

# DOCUMENTS REQUIRED FOR GRANT OF FAMILY PENSION TO UNMARRIED/ WIDOW/ DIVORCED DAUGHTER



| <u>SER</u> | NAME OF DOCUMENTS  |
|------------|--|
| 1          | Form MPB 501 and MPC 60 duly filled in duplicate.  |
| 2          | Four recent photograph duly attested by a Gazetted Officer.  |
| 3          | Copy of Death Certificate Father / Mother (as applicable)  |
| 4          | Copy of Death Certificate of Husband (for widow daughter)  |
| 5          | Copy of Aadhaar Card & PAN Card of applicant.  |
| 6          | Copy of Birth Certificate/ Matriculation Certificate of Applicant  |
| 7          | Photocopy of Bank Passbook/ Cancelled Cheque of applicant.   |
| 8          | Permanent & Present Correspondence address with Telephone No. and email id.  |
| 9          | Un-employment and unmarried certificate duly signed by Municipal/ Panchayat/ Revenue   |
|            | Authority and duly countersigned by a District Sainik Welfare Officer.   |
| 10         | Income certificate of the claimant issued by revenue officer of the concerned district.  |
| 11         | An affidavit (in original) sworn before First Class Magistrate from brother/sister stating that he has No Objection to the family pension being granted. |
| 12         | An affidavit sworn before First Class Magistrate indicating current marital and employment   |
|            | status of the claimant.  |
| 13.        | Copy of Pension Payment Order (PPO).   |
| 14.        | Copy of Decree of Divorce (for divorcee daughters)   |

| The Logistics Officer-in-Charge<br>Naval Pension Office<br>c/o INS Tanaji<br>Sion Trombay Road<br>Mankhurd,Mumbai – 400 088  | Tele:- 022 -25075608<br>Email:- navpen-officers[at]navy[dot]gov[dot]in |
|--|--|
| The Chief of the Naval Staff<br>(for Directorate of Pay & Allowances)<br>IHQ MoD (Navy),Room No. 108, 1 <sup>st</sup> Floor<br>NHQ Annexe Building<br>Talkatora Stadium<br>New Delhi – 110 004 | Tele:- 011-21410540<br>Email:- dpa-navy[at]nic[dot]in                  |

#### APPLICATION FOR PENSION WIDOW/UNMARRIED/DIVORCE DAUGHTER

#### Please Note:-

A. The issue of this form does not imply that you will be found eligible for pension.

B. When completed, the form should be sent in duplicate with all available birth and marriage certificate to "The Logistics Officer-in-Charge, Naval Pension Office, C/o INS Tanaji Sion Trombay Road Mankhurd, Mumbai, 400088, directly for further necessary action with a copy to DPA (Pension), IHQ MoD(Navy) Room No. 108, 1<sup>st</sup> Floor, NHQ Annexe Building, Talkatora Stadium, New Delhi - 110004 for info/record.

C. Before signing the Declaration please make sure that the questions have been answered correctly (Dashes or ticks are not sufficient answers). This will save correspondence and delay. Please also note that this is an official document and if any person making a false statement, she is committing a legal offence.

#### PART I PARTICULARS RELATING TO DECEASED OFFICER

| 1. | Surna<br>(Blocł             | ime:<br>(letters)   |  |  |
|----|-----------------------------|---|--|--|
|    | Full                        | Name :  |  |  |
|    | (Block                      | (P.No   |  |  |
| 2. | (a)<br>(b)<br>(c)<br>(d)    | Ship/ Establishment:<br>Rank:<br>Date of Birth:<br>Place of Birth :                                     |  |  |
| 3. | (To be<br>(a)<br>(b)<br>(c) | e answered only if death occur<br>Date of Death :<br>Place of Death :-<br>Date of retirement/discharge/ |  |  |
| 4. | Surna                       |   | TICULARS OF APPLICAN<br>First Name:<br>(Block le |  |

| 5. | Address in full :- |  |
|----|--------------------|--|
|    |                    |  |

6. (a) Date of Birth:-

- (c) Place of Birth:-

7. Were you living apart from your husband at the time of his death for any reason other than his employment with the force? If yes attach a statement of the circumstances.

8. (a) Particulars of children of the deceased officer under 25 years of age (see note overleaf) in respect of whom allowances are claimed.

## (BIRTH CERTIFICATES TO BE ATTACHED IF AVAILABLE)

| Full Name of each Child | Sex | Date & Place of<br>Birth | Present address (if different from your own state reason) |
|-------------------------|-----|--------------------------|---|
|                         |     |                          |   |
|                         |     |                          |   |
|                         |     |                          |   |

(b) Are all the children maintained by you

(c) Nationality

(d) State/Province, you belong

9. Have you or any of the children been injured in war \_\_\_\_\_ If

so, state date, place and nature of injury and whether your claim for compensation has been made

| 10. | (a)  | Are     | you    | or    | any     | of   | your   | children    | in   | receipt   | of                | any    | pension   | or    | allowance:    |
|-----|------|---------|--------|-------|---------|------|--------|-------------|------|-----------|-------------------|--------|-----------|-------|---------------|
|     | (b)  | Hav     | e you  | app   | lied fo | or a | ny pen | ision or al | lowa | ance (a p | oart <sup>-</sup> | from t | he preser | nt ap | plication) or |
|     | do y | ou inte | end de | oing  | so _    |      |        |             |      |           |                   |        | I         | f, sc | state as to   |
|     | wher | n you ł | nave a | appli | ed      |      |        | or a        | pply | /         |                   |        |           |       |               |

2

\_\_\_\_\_

#### PART III - PARTICULARS OF ANY PENSION RECEIVED BY THE DECEASED OR THE APPLICANT OR THEIR CHILDREN

| Name of<br>pensioner | Nature of<br>pension or<br>allowance | Rate of amount<br>per month/<br>annum | By whom paid | Reference No.<br>Authority |
|----------------------|--------------------------------------|---------------------------------------|--------------|----------------------------|
|                      |                                      |                                       |              |                            |
|                      |                                      |                                       |              |                            |

#### **DECLARATION (Please see note C on page 1)**

I hereby declare that the answers to the questions on this form are true and complete to the best of my knowledge and belief and I claim pension on the basis of the particulars that may be required.

(Witness of Signature)

(Signature of the Applicant)

(Any Commissioned Officers of the Defence Service not below than the rank of Lt of the Navy or equivalent rank)

Address of Witness:-

Date:-

State name of the Bank, S/B Account No. Full address of the Bank and the CPPC Branch at which you desire pension should be made payable, if granted (copy of cancelled cheque enclosed).

Name of Bank:-

#### STATEMENT OF TOTAL MEANS OF SUPPORT FROM ALL SOURCES OF AN APPLICANT FOR A PARENT'S PENSION / ALLOWANCE IN RESPECT OF THE DEATH OF / MISSING SON (GIVE RANKS, NAME AND UNIT/REGT/CORPS/SHIP/ESTABLISHMENT)

(This form should be completed by the pensioner in duplicate and submitted to NHQ for onwards transmission to the PCDA(P), Allahabad (for Pre Nov 1985 Retirees) or PCDA(N), Mumbai (for Post Nov 1985 Retirees).

| 2. | State present yearly income from   | Yourself |   | Your hus | band/ wife |
|----|--|----------|---|----------|------------|
|    |  | Rs.      | P | Rs.      | P          |
|    | (a) Salary or wages, including overtime, bonus, commission etc.                                |          |   |          |            |
|    | (b) Business on own account, (estimated yearly profit).  |          |   |          |            |
|    | (c) Old age or widow pension, state pension number here.                                       |          |   |          |            |
|    | (d) Any other pension (including the pension commuted if any or grant, give particulars here). |          |   |          |            |
|    | (e) All other sources of income, give particular here.   |          |   |          |            |

1. Applicant's Name

Total income yearly

\_\_\_\_\_

Where there are two parents the reply to question 3,4,5,6 &7 should cover both Father and Mother.

3. If you sublet or tame in lodger or boarders estate the total amount received from this source.

4. If you own the house in which you are living, attach annual assessment certificate from municipal authorities and state:-

(a) The net annual value as assessed for income tax

(b) The amount of any mortgage still outstanding

- (c) The rate of mortgage interest
- (d) Ground rent if any \_\_\_\_\_
- 5. Amount of rent being paid for the accommodation if living in the rented house \_\_\_\_\_\_(A receipt of rent from the land lord is to be attached).

6. Give particulars of any other benefits in kind (for example, fee Board)

7. Have you any money invested in the Bank, PO etc? If so give particulars

**Note**: Certificate from the Bank or Post Office, firm etc regarding the date (s) of sum and annual interest/ dividend thereon, to be attached.

2

- 8. Amount of DSOP Fund to the credit of the deceased.
- 9. Amount of insurance of deceased, if any.
- 10. Disposal of the amounts stated 8 and 9 above, if since received.
- 11. Give particulars of all your surviving children including step children and adopted children:-

| Name  |  |
|---|--|
| Sex   |  |
| Date of Birth   |  |
| Married, Single or Widower  |  |
| Occupation  |  |
| Total income PM   |  |
| Whether living at home with you   |  |
| Whether dependent upon you and if so to what extent   |  |
| Rate of monthly contribution made by each<br>member of the family including amount paid<br>for board & loading in if living at home |  |

<u>Note</u>:- If any son is an apprentice, indicate the stipend/ allowance he is receiving and the date on which apprenticeship will be completed and the salary to be given on accepting the assignment.

2. Before signing the Declaration, you should make sure that all questions on the form have been answered correctly. This will avoid correspondence and delay.

3. This application is an official documents and any person making a statement which he or she knows to be false is committing a legal offence.

## **DECLARATION BY THE APPLICANT**

I declare that the answer to the question on this form are true and complete to the best of knowledge and belief and that I have disclosed all my/ our means of support.

| Signature of Applicant                    | Witness to Signature  |
|---|---|
| Address of applicant<br>Contact No./Email | Any commissioned officer of the Defence<br>Service not below the rank of Lieutenant or<br>equivalent or Magistrate of serving civilian<br>Gazetted Officer under his office seal/ stamp |
|   | Address<br>Date   |

#### **INCOME CERTIFICATE / INCOME DECLARATION** (As per para (ii) of GOI, MoD letter no. 1(3)/99/D (Pen/Sers) dated 24 Nov 1999)

 
 I
 \_\_\_\_\_\_ daughter of \_\_\_\_\_\_ Rank \_\_\_\_\_\_

 Name \_\_\_\_\_\_ (Late) resident at \_\_\_\_\_\_
 do hereby solemnly affirm and declare as under:-

| <u>Ser</u> | Source of Annual Income               | for the Financial Year 2020- |
|------------|---------------------------------------|------------------------------|
| (a)        | Income from immovable property        | Rs.                          |
| (b)        | Income from Movable property          | Rs.                          |
| (c)        | Income from Employment (Pvt/Govt)     | Rs.                          |
| (d)        | Income from Pension                   | Rs.                          |
| (e)        | Income from self-employment/ business | Rs.                          |
| (f)        | Income from other sources             | Rs.                          |
|            | Total                                 | Rs.                          |

Signature/ Thumb impression of applicant

#### ATTESTATION (By Village Officer/ Municipal Councilor)

# COUNTERSIGNED (By Tehsildar/ Revenue Magistrate)

Place : Date : Office Seal

# NO OBJECTION CERTIFICATE (Duly prepared in a Non Judicial stamp paper of appropriate value)

| Ι                          | age about Year        | s daughter of      |
|----------------------------|-----------------------|--------------------|
| Rank                       | Name                  | No. hereby         |
| certify that               | and my sister/brother | are the            |
| sole surviving children of | f our Late parents.   |                    |
| I                          | and my sister Miss    | both are unmarried |

| buth I Miss  | also a employee/married |       | and I |
|--|-------------------------|-------|-------|
| hereby certify that I have no objection to my unmarried sister Mis |                         | being |       |

granted pension and all other dues and arrears of my Late Father \_\_\_\_\_

# DEPONENT

# **VERIFICATION**

Verified at \_\_\_\_\_\_ on this \_\_\_\_\_\_ day of \_\_\_\_\_\_ that the contents of my above affidavit are true and correct to the best of my knowledge and belief and nothing material has been concealed therefrom.

DEPONENT

#### <u>AFFIDAVIT</u> (Duly prepared in a Non Judicial stamp paper of appropriate value)

| Name<br>hereb |                           | daughter of<br>Residential<br>nder:- | R   | ank | do |
|---------------|---------------------------|--------------------------------------|-----|-----|----|
| 1.            | That my parents name are  |                                      | and |     |    |
| 2.            | That my date of birth is  |                                      |     |     |    |
| 3.            | That I am till unmarried. |                                      |     |     |    |
|               |                           |                                      |     |     |    |

- 4. That none person is dependent upon me
- 5. That I have no source of income for my daily needs.
- 6. That Miss \_\_\_\_\_\_ is my only sister.
- 7. That it is my true statement.

DEPONENT

# **VERIFICATION**

Verified at \_\_\_\_\_\_ on this \_\_\_\_\_\_ day of \_\_\_\_\_\_ that the contents of my above affidavit are true and correct to the best of my knowledge and belief and nothing material has been concealed therefrom.

DEPONENT

#### UN-EMPLOYMENT AND UNMARRIED CERTIFICATE

1. I Miss \_\_\_\_\_\_ daughter of \_\_\_\_\_\_ declare that I had not a employ of any Govt/ Private sector and I had not married till date.

2. I further solemnly affirm that contents of above declaration are correct and true to the best of my knowledge.

| D/o of |
|--------|
|        |
|        |
|        |
|        |

# CERTIFIED BY MUNICIPAL / PANCHAYAT/ REVENUE AUTHORITY

Station : Dated :

# COUNTERSIGNED BY RAJYA/ ZILA SAINIK WELFARE OFFICER

Station: Dated :