

**FORM OF LETTER TO THE FORWARDING PAPERS FOR THE GRANT OF  
DEATH-CUM-RETIREMENT GRATUITY  
TO THE GOVERNMENT SERVANT**

Department \_\_\_\_\_

Office of the \_\_\_\_\_

No: \_\_\_\_\_ Dated, \_\_\_\_\_, the \_\_\_\_\_

To,

The Accountant General (A/Cs & Esstt.), Assam  
Maidam Gaon,  
Beltola,  
Guwahati - 781 028

**Sub : Grant of Death-Cum-Retirement-Gratuity (DCRG)**

Sir/Madam,

I am directed to say that \_\_\_\_\_

Designation \_\_\_\_\_

of the Department/Office of \_\_\_\_\_

has retired from the service on \_\_\_\_\_

and has become eligible for the grant of Death-Cum-Retirement Gratuity. Duly completed form for assessing the DCRG is forwarded herewith for further necessary action.

2. Government dues, if any, in respect of the Government servant will be recovered out of the Death-Cum-Retirement Gratuity (DCRG) as indicated in Part-I of Form 2.
3. Your attention is invited to the list of enclosures which is forwarded herewith.
4. The receipt of this letter may be acknowledged and this Department/Office be informed that necessary instructions for the disbursement of Death-Cum-Retirement Gratuity have been issued to the disbursing authority concerned.

Yours faithfully,

\_\_\_\_\_  
Signature of Head of Office

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

(Office Seal)

List of enclosures :-

(Strike out which is/are not enclosed)

1. Form for assessing Death-Cum-Retirement Gratuity - duly completed.
2. Nomination Form.
3. List of Family Members.
4. Last Pay Certificate of the Government servant.
5. Certificate to the effect that the Government servant was holding sanctioned post.
6. No Demand Certificate from the Head of Office.
7. Non Drawal Certificate from the Head of Office.
- 8.
- 9.
- 10.
- 11.
- 12.

**FORM FOR ASSESSING DEATH-CUM-RETIREMENT GRATUITY (DCRG)**

(TO BE SENT IN DUPLICATE)

1. Name of the Government servant : \_\_\_\_\_
2. Father's name (and also husband's name  
in case of female Government servant) : \_\_\_\_\_
3. Date of birth (by Christian era) : \_\_\_\_\_
4. Religion : \_\_\_\_\_
5. Permanent residential address showing  
village, town, district and state :-  
Village/Town : \_\_\_\_\_  
Street/Lane : \_\_\_\_\_  
Police Station : \_\_\_\_\_  
District : \_\_\_\_\_  
State : \_\_\_\_\_ PIN : \_\_\_\_\_
6. Present or last appointment including  
Name of establishment : \_\_\_\_\_  
: \_\_\_\_\_
7. Date of beginning of service : \_\_\_\_\_
8. Date of ending of service : \_\_\_\_\_
9. Department/Office under which service  
has been rendered in order of employment : **Y M D** \_\_\_\_\_  
: \_\_\_\_\_
10. Total length of qualifying service (for the  
purpose of adding towards broken period  
a month is reckoned as thirty days) : \_\_\_\_\_
11. Periods of non-qualifying service  
(i) Extra ordinary leave not qualifying  
for gratuity : \_\_\_\_\_  
(ii) Period of suspension not treated as  
qualifying : \_\_\_\_\_  
(iii) Any other service not treated as  
qualifying : \_\_\_\_\_
12. (i) Emoluments reckoning for gratuity : \_\_\_\_\_  
(ii) Gratuity entitled for : \_\_\_\_\_  
(iii) Total amount of gratuity entitled : \_\_\_\_\_
13. Proposed Death-Cum-Retirement Gratuity : \_\_\_\_\_
14. Details of dues recoverable : \_\_\_\_\_  
\_\_\_\_\_
15. Whether nomination made for DCRG : \_\_\_\_\_
16. Complete and up to date details of  
Family as given in Form No. 3 : \_\_\_\_\_
17. Height in cms. : \_\_\_\_\_
18. Identification marks : \_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Office

Place :

Name :

Date :

Designation : \_\_\_\_\_

(Office Seal)