

O.C.S. (PENSION)FORM-V

[see rule 113 (2) (ii)]

FORM OF APPLICATION FOR DISABILITY PENSION

1.	Name of the Applicant.	
2.	Father's Name	
3.	Full Residential Address	Village:- Post Office:- District:- State:-
4.	Present or last employment, including full particulars and address of the establishment.	
5.	Date of applicant's birth by Christian era (as per record in the Service Book).	
6.	Date of entry in to service (as per record in the Service Book).	
7.	Full particulars of service and length of service including interruption (both qualifying and none qualifying).	
8.	Percentage of Disability sustained due to Injury/Disease (as certified by the Medical authorities) and circumstances which resulted in that disability.	
9.	Date of injury/disease (as certified by the Medical Authorities).	
10.	Pay at the time of injury sustained, disease contacted.	
11.	Pension claimed.	
12.	Name of the Treasury/Sub-Treasury/Special Treasury where pension is to be paid.	
13.	Name of the Bank where payment is to be made:-	Branch..... A/c no..... IFSC Code..... MICR Code.....
14.	Personal Identification Marks	
15.	Height	
16.	Thumb and finger impression	Thumb :- Fore-finger :- Middle finger :- Ring-finger :- Little finger :-

Date of Application:-

Signature of the Applicant

Place:

Received the Application Form for sanction of Disability Pension from Shri/Smt. _____
on Dt. _____.

Signature of Head of office/Authorised Officer