RE-EMPLOYMENT/NON RE-EMPLOYMENT DETAILS

Form to be filled by the pensioner and submitted to the PDA

PART – I

I Smt. ____________________ widow of No. ___________ Rank __________

Late ________________ declare that above named deceased was/was not re-employed in civil after his retirement from military service.

(Signature of the claimant)

Signature of witness of Two Indian

1. ___________________________________ Military pensioners with their Army No.

2. ___________________________________ Rank & Name TS/HO No. and address.

ATTESTATION

Place:

Date : (Sarpanch/Tehsildar with office seal)
**PART -II**

In case the deceased was re-employed after his retirement from Military service the following particulars will be completed by the re-employment authorities with their Office seal/stamp and signatures

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, Rank and Name of the deceased</td>
<td></td>
</tr>
<tr>
<td>Date of re-employment</td>
<td></td>
</tr>
<tr>
<td>Department, where re-employed</td>
<td></td>
</tr>
<tr>
<td>Post in which re-re-employed</td>
<td></td>
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<tr>
<td>Date of retirement, if retired</td>
<td></td>
</tr>
<tr>
<td>Whether permanent/temporary</td>
<td></td>
</tr>
<tr>
<td>Whether family pension is admissible to next of kin (reply should be Yes/No)</td>
<td></td>
</tr>
<tr>
<td>If family pension is not admissible</td>
<td></td>
</tr>
<tr>
<td>Rate of Family Pension</td>
<td></td>
</tr>
<tr>
<td>Rate of Relief per Month</td>
<td></td>
</tr>
</tbody>
</table>

Place:  
Date:  
Seal:  
(Signatures of re-employment authority Name/designation with office stamp)
PART – III

To be completed by the re-employment authority:-

(In addition to the particulars mentioned at Part-II above either of the following certificate will also be completed by the re-employing authorities)

“Certified that civil family pension has been/will be sanctioned to
Smt. ___________________ widow of No. _______________
Rank ______________ for the service rendered by the deceased.”

Place:
Date:

Seal
(Signatures of re-employment authority Name/designation with Office stamp)

OR

“Certified that civil family pension has not been and will not be granted to Smt./ Shri ___________________________ widow of
No.____________________ Late __________________________
for the service rendered by the deceased.

Place:
Date:

Seal
(Signatures of re-employment authority Name/designation with Office stamp)