

APPLICATION FOR ENDORSEMENT OF FAMILY PENSION
(to be submitted in duplicate)

To

The Chief of the Naval Staff
{for Directorate of Personnel (OA&R/OPF)}
IHQ MoD (Navy), Room No. 227, 'C' Wing
Sena Bhawan,
New Delhi – 110 011

Affix joint
photograph (passport
size) here

ENDORSEMENT OF FAMILY PENSION ENTITLEMENT (POST- RETIRAL) IN THE PPO OF
LIVING ARMED FORCES PENSIONER

Sir,

With reference of Dept. of Pension and Pensioners Welfare OM No. 1/11/85-P & PW dated 28 Oct 87 and MoD No 6(4)/ 1369/B/D (Pens/Sers) dated 30 Jun 88. I hereby apply for endorsement of Family Pension in the PPO. The requisite particulars are given below:-

1. Name of the pensioner :
2. Service Number :
3. Rank last held :
4. Date of Retirement/ Discharge :
5. Name of Record Office :
6. Original PPO/ PC No. & Year :
(in case of PC Quote pension
Descriptive Sl. No.
7. Particulars of Pension Disbursing Authorities
(i) Station :
(ii) Treasury/ DPDO/ PAO/Bank/
Post Office (Delete whichever is
not applicable) :
(iii) Bank Branch with full address
& Saving Bank Account No. :
(iv) TS/PS HO No. :
8. Particulars of last pay drawn at the
time of retirement :

Contd....2/-

9. **Family Pension from Other Source**

- (a) Whether a Family Pension already sanctioned by any other pension sanctioning authority and if so, the name of pension sanctioning authority PPO No. and particulars of PDA. :
- (b) Whether Family is eligible for Family pension from other source and if so, the authority sanctioning pension :

10. **Details of Family Members in terms of Pension Rules, eligible for Family Pension.**

SNo.	Name(s) address of members of family	Relationship with the pensioner	Dt. of marriage	Marital status	Dt. of Birth of wife and children	Nationality
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- (a)
- (b)
- (c)

11. Attested joint Photograph of Smt & Shri _____ is pasted in page No. 1 (Attestation can be done by any Gazetted Officer Pension Disbursing Officer such as Manager of bank, Record Officer, Secretary Zilla Sainik Board, Village Sarpanch, DDO, MLA/MLC etc.

12. Signature or thumb impression of spouse :

13. Marks of Identifications: -

- (i)
- (ii)

PRESENT ADDRESS:-
 (Tele No. & Email ID)

SIGNATURES AND ADDRESSES OF THE WITNESSES: -

<u>SER</u>	<u>NAME</u>	<u>COMPLETE POSTAL ADDRESS</u>	<u>SIGNATURE</u>
1			
2			

Signature or left thumb impression of the pensioner

Copy to: -

The Chief of the Naval Staff
(for Directorate of Pay & Allowance)
IHQ MoD(Navy)
Room No. 108, 1st Floor, NHQ Annexe Building - **with enclosures**
Talkatora Stadium
New Delhi – 110004

The Logistics Officer-in-Charge
Naval Pension Office
c/o INS Tanaji
Sion Trombay Road - **with enclosures**
Mankhurd - 400088

FORMAT OF AFFIDAVIT

(Duly prepared in a Non Judicial Stamp Paper of Appropriate value)

I _____ (Rank Name No.) _____
(Address) state on solemn affirmation that the following are the members of my family:-

1. (2nd wife) _____
(Date of Birth) _____
Date of Marriage _____
Occupation _____
Address _____

Affix photograph

2. Details of children (born out of previous marriage and 2nd wife both)

(i) Name of Children _____
(Date of Birth) _____
Marital Status _____
Occupation _____
Address _____

Affix photograph

(ii) Name of Children _____
(Date of Birth) _____
Marital Status _____
Occupation _____
Address _____

Affix photograph

(ii) Name of Children _____
(Date of Birth) _____
Marital Status _____
Occupation _____
Address _____

Affix photograph

3. I state that my family consist of myself, my wife and _____ Children (_____ Son and _____ Daughter) only.

4. The details of my family are mentioned above with their photographs.

5. That the contents of this affidavit are true and correct and nothing material has been concealed. I have signed this affidavit on this _____ day of _____ 2020 at _____ City.

Deponent Signature

VERIFICATION

Verified that the contents of my above Affidavit are true to the best of my knowledge and belief and nothing is concealed herein.

Verified by _____ on the _____ day of _____.

Deponent Signature

NOMINATION FORM 'A'

Pension Disbursing Authority/ Head Office:

Name of Bank/Treasury/Post Office/ Accounts Office etc.:

Saving Bank A/c No _____

Link Branch address is _____

1. I hereby nominate the person named below under Min of Defence letter No. 4(2)/84/866/8/D(pen/Service)- dated 09 May 1984.

Name & Address of the Nominee	Relationship with Consigner	Date of Birth	Name & address of the person who may receive the pension during the nominee's minority	Name & Address of other Nominee in case the nominee under col. (1) above pre-decease the pensioner	Relationship with the pensioner	Date of Birth if other nominee is minor	Name & address of person who may receive the pension during the other nominee's minority	Contingency of the happening of which nomination shall become invalid
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Contd...2/-

Place:

Signature or Thumb Impression

Name of pensioner :

Rank & P.No. :

Address :

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Signature of Witness :

Name & Address :

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Signature of Pension Disbursing Authority/Head of Office
(Acknowledgement to be sent by the Pension Disbursing
Authority/Head of Office)

Certified that application/nomination has been received from (Name of the Officer)

Place :

Signature of Pension Disbursing Authority,
Bank Treasury/PO/Accounts Officer/Head of Office
Full Address