



**DOCUMENTS REQUIRED FOR FAMILY PENSION FATHER/
MOTHER/ DEPENDENT SON UNMARRIED/ WIDOWED/
DIVORCED DAUGHTER (FOR DEATH AFTER RETIREMENT)**



(ALL DOCUMENTS TO BE FILLED IN TRIPPLICATE)

| <u>SL NO.</u> | <u>NAME OF DOCUMENTS</u> |
|--------------------------|---|
| 1 | Four photographs duly attested by a Gazetted Officer. |
| 2. | Annexure II' form pertains to claimant's relation with deceased to be attested by a Gazetted Officer.(Enclosed) |
| 3. | Re-employment /Non Re-employment certificate to be attested by a Gazetted officer or Municipal Level Officer. (Enclosed) |
| 4. | Part II, Part III, Part IV are applicable to those claimants whose late husband/ father/son joined another service after retirement. In this case claimants are required to complete all part through re-employed department of late ex-sailor & copy of civil PPO to be submitted. (Enclosed) |
| 5. | Annexure to appendix 'B' with two witnesses duly signed and address. (Enclosed) |
| 6. | Re-marriage/Non Re-marriage certificate of the claimant to be certified by the respective Zila Sainik Welfare Officer. (Enclosed) |
| 7. | Death Certificate of Parents (01 in original & 02 attested photocopies), issued by competent authority. |
| 8. | Descriptive Roll (Format- G) with the recent photograph of claimant and duly attested by a Gazetted Officer. (Enclosed) |
| 9. | Full family details as per Format – H. (Enclosed) |
| 10. | Revised Kindred Roll form duly countersigned by the respective Zila Sainik Welfare Office. (Enclosed) |
| 11. | Declaration & Verification duly attested by the respective Zila Sainik Welfare Office. |
| 12. | Explanation for delay in submission of claim from claimant to be countersigned by the respective Zila Sainik Board. (Enclosed) |
| 13. | Photocopy of first page of bank passbook for establishing correct A/c details of claimant. |
| 14. | Format 'D' or Format 'E' showing the name to whom LTA (Life Time Arrear) has been /will be paid and actual date up to which payment has been made. if any overpayment made, a certificate from PDA to the effect that the overpaid amount has been recovered or any undertaking from the claimant to the effect that the overpaid amount will be recovered/adjusted against his/her family pension, to be furnished. (Enclosed) |
| 15. | Original Copy of Affidavit (Non Judicial Stamp Paper of Minimum Rs 50/-) mentioning date of birth, date of marriage and permanent postal address of claimant with PIN code duly signed by Executive Magistrate. (Sample Affidavit Enclosed) |
| 16. | Attested Photocopy of Aadhaar Card, PAN Card as proof of DOB and Identity. |
| 17. | Income Certificate issued by Tehsildar in Original |
| 18. | Self-attested Dependency Certificate and No Objection Certificate from brother(s) and sister(s). |
| 19. | Disability Certificate in original duly signed by a Medical Authority not below civil surgeon / Brigadier. (In case of handicapped child) |
| 20. | Birth Certificate of claimant in Original or Attested |

❖ **WIDOW DAUGHTER/ DIVORCEE DAUGHTER**

Widow daughter/divorcee daughter applicable to family pension only if their husband expired before their parents and they are not earning money more than Rs. 9000/-p.m and similarly if their divorce should be before the parents expired in which condition they are applicable to family pension.

Note : - Unmarried daughter is applicable for family pension till her marriage or earning not more than Rs 9000/- p.m.

❖ **DEPENDENT SON**

Dependent son is applicable to family pension only upto the age of 25 years.

Note : - Son is applicable for family pension only if his earning not more than Rs 9000/- p.m

FOUR PHOTOGRAPHS

Attested by Competent Authority

| | |
|---|---|
| 1 | 2 |
| 3 | 4 |

PART - II**Claim for Continuance of Family Pension**

To be completed in Triplicate by the claimant and returned to following address after attestation by any of the prescribed person listed on page No. 4)

The Logistics Officer-in-Charge
 Naval Pension Office
 C/o INS Tanaji
 Sion Trombay Road
 Mumbai – 400088

1. Details regarding the claim to continuance of Family Pension in respect of

(a) Service No. _____
 (b) Name _____
 (c) Rank _____
 (d) Ship / Establishment _____

Date of event which caused cessation of the original award _____
 _____ (in case of death an extract from the
 village death register to be furnished in support, if valuable).

2. Details regarding the claimant: -

(a) Name in full (in Block Letter) _____
 (b) Relationship with the deceased _____
 (c) Date of Birth & Age _____
 (d) Marks of identification (a) _____
 (b) _____

(In case of female claimant, only one or two permanent marks of blemishes on
 the apparent parts of the body such as hands, feet etc. may be given)

(e) Occupation of the Claimant _____
 (f) Whether already in respect of any remuneration from public revenues (such as pay,
 Pension, Jangi Inam and other allowance) from the state. If so, given the nature
 and details of employment or the number and date of pension payment Order, etc.
 Notifying the award, as the case. may, be _____

(g) Is he/she the real father / mother of the sailors as distinct from foster/step?

3. Whether the deceased sailors died as bachelor, if not, whether the widow is alive. If
 the widow is alive the reason why not eligible for family Pension: -

4. If both father and the mother of the deceased are alive: -

(a) Have they got any landed property _____

(i) If so, what are the details of this property i.e. urban or rural nature of crops raised etc. and also the monthly income from this source

(ii) Annual assessment paid on account of the landed property

(b) What is the combined monthly income (not of both father and mother from pay and pension and other permanent source)

5. If only one of the parents, father and mother of the deceased is alive: -

(a) What is his/ her average monthly income from pay, pension etc.

(b) What is his/she has got any landed property, house etc.

(i) If so, give details of the property i.e. urban or rural and nature of crops raised and also the monthly income from this source

(ii) Annual assessment paid on account of the landed property

(iii) Income of the claimant from all other sources

6. What is the number of the living sons of the claimant:

7. State their occupation and their income from all sources (including pay, pension and land etc.)

8. Whether they stay together with the claimant or separately

9. If married, what is the size of their family

10. The average monthly amount which the living son(s), whether willing or unwilling to support is/are in a position to contribute towards the support of the claimant.

11. Whether the contribution which the living son (s) is/are in a position to make towards the support of the claimant as mentioned 9 above are likely to be regular

12. If the claimant is mother, whether she has remarried since the death of her deceased son and if so, give date of marriage

13. Place at which payment of pension desctried (it should be a pension paying treasury or post office or the pension pay master, as the jurisdiction of pension pay master, as the case may be, further specific mention should also be made of Sub treasury and Head /treasury or Post office and Head /Post office as the case may be: -

14. Residential Address: -

Village Tehsil
Dist. State
PIN

15. Name and particulars of the person to whom the claimant desire appears of pension if any due to be paid on his/her demise

Station: _____

Date: _____

(Signature and left/ right hand thumb and finger impression of claimant)

(Right hand in case of female claimants)

Name and Signature of two witness.

(i) Signature _____

Name _____

Address _____

(ii) Signature _____

Name _____

Address _____

ATTESTATION

Certified that to be best of my knowledge and belief the particulars given above in respect of Shri/ Smt. _____ are correct.

Station: _____

Date: _____

(Signature)
Name: _____
Rank: _____
Designation: _____

The above attestation may be completed by any of the following. The attesting authority should not be related to the claimant: -

- (a) Quanungo, Patwari or village officer
- (b) Sarpanch of the village
- (c) Panchayat President/ Village Munsif Patel/ Village Officer/ Panchayat Executive Officer

COUNTERSIGNED

The Logistics Officer-in-Charge
Naval Pension Office
C/o INS Tanaji
Sion Trombay Road
Mumbai – 400088

PART – III

For use of Defence account department of record particulars of award granted as show below

Continuance of family pension sanctioned @ Rs. _____
From _____ for life/ till remarriage
vide PPO No _____

Place: _____

Date: _____

Accounts Officer (Pension)

ANNEXURE TO APPENDIX 'B' TO MINISTRY OF DEFENCE LETTER PN/2666/4787/PEN-C DATED 09 JUL 1973

Service No. _____ Late (Name) _____ Rank _____
(to be completed if the deceased was married)

1. Whether the deceased married one woman, or more than one woman _____
2. If the deceased married one woman
 - (a) Their names and date of marriage to the deceased _____
 - (b) Particulars of the wives of the deceased who were alive on the date of death of the sailor.

3. **Particulars of all the children of the deceased who were alive on the date of death of the sailor**

| Sl. | Name of Child | Name of his/ her mother | Gender (Male or Female) | Date of Birth (to be supported by birth certificate) | If female whether married (Date of marriage) | Remarks (If legally/ adopted the fact may be stated herewith date of adaptation) |
|-----|---------------|-------------------------|----------------------------|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |

Place:- _____

Date :- _____

Name & Address of Witness

1) _____

2) _____

Signature of witness

(Signature of left hand/ right hand impression of the claimant in case of female)

RE-EMPLOYMENT CERTIFICATE

Smt./Shri _____ Widow/Son/
Daughter/Father/Mother of ex No. _____, Rank _____
Name _____ of
Service Indian Navy Regt/ Corps that my husband/ father/ son was re-employed/ was not
re-employed after his discharge from service.

Signature/ Thumb impression of claimant.

Signature of two witness.

(i) Signature _____
Name _____
Address _____

(ii) Signature _____
Name _____
Address _____

COUNTERSIGNED
(Zilla Sainik Board)

NON-PENSION CERTIFICATE

Smt./Shri _____ Widow/Son/
Daughter/Father/Mother of ex No. _____, Rank _____
Name _____ of
Service Indian Navy Regt/ Corps certify that I am not drawing any Family Pension from State/
Central Semi Government.

Signature/ Thumb impression of claimant.

Signature of two witness.

(i) Signature _____
Name _____
Address _____

(ii) Signature _____
Name _____
Address _____

COUNTERSIGNED
(Zilla Sainik Board)

FORMAT – D

LIFE TIME ARREARS / CERTIFICATE BY PENSION DISBURSING OFFICE

Certified that Smt. /Shri _____
widow/ son/ daughter/ father/ mother of Navy No. _____ Rank _____
and Group _____ Name _____
of Records NAVPEN was in receipt of Service/Disability/Mustering out pension
w.e.f. _____ vide P.C.D.A. (Pension), Allahabad PPO No. _____
or PC No: _____ with DS No. _____.
The above named pensioner died on _____ as per death certificate _____
dated _____.
He was drawing pension at the following rate: Basic Pension Rs. _____
D.P. Rs. _____ D.R. @ % _____ Till date.

The LTA of the above named deceased for the period from _____
To _____ (i.e. date of death) Rs. _____ has / has not
been paid to Smt./Shri _____ who is
lawfully nominated / legal heir of the deceased as per records of the deceased held at this
office.

2. If LTA has not been paid please state the reasons in clear term

3. Pension over paid i.e. paid beyond the date of death state the reason of
overpaid and action for recoveries _____

4. Please state the period for which the pension overpaid and the amount which is
required to be recovered _____

5. Further, if it is certified that above name individual was a pensioner at time of
his death OR at the following date _____

BANK OFFICE SEAL

Place: _____

Date : _____

Address: _____

(Signature and Name
With Seal of Pension Disbursing Authority

FORMAT – E

LAST PAYMENT CERTIFICATE (FOR FAMILY PENSIONER ONLY)

Certified that Smt. /Shri _____
widow/ son/ daughter/ father/ mother of Navy No. _____ Rank _____
and Group _____ Name _____
of Records NAVPEN was in receipt of Ordinary Family Pension/Special Family Pension/
Liberalise Family Pension w.e.f. _____ vide PCDA (Pension), Allahabad PPO No.
_____.

The above said pensioner was paid his /her pension up to _____ and his /her
pension stopped from _____ due to his /her death/disqualification for the same.

(1) State the reasons of stoppage of pension.

(2) If pension overpaid i.e. paid beyond the date of death or disqualification, please mention
period _____ Amount _____ action for recovery.

BANK OFFICIAL SEAL

Place:- _____

Date :- _____

(Signature and Name

With Seal of Pension Disbursing Authority

Bank Address: _____

DECLARATION

I Name of applicant wife/ husband/ Widow/ Son/ Daughter/ Father/ Mother of Shri/Smt./Late _____

Aged / Date of Birth _____ years.

Resident of village PO
P.S. Dist.
State PIN

Do hereby solemn and declare as under: -

The deceased _____
(Name of the deceased service personnel) was my husband/ son/ daughter/ sister. I was dependent upon my husband/ son/ daughter/ sister above, for pecuniary needs.

Signature/ Thumb impression of claimant.

VERIFICATION

I, the above said (Name of applicant) Shri/ Smt. _____
do hereby solemnly affirm and declare that the facts mentioned above are true to the best of my knowledge and belief and nothing has been concealed thereon.

Signature/ Thumb impression of claimant.

Place: _____

Date: _____

COUNTERSIGNED BY RECORD OFFICE

The Logistics Officer-in-Charge
Naval Pension Office
C/o INS Tanaji
Sion Trombay Road
Mumbai – 400088

**DELAY EXPLANATION REPORT REGARDING SUBMISSION
OF MY FAMILY PENSION DOCUMENTS**

SUBJECT:- FAMILY PENSION CASE IN RESPECT OF SMT/ MR/ MRS. -
WIDOW/SON/ DAUGHTER/

FATHER/MOTHER OF LATE SHRI _____
P.NO. _____ RANK _____

ADDRESS: -

VILLAGE TEHSIL
DIST. STATE
PIN

Sir,

I, Smt./Shri _____ Widow/Son/
Daughter/Father/Mother of ex No. _____, Rank _____
Name _____)

Resident of village PO
P.S. Dist.
State PIN

I agree that my pension claim documents have been delayed due to _____. There is no one responsible for my delaying process of the family pension claim. It is also further submitted that I will not raise any object on the financial benefits which will be paid to me on account for my family pension from Central Government/ PCDA concerned for delay payment in near future.

(Smt./Shri Signature _____)
Widow/Son/ Daughter/Father/Mother of Late _____

Station:- _____
Date:- _____

P.NO. _____
RANK _____

COUNTERSIGNED

Place :- _____
Date:- _____

Signature
Zilla Sainik Welfare Officer
(Zilla Sainik Welfare Office)
Village: _____
District: _____

NON RE-MARRIAGE CERTIFICATE

Certified that Smt./Shri _____

Widow/Son/Daughter/Father/Mother of ex No. _____, Rank _____

Name _____

Resident of village PO

P.S. Dist.

State PIN

not re-married/ married after death of her husband/ father.

Signature/ Thumb impression of claimant.

||

CERTIFIED/ COUNTERSIGNED

(Tehsildar/ Competent Court/ SDM having jurisdiction of the Area)

FORMAT – I

INCOME CERTIFICATE/ INCOME DECLARATION

(As per para ii GOI, MoD No. 1/3/99/D (p/s) dated 24.11.1999)

I Smt./Shri _____ Widow/Son/

Daughter/Father/Mother of ex No. _____, Rank _____

Name _____)

Resident of village PO

P.S. Dist.

State PIN

Do hereby solemnly affirm and declare us under: -

Source of the Annual Income : **For the year 20**

- (a) Income from Immovable Property : Rs. _____
- (b) Income from Movable Property : Rs. _____
- (c) Income from Employment : Rs. _____
(Govt./ Pvt)
- (d) Income from Pension : Rs. _____
- (e) Income from Self-Employment/ Business : Rs. _____
- (f) Income from other sources : Rs. _____

Total Rs. _____

Signature/ Thumb impression of claimant.

ATTESTATION/ COUNTERSIGNED

(Tehsildar/ Revenue Magistrate/ Legal Committee established by State Govt.)

Place: _____

Office Seal

UNEMPLOYMENT CERTIFICATE

Certified that Shri/Smt./Ms./Mast. _____

Date of Birth _____ Son/ Daughter of _____

Rank _____ Regl. No. _____ Resident of _____

I hereby declare that, I am not working in any Government/Quasi Government/ Public/Private Sector.

I further declare that the information furnished by me is true, correct and my candidature shall be benefits at any stage if the above given information is found factually incorrect.

Place _____

(Full Signature of the claimant)

Date _____

II

COUNTERSIGNED

(State Govt. Employment Exchange/ Designated Online Govt. Portal).

FORMAT -C
RE-EMPLOYMENT/ NON RE-EMPLOYMENT CERTIFICATE

I Smt./Shri _____ Widow/Son/
Daughter/Father/Mother of ex No. _____, Rank _____

Name _____)

Resident of village PO

P.S. Dist.

State PIN

“the above named deceased soldier was not re-employment in civil (Govt. or Pvt. Org) after retirement from the Army/ DSC services. I am also not in receipt of any kind of family pension from any source.”

OR

“the above named deceased soldier was re-employment in civil (Govt. or Pvt. Org) i.e. _____ after retirement from the Army/ DSC services. I am also not in receipt of any kind of family pension from any source.”

I further solemnly affirm that contents of the above declaration are correct and true to the best of my knowledge. If any statement is proved to be incorrect or false in later state, we the undersigned and witnesses shall be liable penal refund of family pension drawn.

Signature/ Thumb impression of claimant.

Signature of two witness preferably the Indian Military Pensioners.

(i) Signature _____

Name _____

Army No. _____ Rank _____

RO/HO _____ PPO No. _____

Address _____

(ii) Signature _____

Name _____

Army No. _____ Rank _____

RO/HO _____ PPO No. _____

Address _____

ATTESTATION

(Zilla Sainik Welfare Officer With Seal)

Countersigned by Record Office

Signature and Seal

Note:- If the deceased soldier was re-employed the must be furnished Part – II,III,IV of this Certificate.

PART – II

In case of deceased was re-employed after his retirement from military services: -

(a) Ex No. _____, Rank _____
Name _____

(b) Department in which the deceased soldier was re-employed

(c) Date of re-employment _____

(d) Date of retirement of retired _____

(e) Date of death _____

(f) Post in which employed _____

(g) Whether re-employed
permanent/ temporary _____

(h) Whether family pension is admissible
/ admitted to NOK: - **Yes/ No** _____

(j) If family pension is not admissible
give the reasons _____

(k) If family pension is admissible/admitted
give the following details: -

- (i) Name of pension scheme _____
- (ii) Whether it is Govt. or bank or
provident fund pension scheme _____
- (iii) Who is the pension sanctioning
authority (full address) _____
- (iv) Pension Payment Order of
pension granted _____
- (v) Rate of family pension admissible _____

OFFICE SEAL

Place: _____
Date : _____

(Signature re-employment
authority With Name and Post
Seal)

PART – III

I, Smt./ Shri/ Mr./ Miss _____
widow/son/daughter/father/mother of Navy No. _____ Rank _____ and
Group _____ Name _____ do
hereby solemnly affirm that I am willing to draw family pension from the re-employed department
of my late husband/father/son i.e. Name _____

Place:- _____

Date: - _____

(Signature or thumb impression of Claimant)

(COUNTERSIGNED)

Place:- _____

Date :- _____

(Signature Name and Seal of Re-employer
or Pension Disbursing Authority)

PART – IV

CERTIFICATE BY RE-EMPLOYED DEPARTMENT OF DECEASED PENSIONER

It is certified that Army No. _____, Rank _____
Name _____ was re-employed in
the office/ department of _____ as a post
_____ with effect _____ from
_____ to _____ after discharge from military services.

Certified that civil family pension has been/ will be sanctioned to Smt./ Miss/ Mr. _____
vide Pension Payment Order
(PPO) No. _____ dated _____
Under the pension scheme of _____ for the services
rendered by the deceased.\

OR

Certified that civil family pension has not been and will not be granted from any
department to any relative (NOK) of the above named deceased for the services rendered by
the deceased.

This office is also no objection to grant family pension to Smt./ Mrs. Mr.
Widow/ Son/
Daughter/ Father/ Mother from military side.

(OFFICE SEAL)

Place:- _____
Date:- _____

**Signature of Employer or
Pension Sanctioning Authority
with Name and Post Seal**

Note:- Strike off whichever is not applicable.

FORMAT – G
DESCRIPTIVE ROLL
(Required of fill in Triplicate)

1. Name of the claimant :
Address :
.....
.....
2. Deceased's Name :
Rank :
Army No. :
3. Name of corps/ Regt. :
Unit/ Records :
4. Particulars of claimant
Date of Birth/Age :
Height :
Color of eyes :
Color of hairs :
Color of skin :
5. Mark of Identification : (a)
(b)

Specimen signature of the claimant: -

1. _____
2. _____
3. _____

**Recent
Photographs
Duly Attested**

Attestation by Zilla Sainik Board

Signature and Name and
Post of Officer with seal

Countersigned by Record Office

Signature of Record Officer/ Seal of office

FORMAT – H

Full family details of Ex-Army No. _____, Rank _____
Name _____
Records _____

(A) Details of his marriage/ re-marriage (Widows):-

| Sl. No. | Name of widows | Age/ Date of Birth | Date of marriage | Date of divorce | Date of death |
|---------|----------------|--------------------|------------------|-----------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(B) Details of all children born from deceased:-

| Sl. No. | Name | Gender (M/F) | Mothers Name | Age/ Date of Birth | Date of marriage | Date of widow/ divorced | Date of Employment/ death |
|---------|------|--------------|--------------|--------------------|------------------|-------------------------|---------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(C) Details of Parents:-

| Sl. No. | Name of Parents | Status Real/ Foster/ Step | Age/ Date of Birth | Date of Death | Employed/ Pensioner |
|---------|-----------------|---------------------------|--------------------|---------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |

(D) Details of Brothers and Sisters:-

| Sl. No. | Brothers / Sisters | Name Brothers / Sisters | Age/ Date of Birth | Date of Marriage | Date of Death or Employment |
|---------|--------------------|-------------------------|--------------------|------------------|-----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Signature of Claimant _____

Attestation

(By Gram Pradhan/ Revenue Authority/
1st Class Gazetted Officer)

(To be filled in Triplicate)

FINAL KINDERED ROLL FORM
(No further amendments will be accepted)

Ex- Name _____ Rank _____ No. _____
 Mobile No _____ Aadhaar No. _____ (Attach photo copy)
 Email. ID _____

Note: (a) Particulars of all living/dependent relatives shown in column of the form should be filled in. A fresh form is to be prepared whenever any changes in the particulars already submitted occurs as **Marriage, Divorce, Births and Deaths**. Copy of Documentary proof for name, date of birth and marriage. e.g. Birth Certificate / PAN Card /Aadhaar Card / Passport / Voter ID/Passport to be attached. Otherwise the form will be considered null and void.

(b) This Kindred Roll will be considered as the Final Kindred Roll before retirement and details mentioned in this will be used for verification of Pension / ECHS and all other Release Formalities.

(c) The form is to be prepared in duplicate, ink signed with the date by the claimant and countersigned by Zilla Sainik Welfare Officer. The form is to be sent along with the Pension forms and audited SDs to the LOIC, NAVPEN/Pension Section along with all documents mentioned at Para (a).

| <u>Relationship</u> | <u>Name</u> | <u>Date of Birth</u> | <u>Aadhaar Card No</u> (Attach photo copy) | <u>Residence Address</u> Village, Post Office, Tehsil, District & Pin code) | <u>Name of heir estate</u> <u>name of persons to whom estate should be made over on behalf of heir.</u> | <u>Perce ntage (%)</u> |
|----------------------------|--------------------|-----------------------------|--|---|--|-------------------------------|
| Wife | | | | | 1. | |
| Father | | | | | | |
| Mother | | | | | | |
| Son/ Daughter | 1 | | | | 2. | |
| | 2 | | | | | |
| Brother /Sister | 1 | | | | | |
| | 2 | | | | | |
| Date & Form of Marriage | | | | | | |

COUNTERSIGNED

Claimant's Sig.
 Name
 Ex-Rank
 Ex-Service No.
 Date

(Zilla Sainik Welfare Officer)
 Dated :

Record Office Sign
 (NAVPEN)

Date: -