 |  |  |
|   | 3  |                               |                 |  |  |
|   | 4 (**) P. L. (**) 1 (**) 1 (**)  |                               |                 |  |  |
| _   | (ii) Relationship of the guardian with minor:  |                               |                 |  |  |
| 7   | Name of the Treasury or Sub-Treasury at which payment is desired   |                               |                 |  |  |
| 8   |  | ture or left hand th          | numb and finger | s impression of the claimant guardian            |  |
|   | duly attested.   |                               |                 |  |  |
|   |  |                               |                 |  |  |
|   |  |                               |                 | Signature /thumb impression of the claimant      |  |
|   |  |                               |                 | Zigilature / triume impression of the Cumilland  |  |
| 9   | Attested by:-  |                               |                 |  |  |
|   | Name   | Full Address                  | Signature       |  |  |
|   | 1  |                               | C               |  |  |
|   | 2  |                               |                 |  |  |
|   | 3  |                               |                 |  |  |
|   | 4  |                               |                 |  |  |
| 10  | Witness  |                               |                 |  |  |
|   |  |                               |                 |  |  |