



DOCUMENTS REQUIRED FOR FAMILY PENSION - WIDOW
(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.	Appendix 'B' form pertains to claimant's relation with deceased to be attested by respective Zila Sainik Board.(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 the late sailor (01 in original & 02 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 with PIN code duly signed by executive magistrate. (Sample Affidavit Enclosed)
16.	Photo copy of Aadhaar Card, PAN Card as proof of DOB and identity.

FOUR PHOTOGRAPHS

Attested by Competent Authority

1	2
3	4

**APPENDIX 'B' TO MINISTRY OF DEFENCE LETTER NO.
PN/2666/418/'C' DATED 09 JUL 78**

(To be completed in Triplicate by the claimant to family pension & returned to the after attestation by any of the prescribed persons listed on page 5)

Photograph of the
claimant to be
pasted here and
attested by
competent authority

Naval Pension Office,
Sion-Trombay Road,
Mankhurd, Mumbai – 400 088

1.	Name , Rank, P.No. of deceased	_____
2.	Name of the claimant in full (block letters)	_____
3.	Ship/Estb in which served last	_____
4.	Relationship of claimant with deceased	_____
5.	Mark of identification in case of female Claimant only one or two permanent marks of blemishes on the apparent parts of the Body recorded	_____
6.	Date of Birth of claimant	_____
7.	Occupation of the claimant	_____
8.	(a) If the claimant is already in receipt of Remuneration from the public revenues such as pays pension, provident funds compensation etc. give nature and details or employment or number & date of pension payment order notifying the award or amount of provident fund or compensation.	_____ _____ _____ _____ _____
	(b) Has the claimant applied for the grant to another pension or allowance if so give particulars of the claim	_____ _____ _____
9.	Name of others members of the family and their relation with the deceased.	_____

NAME

RELATIONSHIP

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____

10. If the claimant living a communal life with other heirs of the deceased and is willing to contribute towards their support if the answer is in the negative, state reasons (to be filled by the window of the deceased.)

11. Further particulars regarding eligibility :-

(a) If the claimant is widow :-

(i) Whether she was married to the deceased by a lawful and valid ceremony according to recognized customs. _____

(ii) Date of marriage _____

(iii) Date of re-marriage _____

(b) If the deceased has left behind more than one widow their names and date of marriage with the deceased. _____

(c) If the claimant is father:-

(i) Whether he is real (as real as distinction from step or foster father of deceased) _____

(ii) Whether he is a cripple or otherwise physically or mentally unable to support himself (the information is not necessary if the father is above 50 years of age.)

(iii) Whether widow and mother of the deceased are/is also alive (this information should be furnished if the father is below 50 years of age) _____

(d) If the claimant is mother:-

(i) Whether she is the real or step / foster mother of the deceased

(ii) Whether she was re-married since the death of her son, if so give the date of re-marriage. _____

(e) If the claimant is son or daughter:-

(i) Whether he/she is the legitimate and real child of deceased

(ii) In the case of daughter, whether she is married, if so the date of her marriage _____

(iii) If the answer (is in the negative, is he/she validity adopted child of the deceased mention also the date of adoption. _____

12. (a) Particulars of children eligible for the grant of children allowance:-

Sr	DOB	Daughter's Name	Whether Legitimate & real or adopted/ step	Whether Married / Unmarried give date of marriage	Residence	Name & Relationship of guardian to whom the allowance should be disbursed	Name & address of the person to whom arrears of children allowance if any should be paid on demise of the child

(b) Are any of the children in receipt of remuneration, from public revenue such as pay pension etc., if any, give details of employment or the PPO No. _____

13. Place and channel of payment:-

(a) Treasury: _____

(b) DPDO: _____

(c) Bank Details :-

(i) Name of Bank: _____

(ii) A/c No. _____

(iii) Place of Bank : _____

(iv) District: _____

(v) State : _____

14. Place of residence of the claimant :-

Village: ----- Dist. : -----

Post Office : ----- State : -----

Tehsil : ----- Pin Code : -----

Mob No. : -----

15. Name and particulars of the person to whom the claimant desires the arrears to be paid on the claimant's demise.

Name of the Person: -----
Relationship with the claimant: -----

Signature and Thumb
impression of person

Finger impression of person

THUMB & FINGER IMPRESSIONS OF CHILDREN

Name	Thumb & finger impressions
-------------	---------------------------------------

1. -----
2. -----
3. -----
4. -----
5. -----

Thumb & finger Impressions of the
claimant also signature if possible

**THUMB & FINGER IMPRESSIONS OF
GUARDIAN (WHERE GUARDIAN IS NOT CLAIMANT)**

Thumb & finger impressions

Name of Guardian: -----

Signature: -----

Note: In case of **male** children /claimant/guardians **left** hand thumb and finger impressions and for **female** children/claimant/guardian **right** hand thumb and finger impressions should be affixed in this claim.

Certified that to the best of my Knowledge and belief the particulars given respect of
widow/father/mother/son/daughter of late _____ are true.

Station: _____
Date: _____

Signature _____
Name, Design & Address _____
- - - - -
- - - - -

COUNTERSIGNED
(By Record Office)

Date -----

This attestation may be completed by any of the following. The attesting authority should not be the person making this statement.

- (a) Sarpanch of the village.
- (b) Any servicing or retired Gazetted Officer, Civil or Military not below the rank of JCO/WO/MCPO
- (c) Sub Post Master
- (d) Patwari
- (e) Sub Inspector of Police
- (f) A member of Municipal Corporation or committee or Dist. Board / Zilla Parishad
- (g) Panchayat President/Village Munsi/ Patel/Village Officer/ Panchayat Executive Officer.
- (h) Member of Parliament/Member of Legislative Assembly, Member of Legislative Council.
- (j) Notary Public
- (k) Diplomatic or counselor representative of Govt. of India in cases where claimants are residing outside India.

(FOR USE OF DEFENCE ACCOUNTS DEPARTMENT ONLY)
TO RECORD PARTICULARS OF AWARD GRANTED AS SHOWN BELOW

Special Family Pension at @ Rs. _____ p.m. sanctioned _____
Ordinary with effect from _____ to _____ for **LIFE**.

Till Re-marriage

Till the age of _____ vide PPO No. _____

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 _____
P.NO. _____
Station:- _____
Date:- _____
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.

II

CERTIFIED/ COUNTERSIGNED

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

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 deceaseds.\

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 Duplicate)

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>Percentage (%)</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: -