



दक्षिण रेलवे/SOUTHERN RAILWAY

No.P(R)500/P/Vol.VII

प्रधानकार्यालय/ Headquarters Office  
कार्मिक शाखा/ Personnel Branch  
चेन्नै/Chennai - 600 003  
दि./ Dated: 15-10-2015

आर बी ई सं/RBE No. 112 / 2015

पी बी सी सं/ PBC No:163 / 2015


All PHODs / DRMs / CWMs / CEWE / CAO / CPM / Dy.CPOs / Sr.DPOs /  
DPOs / SPOs / WPOs / APOs of HQ / Divisions / Workshops / other Units,  
etc.,

(As per mailing list -'A' )

विषय/Sub: NOTIFICATION - Amendment to Railway Services  
(Extraordinary Pension) (Amendment) Rules, 2015.

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A copy of Railway Board's letter No. 2015/F(E)III/1(3)/7 dated 22-09-  
2015 (RBE No. 112 / 2015) is enclosed for information, guidance and  
necessary action.

  
(V.SRINIVASAN)  
वरिष्ठ कार्मिक अधिकारी/नियम  
Senior Personnel Officer/Rules  
कृते मुख्य कार्मिक अधिकारी  
For Chief Personnel Officer

संलग्न/Encl: as above

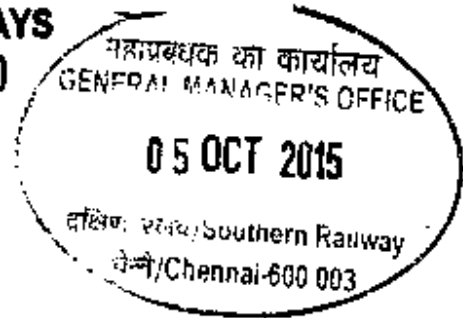
प्रतिलिपि/Copy to : The Genl Secy / SRMU  
The Genl Secy / AISCSTREA  
The Genl Secy / AIOBCREA

The Genl Secy / NFIR

[TO BE PUBLISHED IN THE GAZETTE OF INDIA, PART II, SECTION 3, SUB-SECTION (i)]

GOVERNMENT OF INDIA  
MINISTRY OF RAILWAYS  
(RAILWAY BOARD)

Notification



New Delhi, the 22 September, 2015.

**G.S.R.** .-- In exercise of the powers conferred by the proviso to article 309 of the Constitution, the President hereby makes the following rules further to amend the Railway Services (Extraordinary Pension) Rules, 1993, namely: -

- (1) These rules may be called the Railway Services (Extraordinary Pension) (Amendment) Rules, 2015.  
(2) They shall come into force on the date of their publication in the Official Gazette.
- In the Railway Services (Extraordinary Pension) Rules, 1993, in Schedule V, for Form A and Form B, the following Forms shall respectively be substituted, namely:-

**"FORM A**  
**FORM OF APPLICATION FOR DISABILITY PENSION**  
**Part I**  
**(To be filled by the applicant)**

1.	Details of the applicant (i) Name (ii) Designation/Rank (iii) IRLA/Personal/ Force/Regiment No. (iv) Aadhaar Number (if available) (v) Marks of Identification	Space for Photograph
2.	Name of Father or Mother or Both (a) Name of Father (b) Name of Mother	
3.	Date of birth of applicant	
4.	(i) Correspondence address with Pin Code  (ii) Permanent address with Pin Code	
5.	Post held at the time of injury/disease	
6.	Bank name, Branch address, Account No. to which pension is to be credited (joint account, either or survivor, with spouse) BSR Code, IFSC Code	
7.	Enclosures: (i) Self-attested copies of certificate of Medical Board, (ii) Form 6 of Railway Services (Pension) Rules, 1993 (iii) Nomination Forms ( except commutation of pension), (iv) Undertaking for refunding any excess payment, (v) Specimen signature/thumb impression (in case of illiterate applicant) (vi) Three joint photographs with spouse or separate photographs of the applicant and spouse where it is not possible to submit a joint photograph, (Note: Thumb impression (in the case of illiterate applicant) is to be attested by a Gazetted Officer and photographs are to be attested by Head of Office)	

**Note:** In case the Head of Office is satisfied that it is not possible for the applicant to open a joint account for reasons beyond his/her control, this requirement may be relaxed.

Place: .....

Date: .....

Signature of Applicant

Contact Number:

e-mail ID:

Date of receipt of Form: .....

Signature of Head of Office with seal

**Part II**

**(To be filled by the Head of Office and forwarded to Accounts Officer)**

1.	(i) Present/last post held (ii) Post held at the time of injury/disease (iii) Head quarters/unit with address (iv) Service to which belongs	
2.	(i) Date of entry into service (ii) Date of discharging/boarding out from service	
3.	Net qualifying service (a) Actual (b) Notional for categories 'D' and 'E'	
4.	Pay band and grade pay or pay scale	
5.	(i) Basic pay on the date of injury/disease (ii) Basic pay on the date of medical examination (include non-practising allowance in the basic pay)	
6.	Percentage of disability sustained due to injury/disease (as certified by the medical authorities) and circumstances which resulted in that disability	
7.	(i) Date of injury/disease (as certified by the medical authorities) (ii) Date of medical examination	
8.	Amount of retirement gratuity/death gratuity	
9.	(a) Proposed disability pension (b) Date from which pension is to commence	
10.	Rate of extraordinary family pension if death occurs within 7 years from the date of injury or date of medical report on disease and is on account of the same injury or disease for which he was boarded out.	
11.	Rate of family pension in case of death other than as in item 10- (i) Enhanced rate (ii) Ordinary rate (iii) Period for which family pension will be payable (a) at enhanced rate (b) ordinary rate	

Accounts Officer

.....  
Signature of Head of Office with seal

**FORM B****FORM OF APPLICATION FOR FAMILY PENSION**

Application for extraordinary family pension in respect of late Shri/Smt.  
 ..... killed or died of injury(ies)/disease(s) claimed as  
 attributable to Railway Service.

**I. Information regarding the deceased**

1.	Full name and address	
2.	Name of Father or Mother or Both	
3.	Date of death	

**II. Information regarding the claimant**

4.	Name and address, (showing Village, Post Office, District, State, PIN code)	
5.	Date of birth	
6.	Aadhar Number (if any)	
7.	Monthly income from all sources	
8.	Relationship with the deceased	
9.	Bank name Branch address Account No. BSR Code/IFSC Code	

**III. Details of surviving members of family of the deceased**

Relation	Name	Date of birth (Christian Era)	Disability, if any	Marital Status
Widow/Widower				
Sons				
Daughters				
Father				
Mother				
Brother				
Sister				

IV. 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	Relationship with the minor/mentally disabled claimant	Relationship with the deceased Railway servant	Postal address

- Enclosures:  
(Copies of)
1. Report of medical examination of the deceased employee
  2. Guardianship certificate, if applicable
  3. Disability certificate of the claimant, if any
  4. Income certificate

Specimen signature/thumb impression and two photographs of the applicant, attested by a Gazetted Officer are enclosed.

Place:

Date:

*(Signature of claimant)*

Phone No:

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

Aadhar No., if available - .....

**NOTE:** If the deceased has left no son, widow, daughter, father or mother, brother or sister surviving him, the word "None" should be entered opposite to such relative.

Place:

Date:

*(Signature and Seal of Head of Office).*

Note:- The Principal rules were published vide number S.O. 930 (E), dated the 3rd December, 1993 and subsequently amended as follows:-

S. No	Notification number	Date	Published in the Gazette of India Part II Section 3 Sub-Section (ii). S.O. No.                      Date of Publication	
			4	5
1	2	3	4	5
1	F(E)III/99/PN1/38 (Modification)	23.05.2000	1554	15.07.2000
2	F(E)III/2003/PN1/38 (Amendment) III	30.12.2003	1490(E)	30.12.2003
3.	File No.2011/ F(E)III/1(3)/5	23.09.2013	3118(E)	23.09.2013

[File No.2015/F(E)III/1(3)/7]



(TANVEER AHMED)  
Executive Director Finance (Estt.),  
Railway Board.