

Form No. 19

Application for Family Pension from the family of Late \_\_\_\_\_

1. Name of the Applicant : \_\_\_\_\_

2. Relationship with the deceased : \_\_\_\_\_

3. Date of Death : \_\_\_\_\_

4. Names of surviving members :

Widow : \_\_\_\_\_

Widower : \_\_\_\_\_

Son(s) : \_\_\_\_\_

Daughter(s): \_\_\_\_\_

Unmarried Daughter(s) : \_\_\_\_\_

5. Name of the Treasury/Bank/: \_\_\_\_\_

Post Office at which payment \_\_\_\_\_

is desired \_\_\_\_\_

6. Description note of the Applicant :

Shri/Smt. \_\_\_\_\_

(i) Date of Birth : \_\_\_\_\_

(ii) Height : \_\_\_\_\_

(iii) Personal marks of identification : \_\_\_\_\_

\_\_\_\_\_

(iv) Signature/LTI : \_\_\_\_\_

(v) Two copies of Passport size Photograph :

7. Full Address : \_\_\_\_\_

\_\_\_\_\_

Certified that the information given is correct.

\_\_\_\_\_  
Signature/LTI of the Applicant

Attested

Witness :

1. \_\_\_\_\_

2. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_