DOCUMENTS REQUIRED FOR NOTIFICATION OF NAME
OF UNMARRIED DAUGHTER IN THE PPO

1. An affidavit sworn in before a First Class Judicial Magistrate containing the following details:–

   (i) Name of parents of the claimant.
   (ii) Date of birth of the claimant.
   (iii) Marital Status of the claimant.
   (iv) Dependency on the parents before their demise of the claimant.
   (v) Monthly Income from all sources of the claimant.
   (vi) Details of sisters and brothers and their marital status of the claimant.

2. A certificate from Municipal/Panchayat/Revenue Department stating that the claimant is unmarried and unemployed as on date duly countersigned by Zila Sainik Welfare Board.

3. Birth certificate/School leaving certificate in which date of birth of the claimant is mentioned duly attested by a class 1 Gazetted officer.

4. Original/Certified true copy of death certificate of both the parents.

5. Three passport size photographs of the claimant duly attested by a Class 1 Gazetted officer on reverse.

6. No objection certificate from brothers and sisters of the claimant.

7. MPB-501 (Application for Family Pension) and MPC-60 in triplicate (specimen attached) duly completed and countersigned by Zila Sainik Welfare Board.

8. Bank Acct details alongwith a Cancelled Cheque leaf of the claimant.

9. Details of children of the officer as per format attached.

10. Copies of available PPOs under vide father/mother of the applicant were drawing pension.
<table>
<thead>
<tr>
<th>Ser No</th>
<th>Name</th>
<th>Relationship with Pensioner</th>
<th>Martial Status</th>
<th>Date of Marriage</th>
<th>Date of Birth</th>
<th>Whether disabled or not</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Date :-

(Signature of parents/guardian)

COUNTERSIGNED

Station : New Delhi

Dated :

(Army HQ)
APPLICATION FORM FOR PENSION TO WIDOW OF OFFICERS

PART-I
PARTICULARS RELATING TO DECEASED OFFICER

1. Personal No. ___________________________
   Surname ____________________________ First Name ____________________________
   (Block Letters)

2. (a) Unit/Corps/Ship ____________ (b) Rank ____________
   (c) Date of birth ________________ (d) Place of Birth ________________

3. To be answered only if death occurred after termination of service.
   (a) Date of death ____________ (b) Place of Death ____________

PART -II

PARTICULARS OF APPLICANT

4. Surname ____________________________ First Name ____________________________
   (Block Letters) (Block Letters)

5. Address in Full:

6. (a) Date of Birth ____________
   (b) Date & Place of Marriage ___________________________________________________________________
                  ___________________________________________________________________

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

8. (a) Particulars of children of the deceased officers under 18 years of age (See note overleaf) in respect of whom allowances claimed.

    BIRTH CERTIFICATE TO BE ATTACHED IF AVAILABLE

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Sex</th>
<th>Date &amp; Place</th>
<th>Present Address (if different from your own state reasons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Full name of each child &amp; Sex)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) Are all the children maintained by you ______________________________
(c) Nationality __________________________________________________________
(d) State/Province, you belong __________________________________________

Contd 2/-
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) Have you applied for any pension or allowance (apart from the present application) or do you intend doing so
   If, so state as to when you have applied or intend to apply

PART -III

PARTICULARS OF ANY PENSION RECEIVED BY THE DECEASED OR THE APPLICANT OR THEIR CHILDREN

<table>
<thead>
<tr>
<th>Name of Pensioner</th>
<th>Nature of pension or Allowance</th>
<th>Monthly amount</th>
<th>By whom paid</th>
<th>Reference No(PPO No &amp; Date)</th>
<th>Nationality</th>
</tr>
</thead>
</table>

12. DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief, the answers to the question on this form are true and complete and I claim pension on the basis of the facts set forth. I undertake to furnish any further particulars that may be required.

Witness to signature
(Any Commissioned Officer of the Defence Servicess on effective list not below the rank of Capt or equivalent rank or Magistrate under his court seal)

(Ordinary signature of applicant)

Address of witness

Date

State name of Treasury or Bank at which you desire pension should be made payable, if granted.

Note: - When pecuniary circumstances require, an allowance may also be granted under certain conditions after the age of 25 for a child who is

(i) an apprentice (or in an analogous position) receiving not more than nominal wages or
(ii) being educated at a University, Technical School or Secondary School or
(iii) incapable of self support by reason of infirmity if you wish to claim any such allowance you should attach a statement giving full particulars.

*Acct No __________________________ Name of Bank/ Treasury __________________________

Postal Address/
Bank Code No __________________________
STATEMENT & TOTAL MEANS OF SUPPORT FROM ALL PENSION/ALLOWANCES IN RESPECT OF THE DEATH OF/MISSING SON (GIVE RANK, NAME)

1. Applicant's Name ____________________________
   (BLOCK LETTERS)

2. State present yearly income from:
   (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 particulars here

   (Total income yearly)

   Where there are two parents the answers to 3, 4, 5 & 6 and 7 should cover both father and mother.

3. If you sublet or take in lodgers or boarders state 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 :-
   (b) The amount of any mortgage still outstanding ________________________

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.

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 against 8 and 9 above, if since received.

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
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<tr>
<td>Married Single or widower</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
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<tr>
<td>Total income pm</td>
<td></td>
</tr>
<tr>
<td>Whether living at home with you</td>
<td></td>
</tr>
<tr>
<td>Whether dependent upon you and if so to what extent</td>
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<tr>
<td>Rate of monthly contribution made by each member of the family including amount paid for board &amp; lodging if living at home</td>
<td></td>
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</tbody>
</table>

**Note**: 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.

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

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

**DECLARATION BY APPLICANT**

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

**Signature of applicant**:  
**Witness to signature**:  

**Address of applicant**:  
(Any commissioned officer of the Defence Services not below the rank of Captain or equivalent or Magistrate of serving Civilian Gazetted Officer under his office seal/ stamp)

**Address**:  
**Date**:  

**INSTRUCTIONS FOR FILLING UP APPLICATION FOR PENSION BY PARENTS OF DECEASED OFFICER APPENDIX FORM MPC-60 (APPX-B)**

1. **General.** Read the notes given on the Form carefully for compliance.
2. **Part I**  
   **Ser 1 - 6.** Self explanatory.
   **Part II**
3. **Ser 7 to 10.** Self explanatory.
4. **Ser 11.** Details of any pension, gratuity or allowance received by you on any account should be given here. The columns are self explanatory and all columns should be completed.
5. **Ser 12.** Give the detailed financial justification in support of your claim.
6. **Part III, IV and V.** Self explanatory.
7. **Form MPC-60.** All the serials are self explanatory. It is important that the information must be correct. All assets must be shown duly supported by relevant documents. It should be ensured that no information is willfully hidden.