



# TAMIL NADU GOVERNMENT GAZETTE

PUBLISHED BY AUTHORITY

No. 44]

CHENNAI, WEDNESDAY, NOVEMBER 11, 2009  
Aippasi 25, Thiruvalluvar Aandu-2040

## Part III—Section 1(b)

Service Rules including Ad hoc Rules, Regulations, etc.,  
issued by Secretariat Departments.

### NOTIFICATIONS BY GOVERNMENT

#### CONTENTS

	<i>Pages.</i>
FINANCE DEPARTMENT	
Amendment to the Tamil Nadu Civil Pensions (Commutation) Rules, 1944.. ..	140
Amendments to the Tamil Nadu Pension Rules, 1978.. ..	141-158
MICRO, SMALL AND MEDIUM ENTERPRISES DEPARTMENT	
Amendment to the Special Rules for the Tamil Nadu Industries Subordinate Service..	158

## NOTIFICATIONS BY GOVERNMENT

### FINANCE DEPARTMENT

#### Amendment to the Tamil Nadu Civil Pensions (Commutation) Rules, 1944

*[G.O. No. 454, Finance (Pension), 15th September 2009, Aavani 30, Thiruvalluvar Aandu-2040]*

No. SRO B-66/2009.—In exercise of the powers conferred by the proviso to Article 309 of the Constitution of India, the Governor of Tamil Nadu hereby makes the following amendment to the Tamil Nadu Civil Pensions (Commutation) Rules, 1944.

#### AMENDMENT

In the said Rules, for Annexure III, the following Annexure shall be substituted, namely:—

#### “ANNEXURE III

#### NOMINATION FOR COMMUTATION OF PENSION

*[See rule 12]*

I, ..... (Name of the Pensioner in Capital Letters), hereby nominate the person / persons named below under Rule 12 of Tamil Nadu Civil Pensions (Commutation) Rules, 1944.

<i>Name and address of the nominee(s).</i>	<i>Relationship with the pensioner.</i>	<i>Date of Birth/Age.</i>	<i>Name and address of other nominee in case the nominee under column (1) predeceases the pensioner.</i>	<i>Relationship with pensioner.</i>	<i>Date of Birth/Age.</i>	<i>Contingency on happening of which nomination shall become invalid.</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)

NOTE: If nominee/alternate nominee is minor, furnish the name and address of person who may receive the arrears of commutation of pension.

Place:

Signature of the Subscriber.

Date:

Signature of two witnesses with Name and Address:

- 1.
- 2.

-/Countersigned/-

Signature of Head of Office.

Office Address:”.

**Amendments to the Tamil Nadu Pension Rules, 1978**

[G.O. No. 455, Finance (Pension), 15th September 2009, Aavani 30, Thiruvalluvar Aandu-2040]

No. SRO B-67/2009.—In exercise of the powers conferred by the proviso to Article 309 of the Constitution of India, the Governor of Tamil Nadu hereby makes the following amendments to the Tamil Nadu Pension Rules, 1978.

AMENDMENTS

In the said Rules,—

(1) for Form 1, the following Form shall be substituted, namely:—

**“FORM 1**

[See rule 48 (1)]

**NOMINATION FOR RETIREMENT / DEATH GRATUITY**

**When the Government servant has a family and wishes to nominate one person or more than one person, thereof.**

I,....., hereby nominate the person/persons mentioned below who is/are member(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity, the payment of which may be authorised by the Government of Tamil Nadu in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Original Nominee(s)				Alternative Nominee(s)	
Name and address of the nominee(s).	Relationship with the Government servant.	Age	Amount or share of Gratuity payable to each*	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee pre-deceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity.	Amount or share of gratuity payable to each**
(1)	(2)	(3)	(4)	(5)	(6)

Place :

*Signature of the Subscriber.*

Date :

Signature of two witnesses with Name and Address:

- 1.
- 2.

-/Countersigned/-

*Signature of Head of Office.*

*Office Address:*

- NOTE: (i) The Government Employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.  
 (ii) Strike out which is not applicable.  
 (iii) If the Original Nominee(s)/Alternate Nominee(s)is/are minor, furnish the name and address of the person with relationship to the Government Employee to receive the amount.

\*This column should be filled in so as to receive the amount.

\*\*The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s).”;

(2) for Form 2, the following Form shall be substituted, namely:—

**“FORM 2.**

*[see rule 48 (1)]*

**NOMINATION FOR RETIREMENT / DEATH GRATUITY**

**When the Government servant has no family and wishes to nominate one person or more than one person, thereof.**

I,....., having no family, hereby nominate the person/persons mentioned below and confer on him/them the right to receive, to the extent specified below, any gratuity the payment of which may be authorised by the State Government in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity, which having become admissible to me on retirement may remain unpaid on my death.

Original Nominee(s)				Alternative Nominee(s)	
Name and address of the nominee(s).	Relationship with the Government servant.	Age	Amount or share of Gratuity payable to each*	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee pre-deceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment of gratuity.	Amount or share of gratuity payable to each**
(1)	(2)	(3)	(4)	(5)	(6)

Place :

Date :

*Signature of the Subscriber.*

Signature of two witnesses with Name and Address:

1.

2.

-/Countersigned/-

Signature of Head of Office.

Office Address:

NOTE: (i) The Government Employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

(ii) Strike out which is not applicable.

(iii) If the Original Nominee(s)/Alternate Nominee(s) is/are minor, furnish the name and address of the person with relationship to the Government Employee to receive the amount.

\*This column should be filled in so as to receive the amount.

\*\*The amount / share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s)."

(3) for Form 5, the following Form shall be substituted, namely:—

**“FORM 5**

*[See rules 53(1), 55(h), 57, 58, 58,(1), 61, 61(1), 63, 64, 64(2) & (3), 68(7)]*

COMBINED APPLICATION FORM FOR GENERAL PROVIDENT FUND FINAL CLOSURE AND PENSION

**PART-I**

FOR RETIREMENT/REVISION CASES ONLY

*(To be sent in duplicate)*

1. Name of the Government Employee  
(IN CAPITAL LETTERS) :
  2. Father's Name / Husband's Name in the  
case of Female Government Employee :
  3. Designation with Selection Grade/Special  
Grade :
  4. Religion :
  5. P.P.O. No. allotted by A.G's. Office. :  
[Applicable only for Revision Cases]
  6. G.P.F. No. with Departmental Suffix :
7. Date of Birth.                      8. Date of Joining.                      9. Date of Retirement.

--	--	--

10. Present Residential Address with PIN Code :  
MOBILE No. :
11. Residential Address after  
Retirement with PIN Code :
12. Place of Payment of Pension :  
(a) Pension Pay Office  
(b) District Treasury  
(c) Sub-Treasury
13. Whether the Pension is proposed to  
be commuted :                      Yes       No   
(Tick in appropriate place)
- If yes, fraction proposed to be commuted :                      Fraction:
14. Are you in receipt of Military Pension? :                      Yes       No

15. If Yes, P.P.O. No. and Treasury from which  
it is drawn may be furnished :

P.P.O. No.	
PPO/District Treasury/ Sub-Treasury	

16. If you are in receipt of Military Pension, state :  
whether you opt for Military Family Pension  
or Civil Family Pension (Option once  
exercised is final.)

17. List of Family Members :  
including Wife/Husband:—

Sl. No.	Name(s)	Relationship	Marital Status.	Date of Birth.	Whether Handicapped/ Mentally Retarded*

\*Medical Certificate to be enclosed.

18. Name of Guardian in case of mentally :  
retarded Children.

#### DECLARATION

I hereby declare that I have neither applied for nor received any Pension or gratuity in respect of any portion of the service qualifying for this pension and in respect of which pension and gratuity are claimed herein nor shall I submit an application hereafter without quoting a reference to this application and the orders which may be passed thereon.

I do hereby declare to refund the pension or gratuity authorized by the Accountant General, Chennai, if afterwards found to be in excess of the amount to which I am entitled under the Rules.

I hereby certify to make good any loss caused to the Government by way of any overdrawal of pay, allowances, leave salary or other admitted obvious dues as a result of negligence or fraud on my part in service in the department in a lumpsum or in suitable installments from my pension.

Place :

Date :

**Signature of Government  
Employee with Date.**

## PART-II

## TO BE FILLED IN BY THE DEPARTMENTAL OFFICER

1. A.G's Office Reference No. in which the proposals were returned with objections earlier :
2. Date of Beginning of Service :
3. Date of Ending of Service :
4. Gross Qualifying Service :
5. Non-Qualifying Service :
6. Additional Qualifying Service under Rule 27 / Due to Voluntary Retirement /Contingent Service/Military Service :
7. Net Qualifying Service :
8. Total Period of Military Service and Military Pension/Gratuity received. (Details of remittance to be furnished separately) :
9. Scale of Pay :
10. Pay Last Drawn (Special Pay, Personal Pay drawn if any to be shown separately) :
11. Class of Pension applicable :
12. Whether any charges are pending against the Government Employee? If so, furnish the details thereof :
13. Office served in the last three years :
14. (a) Drawing Officer for G.P.F. with Full Postal Address and PIN Code :
- (b) Phone No. of the Officer with STD Code :
- (c) e\_mail ID / FAX :
15. Treasury / PAO for G.P.F. :
16. (a) Drawing Officer for D.C.R.G. with Full Postal Address and PIN Code :
- (b) Phone No. of the Office with STD Code :
- (c) e\_mail ID / FAX :
17. Treasury / PAO for D.C.R.G. :
18. Particulars of Last G.P.F. Deduction [Last 12 Months Details]—

Pay for Month.	GPF Sub-scripion.	Recovery/ Refund.	Total Amount of Cr. Schedule.	Date & Place of Payment.	Sub-Account of Account.	Voucher No.
(1)	(2)	(3)	(4)	(5)	(6)	(7)

19. Details of Temporary Advance / Part Final :  
 Withdrawal sanctioned in the last 12 months  
 (If no debit is drawn in last 12 months, the  
 details of last debit drawn should be specified.)

Month	Amount	Voucher No.	Date of Payment.
(1)	(2)	(3)	(4)

**CERTIFICATE**

It is certified that:

1. All the particulars furnished above have been fully verified with reference to office records and are found correct.
2. Advance / withdrawal from GPF was granted during the last 12 months as detailed in Column 18 above.
3. No Charges are pending / Charges are pending against the individual. (Details furnished separately)®
4. Provisional Pension not paid / Provisional Pension paid (Details furnished separately) ®
5. Conditions laid down in Rule 11(2) and Rule 11(3) of the Tamil Nadu Pension Rules, 1978 have been satisfied and the same has been recorded in Service Book.

® *Strike out whichever is not applicable.*



**CHECK LIST / LIST OF ENCLOSURES**

1. Service Book(s). [No. of Volumes] : [Enclosed / Not Enclosed]
2. Recent Joint Passport size Photo with Spouse, Specimen Signature/ left hand thumb impression (in the case of illiterate) and Descriptive Roll of the Government Employee, all in triplicate, duly attested [furnished in the Annexure].
3. Sanction order in respect of Non-Government Aided Educational Institution cases and Missing Employee.
4. In case of Teachers, Non-Employment/Re-employment Certificate.
5. Copy of First Information Report in respect of Missing Employee.
6. Nomination for General Provident Fund (GPF).
7. Nomination for Death cum Retirement Gratuity (DCRG).
8. Nomination for Life Time Arrears of Pension.
9. Nomination for Commutation of Pension (in duplicate).
10. Medical Certificate in original in Form 23 as prescribed in Rule 36 of Tamil Nadu Pension Rules for invalidation cases issued by Medical Board.
11. Certificate of Medical Opinion of the Doctors for admitting Commuted Value of Pension in the cases of Invalidation and Compulsory Retirement cases.

12. Ratification Order of Government :  
for waiving any shortfall in notice  
period due to sanction of  
Extraordinary Leave with /  
without Medical Certificate (in  
respect of Voluntary Retirement  
cases).
13. Military Verification Certificate. :
14. Copy of the Chalan for refund of :  
Gratuity received with Interest for  
Military Service.
15. Copy of Proceedings issued in the :  
case of Compulsory Retirement /  
Voluntary Retirement /  
Invalidation cases.
16. Copy of Government Order :  
imposing cut in Pension issued on  
completion of Disciplinary  
Proceedings / Dropping the  
Charges.
17. Copy of Adoption Deed, in case of :  
adopted children.
18. Copy of Medical Certificate in the :  
case of Mentally Retarded  
Children / Handicapped Children.

Place :

Date :

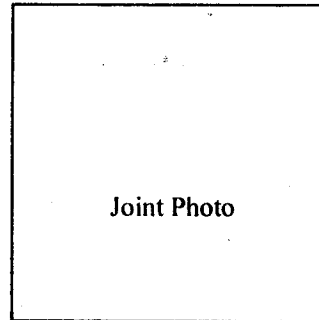
**Signature of the Head of Office /  
Department with Seal.**

### **INSTRUCTIONS**

1. Please send the application in **DUPLICATE**.
2. Please fill up all columns in capital letters.
3. Incomplete application will not be processed.
4. Annual Account Statement of General Provident Fund need not be sent.
5. Last Fund deduction particulars mean deduction to General Provident Fund before stopping recovery.
6. For arriving at the Commuted value of Pension, dated signature of the Government servant in Part I is compulsory.

**ANNEXURE***(To be sent in triplicate)*

1. Joint Passport size Photo of the Government Employee with spouse. (Name of the Government servant and spouse should be written).



Name of Government Employee :

Name of the Spouse :

**Counter Signature of the Head of Office with Seal.**

2. Specimen Signature / Left Hand : 1.  
Thumb impression in case of  
illiterate. 2.  
3.
3. Descriptive Roll of Government : 1.  
Employee. [Personal Marks of  
Identification]. 2.  
3.”;

(4) for Form 17, the following Form shall be substituted, namely :-

**“ FORM 17**

*[see rules 72 (4), 74 (3) and 76 (2)]*

**COMBINED APPLICATION FOR GENERAL PROVIDENT FUND  
FINAL CLOSURE AND FAMILY PENSION**

**PART-I**

**FOR DEATH WHILE IN SERVICE / EXTENSION OF FAMILY PENSION CASES**

*(To be sent in duplicate)*

1. Name of the Government :  
Employee (IN CAPITAL LETTERS).  
Designation and Department. :
2. Date of Death. :
3. Date of Retirement in case of :  
death after retirement.
4. Name of the Applicant / :  
Guardian in case of minor.
5. Relationship of Applicant / :  
Minor with Government  
Employee.
6. Religion. :
7. Date of Birth in case of Minor :  
with proof.
8. P.P.O. No. allotted by A.G's. :  
Office (applicable only for  
revision cases)
9. G.P.F. No. with Departmental :  
Suffix.
10. Residential Address with PIN :  
Code.  
MOBILE No. :
11. Place of Payment of Pension :  
(a) Pension Pay Office.  
(b) District Treasury.  
(c) Sub-Treasury.

12. Are you in receipt of Family Pension from any other source? : Yes  No

13. If Yes, P.P.O. No. and Treasury from which it is drawn may be furnished.

<b>P.P.O.No.</b>	
<b>PPO / District Treasury / Sub-Treasury</b>	

14. List of Family Members. :

Sl. No.	Name (s)	Relationship	Marital Status	Date of Birth	Whether Handicapped / Mentally Retarded*

\* Medical Certificate to be enclosed.

15. Name of Guardian in case of mentally retarded children. :

16. Death Certificate / Legal Heirship Certificate / Proof of Date of Birth in case of minor children. (Enclose separately.) :

17. If the applicant is second wife, Date of Marriage with proof and Details of first wife and children born through both wives may be furnished. [Copy of Death Certificate / Court Orders for divorcing the first wife, as the case may be, to be furnished]

Place :

Date :

**Signature of the Applicant / Guardian.**

**PART-II****TO BE FILLED IN BY THE DEPARTMENTAL OFFICER**

1. A.G's Office Reference No. in :  
which the proposals were  
returned with objections earlier.
2. Date of Beginning of Service. :
3. Date of Ending of Service. :
4. Gross Qualifying Service. :
5. Additional Qualifying Service :  
due to Contingent Service.
6. Non-Qualifying Service. :
7. Net Qualifying Service. :
8. Scale of Pay :
9. Pay Last Drawn (Special Pay, :  
Personal Pay drawn, if any to be  
shown separately).
10. Office served in the last three :  
years.
11. Has the Subscriber filed any : Yes  No   
nomination for G.P.F.?
- If YES, enclose the same in :  
Original or Attested Copy.
12. a. Drawing Officer for G.P.F. :  
with Full Postal Address and  
PIN Code.
- b. Phone No. of the Office with :  
STD Code.
- c. E\_mail ID / FAX :
13. Treasury / PAO for G.P.F. :

- 14. a. Drawing Officer for D.C.R.G. :  
with Full Postal Address and  
PIN Code.
- b. Phone No. of the Office with :  
STD Code.
- c. E\_mail ID / FAX. :
- 15. Treasury / PAO for D.C.R.G. :
- 16. Details of Temporary Advance / :  
Part Final Withdrawal  
sanctioned in the last 12 months  
(If no debit is drawn in last 12  
months, the details of last debit  
drawn should be specified).

Month	Amount	Voucher No.	Date of Payment

**CERTIFICATE**

It is certified that:

1. All the particulars furnished above have been fully verified with reference to office records and are found correct.
2. Advance / withdrawal from General Provident Fund was granted during the last 12 months as detailed in Column 16 above.
3. Provisional Pension has been / has not been paid (Details furnished separately)®
4. Conditions laid down in Rule 11(2) and Rule 11(3) of the Tamil Nadu Pension Rules, 1978 have been satisfied and the same has been recorded in Service Book.

---

® Strike out whichever is not applicable.

**CHECK LIST / LIST OF ENCLOSURES**

1. Service Book(s). [No. of Volumes] : [Enclosed / Not Enclosed]
2. Recent Passport size Photo, Specimen Signature / left hand thumb impression (in the case of illiterate) and Descriptive Roll of the claimant, all in triplicate, duly attested. (furnished in the Annexure).
3. Attested copy of Legal Heir Certificate and Death Certificate.
4. Proof of Date of Birth in the case of children.
5. Dependency Certificate from the claimant in case of parent.
6. Income Certificate issued by Revenue Authorities.
7. Non-remarriage Certificate duly countersigned by any Gazetted Officer.
8. Sanction order in respect of Non-Government Aided Educational Institution cases and Missing Employee / Pensioner cases.
9. Guardianship Certificate issued by Court of Law, if payments is to be authorized through Guardian on behalf of minor / mentally retarded children.



10. Medical Certificate issued by :  
Senior Civil Surgeon of the same  
discipline where payment is to be  
authorized to physically  
handicapped children.
11. Copy of First Information Report :  
in respect of missing employee /  
pensioner cases.
12. Nomination for GPF /DCRG :
13. Death Certificate of first wife or :  
copy of Court Orders for divorce. .
14. Copy of Adoption Deed in case of :  
adopted children.
15. Copy of Medical Certificate in the :  
case of Mentally Retarded  
Children.

Place :

Date :

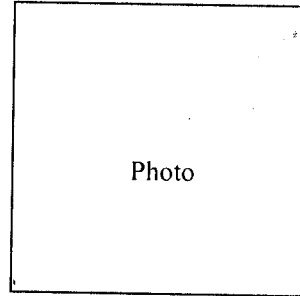
**Signature of the Head of Office /  
Department with Seal.**

### **INSTRUCTIONS**

1. Please send the application in **DUPLICATE**.
2. Please fill up all items in capital letters.
3. Incomplete application will not be processed.
4. Annual Account Statement of General Provident Fund need not be sent.
5. Last Fund deduction particulars mean deduction to General Provident Fund before stopping recovery.

**ANNEXURE***(To be sent in Triplicate)*

1. Passport size Photo of the :  
Applicant / Guardian in case of  
minor with Name.



Name of Applicant. :

Name of Guardian in case of :  
minor.

**Counter Signature of the Head of  
Office with Seal.**

2. Specimen Signature / Left hand : 1.  
thumb impression of the  
applicant / guardian. 2.  
3.
3. Descriptive Roll of Applicant / : 1.  
Guardian. [Personal Marks of  
Identification]. 2.  
3.”;

(5) Forms 6 and 7 shall be omitted ;

(6) after Form 5, the following Form shall be inserted, namely :-

**“FORM 5-A**

[see rule 48 ]

**NOMINATION FOR LIFE TIME ARREARS OF PENSION**

I, ..... (Name of the Pensioner in Capital Letters), hereby nominate the person / persons named below under Rule 48 of Tamil Nadu Pension Rules, 1978.

Name and address of the nominee(s).	Relationship with the pensioner.	Date of Birth / Age	Name and address of other nominee in case the nominee under column (1) predeceases the pensioner.	Relation ship with pensioner	Date of Birth / Age	Contingency on happening of which nomination shall become invalid.
(1)	(2)	(3)	(4)	(5)	(6)	(7)

NOTE: If nominee / alternate nominee is minor, furnish the name and address of person who may receive the arrears of pension.

Place :

Date :

**Signature of the Subscriber.**

Signature of two witnesses with Name and Address:

- 1.
- 2.

-/ Countersigned /-

**Signature of Head of Office.**

**Office Address: ”.**

- (7) for the expression “Form 6” wherever it occurs, the expression “Form 5” shall be substituted ;
- (8) for the expression “Form 7” wherever it occurs, the expression “Form 5” shall be substituted ;
- (9) in rule 48, in sub-rule (1). for the expression “Form 1 or Form 2”, the expression “Form 1 or Form 2 or Form 5-A” shall be substituted.

[G.O. No. 487, Finance (Pension), 7th October, 2009, Purattasi 21, Thiruvalluvar Aandu-2040.]

No. SRO B-68/2009.—In exercise of the powers conferred by the proviso to Article 309 of the Constitution of India, the Governor of Tamil Nadu hereby makes the following amendment to the Tamil Nadu Pension Rules, 1978.

AMENDMENT

In the said rules, in rule 45-A, in sub-rule 1, in the second proviso, for the expression "Provided further that", the following expression shall be substituted, namely:—

"Provided further that on and from 20th February 1995, the rate of such interest shall be twelve per cent per annum (Compounded annually):

Provided also that on and from 1st April 2004, the rate of such interest shall be at the rate of interest payable, on General Provident Fund during the year of retirement of the Government servant (Compounded annually):

Provided also that".

[G.O. No. 488, Finance (Pension), 7th October, 2009, Purattasi 21, Thiruvalluvar Aandu-2040.]

No. SRO B-69/2009.—In exercise of the powers conferred by the proviso to Article 309 of the Constitution of India, the Governor of Tamil Nadu hereby makes the following amendment to the Tamil Nadu Pension Rules, 1978.

2. The amendment hereby made shall be deemed to have come into force on the 1st June 2009.

AMENDMENT

In the said Rules, in rule 50-B, for the expression "Rs. 50/-", the expression "Rs. 100/-" shall be substituted.

K. GNANADESIKAN,  
Principal Secretary to Government.

MICRO, SMALL AND MEDIUM ENTERPRISES DEPARTMENT

**Amendment to the Special Rules for the Tamil Nadu Industries Subordinate Service.**

[G.O. Ms. No. 151, Micro, Small and Medium Enterprises (E1.1), 19th October 2009.]

No. SRO B-70/2009.—In exercise of the powers conferred by the proviso to Article 309 of the Constitution of India, the Governor of Tamil Nadu hereby makes the following amendment to the Special Rules for the Tamil Nadu Industries Subordinate Service (Section 16 in Volume III of the Tamil Nadu Services Manual, 1970).

2. The amendment hereby made shall be deemed to have come into force on the 22nd May 2007.

AMENDMENT

In the said Special Rules, in the Annexure, referred to in Rule 6 in column (3), against the entry "Survey and Statistical Inspector" in column (2) and Class XVII in column (1) thereof in item 2, for the expression "10 years", the expression "5 years" shall be substituted.

P. SELVAM,  
Additional Chief Secretary.