

O. C. S. (PENSION) FORM 26
[See rule 113(2) (II)]

FORM OF APPLICATION FOR EXTRAORDINARY FAMILY PENSION

Application for Extraordinary Pension for the family of the late Shri/Shrimati.....

.....killed or dies of Injury/Disease claimed as being attributable to
Injuries/Disease

Government service.

I. Information regarding the claimant -

1. Full name and address residence (show- ..
ing village, Post Office, District, State).
2. Age and date of birth ..
3. Height ..
4. Identification Marks ..
5. Present Occupation and Pecuniary ..
Circumstances.
6. Degree and stature of relationship with ..
the deceased.

II. Information regarding the deceased – ..

1. Full name, Father's residence (including ..
Village, Post Office, District, State)
2. Particulars of Post and Service with full ..
name and address of the Establishment.
3. Full Particulars of Service, length of ..
Service, etc.
4. Pay at the time of death ..
5. Date of Birth ..
6. Age at the time of death ..

7. Nature of Injury/Disease causing
Injuries/Diseases
Death (as per the Certificate of the
Medical Authorities) and the circum-
stances in which the same resulted.

III. Other information-

IV.

1. Amount of Pension, etc. claimed ..
2. Place of payment ..
3. Date from which benefit (s) claimed ..
4. Other relevant information, if any ..

V. Names and ages of* surviving kindred of the deceased

Relation	Name	Date of birth by Christian era
Sons		
Widows		
Daughter		
Father		
Mother		
(Place)		
(Date)		

[NOTE 1-Please strike out the word or words not applicable

NOTE-2-If the deceased has left no son, widow, daughter, father or mother surviving
Him, the word "none" or "dead" should be entered opposite to such relative.

Place

Head of Office

Date

Seal

*The form 'child' includes a posthumus child of the Government and is covered by the term 'surviving kindred'.