

# ADJUTANT GENERAL'S BRANCH



## ADDITIONAL DIRECTORATE GENERAL MANPOWER PLANNING



# COMPREHENSIVE GUIDELINES FOR PENSION DOCUMENTATION

MAY 2023

**Lt Gen C Bansi Ponnappa**  
**PVSM, AVSM, VSM**  
**Adjutant General**

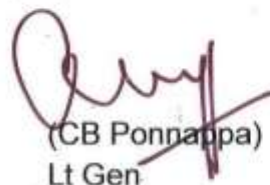


**FOREWORD**

1. At the outset, I would like to compliment and convey my deep appreciation to all officers for their invaluable contribution to the organisation. As Army officers, we dedicate the best years of our lives in the service of the nation. It has been our concerted effort to reach out to our Veterans to further strengthen this bond between us.
2. It gives me immense pleasure and satisfaction to release this **Comprehensive Guidelines for Pension Documentation** which is an effort towards providing information to our officers about timely and correct procedures for pension documentation.
3. The implementation of SPARSH, has accentuated the already felt need from the environment to address the issue of correct and timely documentation for officers proceeding on various forms of retirement and release. While in the legacy system, the officers were themselves processing their claims directly with PCDA (O), Pune and PCDA (P), Prayagraj, implementation of SPARSH has necessitated that the documents be now processed through the newly established Officers' Record Office. This also means that the forms that need to be processed have undergone a change and have been simplified to ease the processing of pension claims.
4. The current booklet lays out all the important policies and guidelines that officers should know prior to filling up of their pension forms. The booklet also contains samples as well as blank forms, of all agencies, for assisting officers. I am sanguine that the booklet will certainly work as a ready reckoner in preparing pension documents in an easy and correct manner.
5. Once again, I extend my good wishes to all the retiring officers and wish them all the best for a healthy and prosperous life ahead. We look forward to your guidance and valuable contribution in days to come.

Place : New Delhi

Date : 30 May 23

  
(CB Ponnappa)  
Lt Gen

(i)

**LIST OF CONTENTS**

<b>Ser No</b>	<b>Item</b>	<b>Page No</b>	<b>Para No</b>
1.	<b><u>General Information for Retiring Officers.</u></b> (a) Pension Documentation by Legacy Sys. (b) Implementation of SPARSH.	1	Para 1 to 4
2.	<b><u>Documents Required for Generation of ePPO.</u></b> (a) Personal Details cum Descriptive Roll for Pension. (b) Application for Commutation of Pension. (c) Declaration Form (including undertaking for Re-employment, Refund of Excess Payment, Fixed Medical Allowance, Income Tax Deduction, Consent for Use of Aadhar, Constant Medical Allowance). (d) Certificate regarding clearance on disciplinary/ vigilance aspects.	1	Para 6
3.	<b><u>Documents Required for Final Settlement of Account (FSA).</u></b> (a) Leave Encashment (Based on inputs of respective section of MP-6 (A to F) at ORO. (b) DSOP Claim. (c) AGIF Claim. (d) No Demand Certificate. (e) <b><u>Short Service Commissioned Officers Only.</u></b> (i) Terminal Gratuity Claim. (ii) No Employment Certificate.	2	Para 6
4.	<b><u>Additional Documents Required at ORO.</u></b> (a) Applying for Indian Army Veterans Card (IAVC). (b) Service Particular Booklet (SPB). (c) <b><u>Part II Orders.</u></b> (i) Leave Accumulation (ii) Retirement/ Release. (d) Release Medical Exam/ Board (RME/ RMB).	2 3  3 & 4	Para 8 (a) Para 8 (b) Para 8 (c)  Para 8 (d)

(ii)

**LIST OF CONTENTS**

<b>Ser No</b>	<b>Item</b>	<b>Page No</b>	<b>Para No</b>
5.	<b><u>Documents Required by Other Directorates/ Branches.</u></b> (a) Application for Re-Employment (To be processed to MS Branch). (b) Ex-Servicemen Contributory Health Scheme (ECHS). (c) Canteen Smart Cards. (d) Maturity Claim for Army Group Insurance Fund (AGIF).	4   5	Para 9 (a)  Para 9 (b) Para 9 (c) Para 9(d)
6.	<b><u>Special Cases.</u></b> (a) <b><u>Alignment of Pers Particulars.</u></b> (i) Change/ Expansion/ Abbreviation of Name of the Officer. (ii) Change of Name of Spouse/ Children. (iii) Correction of DoB of Spouse/ Children. (iv) Change of Permt Home Address. (b) Procedure for Processing of Pension Documents in case of Marital Discord. (c) Inclusion of Name of Special Child in PPO.	5   6 6 & 7	Para 10 Para 11 (a) Para 11 (b) Para 11 (c)  Paras 12 & 13 Para 14
7.	<b>General Instructions for Filling Up of Pensionary Documents.</b>	11	-NA-
8.	<b>Specific Instructions for Filling Up Various Appendices and Annexures along with Sample &amp; Blank Forms.</b>	12 to 71	
9.	<b>Important Policy Letters and References.</b>	72 to 83	
10.	<b>Blank Forms.</b>	84 to 127	

(iii)

**LIST OF APPENDICES AND ANNEXURES**

<b>Ser No</b>	<b>Item</b>	<b>Details</b>	<b>Page No</b>
1.	INSTRUCTIONS FOR FILLING PERSONAL DETAILS FOR SERVICE PENSION.	APPENDIX 'A'	12
2.	INSTRUCTIONS FOR FILLING APPLICATION FOR COMMUTATION.	APPENDIX 'B'	16
3.	INSTRUCTIONS FOR FILLING MISCELLANEOUS DECLARATIONS.	APPENDIX 'C'	18
4.	INSTRUCTIONS FOR FILLING CERTIFICATE REGARDING CLEARANCE ON DISCIPLINARY/ VIGILANCE ASPECTS.	APPENDIX 'D'	20
5.	INSTRUCTIONS FOR FILLING APPLICATION FOR ENCASHMENT OF ACCUMULATED ANNUAL LEAVE ON LAST DAY OF RETIREMENT.	APPENDIX 'E'	22
6.	INSTRUCTIONS FOR FILLING FORM FOR UPDATING DSOP FUND.	APPENDIX 'F'	24
7.	INSTRUCTIONS FOR FILLING AGI CLAIM-MATURITY AND EXTENDED INSURANCE BENEFITS.	APPENDIX 'G'	30
8.	INSTRUCTIONS FOR FILLING PROVISIONAL NO DEMAND CERTIFICATE BY CO/OC OF RETIRING OFFICER.	APPENDIX 'H'	34
9.	INSTRUCTIONS FOR FILLING CONTINGENT BILL FOR TERMINAL GRATUITY.	APPENDIX 'J'	38
10.	INSTRUCTIONS FOR FILLING NON EMPLOYMENT CERTIFICATE.	APPENDIX 'K'	42
11.	INSTRUCTIONS FOR FILLING APPLICATION FOR ISSUE OF INDIAN ARMY VETERAN CARD.	APPENDIX 'L'	44
12.	INSTRUCTIONS FOR FILLING SERVICE IDENTITY CARD DESTRUCTION CERT.	APPENDIX 'M'	46
13.	DRAFT SERVICE PARTICULAR BOOKLET.	APPENDIX 'N'	48
14.	INSTRUCTIONS FOR FILLING UNDERTAKING CERTIFICATE.	APPENDIX 'O'	52

(iv)

<b>Ser No</b>	<b>Item</b>	<b>Details</b>	<b>Page No</b>
15.	PROCESS OF INITIAL ADJUDICATION.	APPENDIX 'AA'	54
16.	SUGGESTED FORMAT FOR APPEAL AGAINST REJECTION OF DISABILITY ELEMENT OF PENSION.	APPENDIX 'AB'	55
17.	COMPOSITION OF APPELLATE COMMITTEE.	APPENDIX 'AC'	56
18.	INSTRUCTIONS FOR FILLING APPLICATION FORM FOR INITIAL RE-EMPLOYMENT. (a) MEDICAL CERTIFICATE. (b) UNDERTAKING/ WILLINGNESS CERTIFICATE (FOR POSTINGS). (c) UNDERTAKING (NON ADMISSIBILITY OF DISABILITY ELEMENT, SPECIAL FAMILY PENSION AND OTHER COMPENSATION). (d) UNDERTAKING (FOR RANK AND PAY FIXATION). (e) QUESTIONNAIRE (FOR DETERMINING POSTINGS BY MS BRANCH). (f) SELF ASSESSMENT FORM. (g) CLEARANCE CERTIFICATE. (h) CHECKLIST.	APPENDIX 'AD'  Annexure I Annexure II  Annexure III  Annexure IV Annexure V  Annexure VI Annexure VII Annexure VIII	58 to 60
19.	APPLICATION FOR CANTEEN SMART CARD.	APPENDIX 'AE'	71 to 72
20.	POLICY FOR CORRECTION OF NAME/DATE OF BIRTH(DOB) OF SPOUSE/ CHILDREN.	APPENDIX 'AF'	73 to 75
21.	POLICY OF PROCESSING OF PENSION CLAIM DOCUMENTS OF OFFICERS IN CASE OF MARITAL DISCORD.	APPENDIX 'AG'	76 to 78
22.	POLICY FOR INCLUSION OF NAME OF SPECIALLY ABLED CHILD IN PPO.	APPENDIX 'AH'	79 to 81

## **COMPREHENSIVE GUIDELINES FOR PENSION DOCUMENTATION**

### **General**

1. Correct documentation is extremely important for all Service personnel, especially at the time of their retirement, as it ensures timely disbursement of pensionary entitlements and continuity of records. The implementation of System for Pension Administration RAKSHA (SPARSH) has made the same even more crucial due to automation of the documentation process.
2. Keeping the same in mind and with a view to assist the officers in the documentation process, Officers Record Office (ORO), under the aegis of Manpower Planning Directorate, Adjutant General's Branch, has compiled a ready reckoner for all officers who shall be bidding adieu to the Service.
3. **Pension Documentation (Legacy System)**. The pension claim of officers proceeding on retirement was processed by affected officers' directly with PCDA (O), Pune. The requirement of documents for processing the said claims was based on instructions promulgated by PCDA (O), Pune, dealing branches at IHQ of MoD (Army) and respective Record Offices [MP 5&6, MPRS(O) and TA Directorate]. Officers used to forward approximately 29 documents to PCDA (O). Copies of the same were also forwarded to respective Record Offices (as mentioned above) and other dealing branches at IHQ of MoD(Army) viz Military Secretary's Branch for Re-Employment, Army Group Insurance Fund for Maturity Claims etc.
4. **Implementation of SPARSH & Automation of Pension Disbursement Process**. With the formulation of ORO and implementation of SPARSH by CGDA with effect from September 2021 for officers, the erstwhile manual processing of pension claims has been automated and the documentation procedure for processing of pensionary documents has been simplified. The number of documents to be processed has also reduced considerably and they are readily available on the Army Data Network (ADN) on **OASIS → POLICY → PENSION FORMS**. The various documents required to be filled by the officer have been elaborated upon in the succeeding paragraphs.

### **Documentation Procedure**

5. **Responsibility**. The responsibility for processing documents required for generation of electronic Pension Payment Order (ePPO) is with the affected officer through their respective record offices. These are :-
  - (a) Officers Record Office : Officers of Indian Army less officers of AMC, ADC, MNS and TA.
  - (b) MPRS(O) : Officers of AMC, ADC and MNS.
  - (c) TA Directorate/TA-4 : Officers of Territorial Army.
6. **Documents Required for Generation of ePPO**. Documents required to be processed by the officers are as under :-
  - (a) Personal Details cum Descriptive Roll for Pension. : **Appendix A.**



- (b) Application for Commutation of Pension. : **Appendix B.**
- (c) Declaration Form (including Undertaking for Re-employment, Refund of Excess Payment, Fixed Medical Allowance, Income Tax Deduction, Consent for use of Aadhar, Constant Medical Allowance). : **Appendix C.**
- (d) Certificate regarding clearance on disciplinary/ vigilance perspective. : **Appendix D.**

7. **Documents Required for Final Settlement of Account (FSA).** Affected officers must process the following documents with PCDA(O), Pune for final settlement of their accounts :-

- (a) Leave Encashment (Based on inputs of respective section of MP-6 (A to F) at ORO. : **Appendix E.**
- (b) DSOP Claim. : **Appendix F.**
- (c) AGIF Claim. : **Appendix G.**
- (d) No Demand Certificate. : **Appendix H.**

**Short Service Commissioned Officers Only**

- (e) Terminal Gratuity Claim. : **Appendix J along with Annexure I.**
- (f) No Employment Certificate. : **Appendix K.**

**Note** : Retirement Gratuity for superannuating officers and those proceeding on PMR is calculated by PCDA(O) based on total service rendered and does not require any application to be processed by the officer.

8. **Additional Documents Required at ORO.**

(a) **Indian Army Veterans' Card (IAVC).** The IAVC is an identity card that is issued to veteran officers on superannuation/PMR/ Release/Invalidment and the issue of IAVC is governed by AO 01/2017/MP.

(i) **Authorisation.** IAVC is authorised to officers who are in receipt of pension (including PMR/SSCO officers in receipt of a pension and having a valid PPO).

(ii) **Procedure for Issue.**

(aa) **Application.** Officers should fill up the application as per Appendix A of AO 1/2017/MP and forward it to Pension Cell/ ORO at least three months prior to superannuation. Copy of the same is at **Appendix L.**



(ab) **Destruction Certificate**. Officers must provide the original destruction certificate to Pension Cell/ ORO with a copy to their respective section of MP-6. Format of the Destruction Certificate is attached as **Appendix M**.

(ac) **IAVC for Re-Employed Officers**. Officers granted re-employment shall be issued with the IAVC, on termination of their re-employment period.

(b) **Service Particular Booklet (SPB)**. As per Para 12 of AO 22/2002/MP, all officers leaving the service, are authorised a copy of their service records. The same is provided by ORO in the form of a SPB.

(i) **Procedure for Issue**.

(aa) **Forwarding of Draft SPB by MP-6**. Concerned serving section of MP-6 forwards a draft SPB to the officers due for retirement/ release at least six months prior to the date of retirement. In case of officers proceeding on PMR, the draft SPB is forwarded on receipt of PMR order from MS Branch. A sample copy is at **Appendix N**.

(ab) **Authentication of Draft SPB**. Officers are advised to reconcile the draft SPB forwarded to them with the advisory forwarded by MP-6/ their service records and bring out any discrepancies to the notice of their concerned section of MP-6 at the earliest. Draft SPB duly authenticated and countersigned by IO/ RO on Para 26, mentioning the character of the officer as per Para 465(a) of RA-1987 (Part-I) must be forwarded by the officer at least four months prior to their date of retirement.

(c) **Part II Orders**. Following Part-II orders, as per Officers' Documentation Procedure – 2014, must be forwarded to ORO :-

(i) **Leave Accumulation**. Part II order notifying leave accumulation of the current year, if any and final leave encashment as per Ser 5.20.

(ii) **Retirement/ Release**. Part II order notifying Retirement/Release as per Ser 2.1 to 2.4 (as applicable).

(d) **Release Medical Exam/ Board (RME/ RMB)**.

(i) **Release Medical Exam (RME): For Officers Retiring in SHAPE -1**. Officers retiring in medical category SHAPE-1 are responsible for holding of RME as per AO 3/89 (as amended from time to time). The same will be conducted on AFSMF-18 and forwarded to ORO/ MP-6 at least eight months prior to retirement.

(ii) **Release Medical Board (RMB): For Officers Retiring in Low Medical Category**. RMB for officers retiring in low medical category can be conducted maximum of eight months prior to retirement. In such cases, the officer must approach his/her concerned section at MP-6 for forwarding of available & recorded medical documents to the MH/ CH where he/she intends to undergo RMB. On completion of

RMB, the documents shall be processed through the chain of command (Medical Channel) to MP-6 and further to MP-7 for initial adjudication of disability element. Officers are also required to forward an undertaking foregoing lump sum compensation duly countersigned by IO as per **Appendix O**.

(iii) **Grant of Disability Element of Pension**. The grant of disability element of pension is governed by the under mentioned documents and the same can be obtained from <https://www.desw.gov.in>

(aa) Entitlement Rules 2008.

(ab) Pension Regulations for Army (Part I & II) 2008.

(ac) Guidelines for Medical Officers (GMO) – 2008.

(ad) GoI, MoD letter no 1(2)/97/d(Pen-C) dt 31 Jan 2001 and GoI, MoD, DMA letter No 20(1)/2017/ D(Pay/Services) dt 14 Jul 2021.

(iv) **Adjudication of Disability Element of Pension**.

(aa) **Initial Adjudication**. Initial Adjudication of Disability element of pension is carried out by MP-7/ ORO. Flow chart of same is at **Appendix AA**.

(ab) **Appeals**. In case disability element is rejected initially, officers may appeal against same. Format of appeal is at **Appendix AB**. Upon receipt of the affected officers application, the appeal for disability element is processed by ORO to PS-4/ PS. Composition of the Appellate Committee for First Appeal (ACFA) and Second Appellate Committee on Pension (SACP) is at **Appendix AC**.

## 9. **Documents Required by Other Directorates/ Branches**.

(a) **Application for Re-Employment (to be processed to MS Branch)**. Officers desirous of seeking re-employment shall process an application to MS Branch/ MS-3 with the copy to their respective section at MP-6, as per Para 39 (a) of MS Branch letter No 04580/ MS Policy dated 30 May 2000. Format for the application is as per **Appendix AD** (along with Annexures I to VII).

(b) **Ex-Servicemen Contributory Health Scheme (ECHS)**. All officers are advised to fill up the ECHS applications online only, at least four months prior to the date of retirement. Detailed instructions on filling up of the application are readily available on <https://www.echs.gov.in>. Officers who shall be residing in districts where ECHS facilities are not available may opt for Fixed Medical Allowance (FMA) and forward an application form duly countersigned by to respective Station Headquarter as per Para 9(a) of CO ECHS letter No PC-II to B/49791-FMA/AG/ECHS dated Jan 2019.

(c) **Canteen Smart Cards**. The preparation of Canteen Smart cards for retired officers is undertaken by M/s Smart Chip Private Limited. Apropos, officers desirous of obtaining their Canteen Smart Cards, are advised to fill up the smart card form (readily available at nearest CSD and copy at **Appendix AE**) in black ball point pen and submit the same along with a demand draft of ₹165 in favour of M/s Smart Chip Private Limited, under intimation to their

respective section at MP-6, at least four months prior to superannuation. The address for forwarding the demand draft and application is :-

**M/s Smart Chip Private Limited  
D-49, Sector-63  
Noida (Uttar Pradesh) – 201301.**

(d) **Maturity Claim for AGIF.** For claiming the maturity Claim for AGIF officers are required to fill up the relevant form (Refer Appendix G) and forward the same to PCDA(O) and AGI Directorate, under intimation to MP-6, at least six months prior to retirement. Important aspects to be borne in mind while filling up the form are elucidated in the detailed instructions for filling up Appendix G (Placed alongside the form).

### **Documents Required for Specific Cases.**

10. **Alignment of Personal Particulars.** SPARSH portal undertakes third party validation of personal particulars of officers and their Next of Kin (Name, DOB and Bank Details) online through the following agencies :-

- (a) Aadhar authentication by Unique Identification Authority of India (UIADI).
- (b) PAN authentication by National Security Depository Ltd (NSDL).
- (c) Bank details authentication by Public Financial Management System (PFMS).

11. Apropos, all officers are advised to align the personal particulars in Aadhar, PAN & Bank Details, prior to processing of pension claims.

(a) **Change/ Expansion/ Abbreviating the Name of the Officer.** Name and DOB recorded in r/o officer in initial commissioning letter is considered final for all purposes including pension. The change in name of officers is governed by RA Para 1394 and SAO 4/S/88. As on date, the charter is with MS Branch/ MS-8. Officers are advised to approach MS Branch/ MS-8 for any correction/ expansion/ abbreviation of their names.

(b) **Correction of Name/Date of Birth(DoB) of Spouse/ Children.** The names and DoB of spouse and children are recorded in Record of Service maintained by ORO based on Part II Orders published by the officer. Any change in the same is governed by MP 5&6 letter No 12001/Policy/MP 5&6 (Coord) dated 08 March 2019. Copy of the same is at **Appendix AF.**

(c) **Change of Permanent Home Address.** Home Address in the pension documents should be as per the Record of Service. In case an officer desires to change his/her permanent home address, the same may be executed as under :-

- (i) **Intimation of Acquisition of Property (SAO 3/S/2011).** If an officer has purchased a dwelling unit, he/she will submit the form for acquisition of immovable property along with details of previous property/properties, duly perused by the perusing authority as per Special Army Order 3/S/2011.
- (ii) **Application for Change of Permanent Home Address.** The above-mentioned property return should be enclosed along with application for change of

home address as per Appendix G to AO 22/2002/ MP. Dossier section of MP 6 will scrutinize the details forwarded in the application for change of home address, and if found in order, will intimate the same to the officer, for further publishing the Part II order for change of home address.

(iii) **Publishing of Part II Order.** The officer on confirmation from MP-6/ORO, must publish the Part II Order for change of Home address. On receipt of Part II from the officer, the same will be recorded in the RoS of the officer.

12. **It is also requested that all officers align their PAN, Aadhar and Bank Account as per personal particulars recorded in their Record of Service (RoS) so as to avoid any delay in processing of pension claims at the time of Retirement (superannuation)/ PMR/ Release.**

13. **Procedure for Processing Pension Documents in event of Marital Discord.** The procedure for forwarding of pension documents in cases of marital discord are as under :-

(a) **Action by CO/OC of the Affected Officer.** In cases of marital discord, the CO/ OC of the unit will ensure that the retiring officer furnishes details of his/her spouse/ children correctly in the pension and other documents.

(b) **Verification of Family Details by ORO.** The details furnished by the officer, will be verified with the family details of the officer, as recorded in his/her RoS (based on relevant Part II Orders) by the concerned dossier section of MP-6/ORO.

(c) **Actions to be Taken by the Affected Officer.**

(i) Ensure the family details (details of spouse and children are correct).

(ii) **In Case Officer is Unable to Include Family Details due to Reasons Beyond His/ Her Control.** In case the officer refuses to include the details of spouse/ children in the pension and other documents citing reasons which are beyond his/her control, (such as spouse refusing to sign the claim documents or any other valid reasons), following will be ensured :-

(aa) The affected officer shall furnish a declaration in the form of an affidavit sworn before a First Class Judicial/ Executive Magistrate furnishing full facts of the case along with all supporting documents.

(ab) The CO/ OC of the unit will approach the spouse of such officer in writing to ascertain the facts of the case and a written reply will be obtained.

(ac) Thereafter, the case will be referred to the relevant dossier section of MP-6/ ORO along with affidavit and the recommendation of the CO/ OC unit and next superior officer in chain of comd.

(d) It must be noted that **there is NO Provision for NOT including the names of spouse and children** in the pension documents of the officer proceeding on retirement.

(e) Details of the Policy on the subject is at **Appendix AG.**

14. **Inclusion of Name of Specially Abled Child in PPO.** In case an officer intends to include the name of a special child, if any, in PPO, he/ she must refer to MP 5&6 letters 12005/Policy/MP 5&6 (Coord) dated 09 Oct 2017 and 12 Jul 2017 (Copy at **Appendix AH**). The documents required

to be submitted along with the pension documents are as under and also at Annexures. The same must be forwarded to the Dossier Section of MP-6/ ORO at least six (06) months prior to superannuation/ release/ PMR/ Invalidment:-

- (a) Part II order for handicapped child specifying percentage and nature of disability.
- (b) A medical certificate (In original) issued by an Armed Forces Medical Officer of the rank of Brigadier or above, giving status and percentage of disability along with specific remarks to the effect, that the child is unable to earn his/ her livelihood.
- (c) Unmarried and unemployment certificate of the special child from Village/ Municipality/ Revenue Department/ MLA duly countersigned by Zila Sainik Welfare Officer.
- (d) Three copies of single passport size photograph of special child and three joint photographs with legal guardian duly attested on reverse.
- (e) Details of children.
- (f) Declaration certificate from the nominee (Legal Guardian) : **Annexure X** in case the special child is mentally disabled (should be on non-judicial Stamp Paper).
- (g) Consent certificate from the nominee (Legal Guardian). : **Annexure XI**
- (h) Copies of Aadhar and PAN of the special child.
- (j) Nomination in terms of Govt of India letter No PC MF Air HQ/24299/283/FPHC/PP&R-3(i)/2678/D(Pen/Policy) dated 26 Oct 2007.

**“We must strive to fulfill  
our sacred obligations to  
our Veterans and their  
families who have  
sacrificed so much that we  
can live free”**





**“We must salute the  
courage, honour and  
bravery of our veterans**

**Today,  
Tomorrow  
And  
ALWAYS”**

## **GENERAL INSTRUCTIONS FOR FILLING UP PENSION FORMS**

1. All documents must be scanned & saved in good quality colour PDF (with size not exceeding 10 MB) and submitted to MP-6/ORO by the following applicable methods :-

(a) Officers with access to ADN : ASIGMA to MP-6 [ID- MP-6 SERVING OFFRS]  
(posted with Army units)

(b) Officers posted to units not : E Mail [ID-pensionoff.03401@gov.in]  
having access to ADN

2. **All details filled in the forms must be as per service records** (relevant Part II orders). Please refer the advisory issued by MP-6 to individual officers for the data maintained as per service records. In case of any discrepancies in names, dates of birth/ marriage, leave encashment etc, officers are requested to approach their respective sections of MP-6/ORO for rectification of the same. Filling up of pension documents without rectification of service records will cause delay in processing of pensionary entitlements.

### 3. **Forms**

(a) **Sample Forms**. An endeavour has been made to simplify the filling up of forms by attaching a sample with each form. However, the sample forms are only for illustrative purposes and officers must exercise due discretion & diligence in filling up the forms as each officer will have a unique data set and requirement.

(b) **Blank/ Editable Forms**. In case officers face shortage of space, in the forms provided, editable, word documents of the forms shall also be available on OASIS on ADN. Officers may download the same and increase the spacing as per specific requirement. However, care must be taken that the **content, format and fields of the forms are NOT edited** as the same will render them invalid and cause delay of pensionary entitlements.

**INSTRUCTIONS FOR FILLING PERSONAL DETAILS FOR SERVICE PENSION: APPENDIX A**

1. Dates of birth, commission and seniority, should be in the DD-MM-YYYY format.
2. Write the complete 12 digits of Aadhar number issued by the Unique Identification Authority of India (UIDAI).
3. Write the complete 10-digit alphanumeric numbers of PAN issued by the Income Tax Department. Example - XXXXX8883X
4. Details of former service is applicable to officers who got commissioned from Other Ranks. Former service details should be filled exactly as per PCDA (P), Prayagraj.
5. Mobile number and e-mail filled by the officer should be active and operational as the officer will receive SPARSH User ID & Password on these two modes.
6. Ensure that bank A/c details are filled correctly. In case of a joint account, the officer must be the Primary Account Holder.
7. Permanent home address should be as per Record of Service (as reflected in the advisory issued by ORO). In case the officer is desirous of any change, he/she is advised to approach MP-6 for the same. Detailed procedure for change in permanent home address is given in Para 10 (d) of preceding chapter.
8. Please do not use any prefix before names (such as Mr, Mrs, Master or Miss).
9. In cases of marital discord, please refer this office letter No 12001/Policy/ MP 5&6 (Coord) dt 11 Jul 2018) and follow procedures as elucidated vide Para 11 of preceding chapter.
10. Do not mention name of children in the dependent details. Only parents can be included if Part II order for declaring them as dependent has already been published.
11. In case of handicapped/ mentally challenged child/children following documents as per ORO (erstwhile MP5&6) letter No 12005/Policy/MP 5&6 (Coord)/ dt 09 Oct 2017 should be forwarded along with Appendices 'A' to 'C'.
  - (a) Disability Certificate.
  - (b) Appointment of Legal Guardian.
  - (c) Consent Certificate from the Nominee.
  - (d) MPC-60 (Revised).
  - (e) Unemployment Certificate.
12. Joint photo affixed on Appendix A should be in civil dress with light blue background.
13. Sample signatures of officer and spouse should be within the box and no additional details should be incorporated.

## Appx A

(Refers to Para 3 (a) (i) of this office letter No 12032/SPARSH/ORO/MP-6 Dt 31 Jan 2023)

**PERSONAL DETAILS CUM DESCRIPTIVE ROLL FOR SERVICE PENSION : OFFICERSTO BE FWD TO ORO/ MP-6 (SPARSH CELL)**

Pers No	IC – 12345X	Rank as per retirement order	COL	Name (Should be similar in retirement order and ROS)	I M WISE	Present Unit/Est	NCC GP HQ SHILLONG	Pay Level	13
		Present rank	COL						
Corps/Regiment	SIGNALS	DOB	01-01-1960	CDA A/C No	12/254/123456 A	Date of Commission	01-06-1982		
Date of Seniority	01-06-1982	Date of Retirement	31-01-2024	Type of Retirement Superannuation/PMR/Release/Invalid	Superannuation	Medical Cat	SHAPE 1		
Dt of RMB/RME (AFMSF16)/AFMSF-18)	01-06-2023	Commutation Recommended by Med Auth		Yes/No		Specific Remarks in Release Medical Board with reference to Commutation		NA	
Retirement Order No & Date	12345/MS-7/Superannuation dt 01-01-2023					Non Qualifying Service NIL		Whether Late Entrant	
						Yrs Months Days		Yes/No	
Gallantry Awards, if any	-NA-	Former Service, if any	___ Yrs ___ Months ___ Days		Former Service PCDA Order No & Date				
Aadhaar No	1234 5678 1234	PAN No	ABCDE1234X						
Mobile No	9862130052	Email ID	armycolonel@gov.in		Bank A/C No	123456789			
IFSC Code	SBIN000015	Branch Name	SBI DEHRADUN						
Permt Home Address (Should be as per ROS)	HOUSE NO 23, GARHI CANTT DEHRADUN, UTTARAKHAND, 248003								
District	DEHRADUN	State	UTTARAKHAND	PIN Code	248003				
Spouse /NOK (In case of marital discord, pl refer this office No 12001/Policy/ MP 5&6 (Coord) dt 11 Jul 2018)									
Spouse / NOK Name	I M SHAKTI			Relation	WIFE	Date of Birth	01-01-1975		
Nationality	INDIAN	PAN No*	ABCRF6543C	Aadhaar No*	7894 4561 3698	Mobile No	856127825		
Email ID	imshakti@gmail.com			PPO No (If Applicable)					
Children Details									
Children Name	Sex	DOB	Aadhaar No*	PAN No*	Mob	Email ID	Name of Mother	Marital Status Married / Unmarried / Widow / Divorcee	
I M SMART	M	01-06-1999	7894 4561 3698	ABCRF6543C	8561278251	smart@gmail.com	I M SHAKTI	Unmarried	
I M CALM	F	01-06-2004	7894 4561 3698	ABCRF6543C	8561278252	calm@gmail.com	I M SHAKTI	Unmarried	

I hereby give my consent to receive regular notifications on the mobile number and email id mentioned in my personal details.

Signature of Offr \_\_\_\_\_

**Appendix 'A'**  
**Pg2**

<b>Pers No</b>	<b>IC – 12345X</b>	<b>Rank</b>	<b>COL</b>	<b>Name</b>	<b>I M WISE</b>	<b>Date of Retirement</b>	<b>01-01-2024</b>
<b>Dependent Details Excl Spouse and children (Parents can be incl if part II order pub for dependent)</b>							
<b>Dependent Name</b>	<b>Sex</b>	<b>Relationship</b>	<b>DOB</b>	<b>Aadhaar No*</b>	<b>PAN No*</b>	<b>Part II Order Auth for Dependency</b>	
<b>I M OLD</b>	<b>M</b>	<b>FATHER</b>	<b>01-05-1944</b>	<b>7894 4561 3698</b>	<b>ABCRF6543C</b>	<b>2 MDSR Part II Order No 0001/2002</b>	
<b>In case of any Spl abled child, please furnish following additional details:-</b>							
<b>Child Name</b>	<b>Nature of Disability</b>		<b>If mentally disabled</b>		<b>Med Cert Date</b>	<b>Remarks</b>	
<b>I M SMART</b>	<b>Physical</b>		<b>Yes/No</b>		<b>06-08-2005</b>		
			<b>Yes/No</b>				
<b>Nominee Details for DCRG &amp; LTA</b>							
<b>Nominee Name</b>	<b>Relation</b>	<b>Share(%)</b>	<b>Alternate Nominee Name</b>		<b>Relation</b>	<b>Share(%)</b>	
<b>I M SHAKTI</b>	<b>WIFE</b>	<b>67%</b>	<b>I M SMART</b>		<b>SON</b>	<b>50%</b>	
<b>I M OLD</b>	<b>FATHER</b>	<b>33%</b>	<b>I M CALM</b>		<b>DAUGHTER</b>	<b>50%</b>	
Disciplinary Action Pending	<b>Yes/No</b>	Whether Penalty Imposed		<b>Yes/No</b>	Pension Recommended (%), if Penalty Imposed		
Date till reduced pension is recommended, if Penalty Imposed					Gratuity recommended (%), if Penalty Imposed		
Name of Sanctioning Authority Recommending for Pension/Gratuity, Letter No and Date, if Penalty Imposed							
<b>ECHS Recovery</b>	<b>Yes/No</b>	<b>Undertaking for Refund of Excess payment</b>		<b>Yes/No</b>	<b>Consent for Receiving Notifications</b>	<b>Yes/No</b>	<b>Consent for using Aadhaar</b>
<b>Jt Photo in Civil Dress</b>		<b>Offr's Sample Sig</b>		<b>Spouse / NOKSample Sig</b>		<b>Yes/No</b>	
						<b>"I hereby certify that all the information provided in this form is true and correct to the best of my knowledge".</b>  <b>Date:</b> _____ <b>(Sig of Offr)</b>	
						<b><u>COUNTERSIGNED</u></b>  (CO/OC Superior Military Authority)	

This Document must be scanned & saved in good quality colour PDF not more than 10 MB in size and sent through ASIGMA INDARMY (MP 6 SERVING OFFRS).

\*Self-attested copies of the docus be enclosed alongwith this Appx in separate PDF file.

**“Some people live an entire lifetime and wonder if they have made a difference in the world....**

**A VETERAN doesn't have that problem”**

**INSTRUCTIONS FOR FILLING APPLICATION FOR COMMUTATION: APPENDIX B**

1. Application for Commutation may not be applicable to all officers as they may not be entitled to pension. However, officers not entitled to pension are still requested to fill up the details and forward the same.
2. Ensure Bank Account No and IFSC Code are correct as the data will be verified from Public Financial Management System (PFMS). Any discrepancy/ mismatch will lead to delay in processing of pension documents.
3. Dates of Birth and Marriage should be in DD-MM-YYYY format.
4. Home address at Ser 4 should be as per Record of Service (For details of recorded home address please refer personal advisory issued by MP-6).
5. Bank details should be filled correctly in Para 2.
6. Only percentage of commutation should be mentioned in Para 5.
7. **Commutation application once processed cannot be changed for decrease of percentage of commutation.** However, if any officer chooses less than 50% commutation at the time of retirement, the same can be increased (upto a maximum of 50%) within one year from the date of retirement by processing a fresh application with concerned section of MP-6/ ORO.
8. Commutation will only be processed on receipt of RMB/RME at concerned sub section of MP-6. Apropos, officers are advised to undergo RMB/RME (as applicable) within eight months from the date of retirement.
9. Joint photograph with spouse in civil dress must be attested by a commissioned officer.



**Appendix 'B'**

(Refers to Para 3 (a) (ii) of this office letter  
No 12032/SPARSH/ORO/MP-6 dt 31 Jan  
2023)

**APPLICATION FOR COMMUTATION OF PENSION**  
**TO BE FWD TO ORO/ MP-6 (SPARSH CELL)**

From

Personal No **IC – 12345X** Rank **COL** Name **I M WISE**  
Corps/Regiment **SIGNALS**

To

**The CDA (Officers), Archives Section,  
Golibar Maidan Pune-411001**

Sir,

1. I am due for **Superannuation/PMR/Release/Invalidment** on **01-01-2024** vide MS Branch, IHQ of MoD (Army), New Delhi letter No **12345/MS-7/Superannuation** dated **01-01-2023**. I am forwarding the following particulars/ documents for necessary action.

2. Details of Bankers:-

(a) Name of Bank and Branch : **SBI DEHRADUN**  
Address of Bank Branch : **State Bank of India, Tel Bhavan Dehradun**  
Account No : **12345678901**  
(PI specify whether Joint or Single) :  Single/ Joint

3. (a) Name of spouse : **I M SHAKTI**  
(b) Date of birth : **01-01-1975**  
(c) Date of Marriage : **31-07-1996**  
(d) Specimen signature of spouse (i) \_\_\_\_\_  
(ii) \_\_\_\_\_

4. Permt address as per RoS: **House No 23, Garhi Cantt  
Dehradun, Uttarakhand, 248003**

5. I wish/~~do not wish~~ to commute **30** percent of my service pension.

Signature \_\_\_\_\_

Rank & Name **Col I M Wise**Personal No **IC 12345X**Address: **House No 23, Garhi Cantt****Dehradun, Uttarakhand, 248003**Mobile No **856127825**Place : **Shillong**Date : **07-05-2023****Note:-**

1. Photograph after pasting at above fixed place shall be attested by a Commissioned Officer.
2. Strikeout whichever is not applicable.

Joint  
Photograph  
with spouse in  
civil dress (to  
be attested by  
Commissioned  
officer)

**INSTRUCTIONS FOR FILLING MISCELLANEOUS DECLARATIONS: APPENDIX C**

1. Following undertakings are mandatory and required to be filled as per applicability/ choice :-
  - (a) Undertaking for Re-employment after retirement/ discharge.
  - (b) Undertaking for Refund of Excess Payment.
  - (c) Undertaking for Fixed Medical Allowance (Check only one box out of six boxes).
2. If any officer is desirous of the old tax regime, then he/she must check the relevant box. In case of new tax regime, the same may be left unchecked as it is the default tax option with effect from Financial Year 2023-2024.
3. Constant Attendant Allowance is applicable to the officers who as per medical authorities are 100% disabled.

**“Our Veterans carry with them a legacy of LOVE....**

**An Unconditional and  
Undying LOVE for the  
NATION”**

**Appendix 'C'**(Refers to Para 3 (a) (iii) of this office letter No  
12032/SPARSH/ORO/MP-6dt31 Jan 2023)**DECLARATIONS TO BE SUBMITTED BY PENSIONERS TO HIS HEAD OF OFFICE FOR UPLOAD IN SPARSH  
(TO BE FWD TO ORO/MP-6 (SPARSH CELL))**

I, Service No **IC 12345X** Rank **Col** Name **IM Wise** DOR **01-01-2024**  
Corps/Regiment **SIGNALS** hereby undertake the follow declaration-

<b>[A] Undertaking of Re-employment after retirement/ discharge (Mandatory)</b>		YES
<ul style="list-style-type: none"> <li>I declare that I have not got re-employment after discharge from my present engagement in any capacity either in a Govt. Department/ Office, Company, Corporation, Autonomous body or Society of Central or State Govt. or Union Territory or a Local Body.</li> <li>In case I get re-employment, I shall report the fact to the PCDA(Pensions) Allahabad through SPARSH.</li> </ul>		<input checked="" type="checkbox"/>
<b>[B] Undertaking for Refund of Excess Payment (Mandatory)</b>		YES
<ul style="list-style-type: none"> <li>I, the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled.</li> <li>I further hereby undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify the PCDA(Pensions) Allahabad from and against any loss, suffered or incurred by the PCDA(Pensions) Allahabad in so crediting my pension to my account under the scheme and to forthwith pay the same to the PCDA(Pensions) Allahabad and also irrevocably authorize the PCDA(Pensions) Allahabad to recover the amount due by making recoveries from future pension payments in terms of existing instructions issued by RBI and PCDA(Pensions) Allahabad regarding recovery of overpayment of pension.</li> </ul>		<input checked="" type="checkbox"/>
<b>[C] Declaration for Fixed Medical Allowance (Mandatory)</b>		
I hereby opt for the following facility- (Please tick any one of the following option)		
1.	I will be residing in a district with ECHS facility and would be availing Out-patient Department (OPD) and In-patient Department (IPD) facility from ECHS. I am not eligible for payment of Fixed Medical Allowance (FMA).	<input checked="" type="checkbox"/>
2.	I will be residing in an ECHS area but would not be availing ECHS facility. I understand that I will not be eligible for FMA.	<input checked="" type="checkbox"/>
3.	I will avail ECHS facilities available to spouse who is an ECHS beneficiary. I will not avail ECHS facility and FM.	<input type="checkbox"/>
4.	I will avail fixed medical allowance facility of other organization. I will not avail FMA from Defence side. (Applicable for family pensioners only)	<input type="checkbox"/>
5.	I will be residing in a district with no ECHS facility but would be avail ECHS facility for In-patient Department (IPD) and Out-patient Department (OPD) treatment. I will not be eligible for Fixed Medical Allowance (FMA).	<input type="checkbox"/>
6.	I will be residing in a non-ECHS covered district but would be availing ECHS facility for In-patient Department (IPD) only and will not avail Out-patient Department (OPD) treatment. I opt for payment of Fixed Medical Allowance (FMA) for OPD treatment.	<input type="checkbox"/>
This is my one time change in option as provided in the Rules and it supersedes the earlier option given by me. I understand that I shall not be able to change this option again. (Strike out this item if not applicable.		
<b>[D] Option for deduction of INCOME TAX (Non-Mandatory)</b>		YES
<ul style="list-style-type: none"> <li>I hereby declare that I want to get my tax computed under new regime u/s 115BAC of IT Act 1961.</li> <li>I understand that the above option, once exercised for any previous year, cannot be subsequently withdrawn.</li> <li>I also understand that the option given is for one financial year only and will not continue for subsequent financial years unless opted for.</li> <li>Note- Option to be left blank in case assess want to get their tax computed in old regime.</li> </ul>		<input checked="" type="checkbox"/>
<b>[E] Consent for using Aadhar services in SPARSH (Non-Mandatory)</b>		YES
<ul style="list-style-type: none"> <li>I, the holder of Aadhaar number <b>7894 4561 3698</b>, hereby give my consent to PCDA (Pensions) Allahabad to use my Aadhaar Number and Fingerprint/Iris/OTP for annual identification and generation of Digital Life Certificate (DLC).</li> <li>I also give my consent for sharing my Aadhaar number and my DLC for e-KYC and authentication from UIDAI through Meity/NIC/NPCI/other ASA. PCDA (Pensions) Allahabad has informed me on behalf of Meity/NIC/NPCI/other ASA that during authentication, Meity/NIC/NPCI/other ASA shall submit my information to UIDAI and that my core biometrics (Fingerprint and/or Iris scans will not be stored/shared).</li> <li>I have also been informed that the information submitted to PCDA (Pensions) Allahabad shall not be used for any purpose other than that mentioned above or as per any requirement of law.</li> </ul>		<input checked="" type="checkbox"/>  <input type="checkbox"/>
<b>[F] Declaration for Constant Attendant Allowance (Mandatory in case CAA is approved by Medical Authority)</b>		YES
<ul style="list-style-type: none"> <li>I will actually employ a paid attendant to look after me.</li> <li>In case of my inmate/ inpatient in any Government Hospital/ institutions and also in case of my employment/ re-employment, I will immediately report the fact to PCDA(Pensions) Allahabad through SPARSH.</li> </ul>		<input type="checkbox"/>

I hereby give my consent to receive regular notifications on the mobile number and email id mentioned in my Personal details.

Place : **Shillong**Date : **07-05-2023**

Signature \_\_\_\_\_  
Rank & Name **Col IM Wise**  
Personal No **IC 12345X**  
Address **House No 23, Garhi Cantt  
Dehradun, Uttarakhand, 248003**  
Mobile No **856127825**

**INSTRUCTIONS FOR FILLING CERTIFICATE REGARDING CLEARANCE ON DISCIPLINARY/  
VIGILANCE ASPECTS: APPENDIX D**

1. Please strike out whichever is not relevant and provide the correct details.
2. Form is required to be signed by the officer and countersigned by the next superior military authority.

**Appendix 'D'**

(Refers to Para 3 (a) (iv) of this  
office letter No  
12032/SPARSH/ORO/MP-6dt31  
Jan 2023)

**CERTIFICATE REGARDING CLEARANCE ON DISCIPLINARY/ VIGILANCE ASPECT**  
**(TO BE FWD TO ORO/ MP-6)**

It is certified that there is no judicial/ quasi-judicial/ departmental/ disciplinary or vigilance/civil or criminal court proceeding pending against **IC 12345X** Rank **Col** Name **IM Wise** of NCC Gp HQ Shillong, who is being released from the service with effect from **01-01-2024** vide IHQ of MoD (Army) letter No **12345/MS-7/Superannuation dt 31-01-2023**.

Station : **Shillong**

Dated : **07-05-2023**

Signature \_\_\_\_\_

Personal No : **IC 12345X**

Rank : **Col**

Name : **IM Wise**

SAMPLE FORM

**COUNTERSIGNED**

Station :

Dated :

**INSTRUCTIONS FOR FILLING APPLICATION FOR ENCASHMENT OF ACCUMULATED  
ANNUAL LEAVE ON LAST DAY OF RETIREMENT :APPENDIX E**

1. This document is required by PCDA (O) Pune to release benefits with respect to leave accumulation at the time of retirement.
2. Officers are entitled to a benefit of a maximum of 300 days of leave encashment. Notwithstanding, details of total leave accumulated must be reflected along with relevant Part II Order No and date.
3. Signature of IO (along with appointment) is required on recommendations for current year leave encashment.
4. Officers must reconcile leave accumulation details from their respective sub sections of MP-6/ OROs at least one year prior to the date of retirement and aim to rectify the observations, if any, at the earliest. Details are being included in officers' statements of accounts with effect from Dec 2022.

**“Our veterans didn’t seek  
fame our money...**

**They only sought and still  
strive for the glory of the  
Tri-Colour to fly high”**

**Appendix 'E'**

(Refers to Para 3 (b) (i) of MP-6 letter  
No12032/SPARSH/ORO/MP-6 dt 31 Jan  
2023)

**APPLICATION FOR ENCASHMENT OF ACCUMULATED  
ANNUAL LEAVE ON LAST DAY OF RETIREMENT  
(TO BE FWD TO PCDA (O) WITH COPY TO ORO/ MP-6)**

Rank : **Col**      Name : **IM Wise**      No: **IC 12345X**  
Designation & Address: **Col Trg. NCC Gp HQ Shillong**

No, of days encashment due: (Year wise details since **2017**)

Ser No	Year of Accumulation	Days of Leave	Total	Unit	Part II No & Date
1.	<b>2017</b>	<b>15</b>	<b>254</b>	15 CASSU	0/0001/2017 dt 31 Dec 2018
2.	<b>2018</b>	<b>23</b>	<b>277</b>	COMN GP,NSG	0/0001/2017 dt 31 Dec 2019
3.	<b>2019</b>	<b>28</b>	<b>305</b>	NCSR	0/0001/2017 dt 31 Dec 2020
4.	<b>2020</b>	<b>22</b>	<b>327</b>	HQ 101 AREA	0/0001/2017 dt 31 Dec 2021
5.	<b>2021</b>	<b>05</b>	<b>332</b>	16 COSR	0/0001/2017 dt 31 Dec 2022
6.	<b>2022</b>	<b>12</b>	<b>344</b>	NCC Gp HQ Shillong	0/0001/2017 dt 31 Dec 2023

Date: **07-05-2023**

(Signature of the officer)

II

Recommended and Forwarded

Certified that the officer is due **30** days encashment of annual leave, vide GOI, MoD letter F14 (2)/98/D(AG)-IV dt 22 Mar 2001.

Unit:

(Signature of IO alongwith Appt)

Dated:

**IM Confident  
(Brig)  
Gp Cdr NCC Gp HQ, Shillong**



**INSTRUCTIONS FOR FILLING FORM FOR UPDATING DSOP FUND:APPENDIX F**

1. Ensure correctness of DSOP Fund Account Number (CDA Account Number of the officer is DSOP Fund Account Number).
2. **Mention amount as per latest Payslip (Para 4 of Part I) in both figures as well as numbers.**
3. Mention details of Insurance Policies at Ser 5.
4. Account statement of DSOP fund for final withdrawal should be countersigned by IO.
5. Bank details should be filled clearly in contingent bill and countersigned by next superior military authority.
6. In case of any clarification with respect to DSOP funds, officers are requested to approach concerned ledger wing of PCDA (O), Pune.
7. Ensure correctness of Bankers details (Refer Annexure II of Appendix F) in contingent bill.
8. **Annexure II to Appx F**. It should be submitted by the officer immediately after the last fund deduction has been executed from his salary. It is also applicable in case the officer applies for the final payment for the first time after the date of superannuation, discharge, resignation etc.

**Appendix 'F'**

(Refers to Para 3 (b) (ii) of this office letter  
No 12032/SPARSH/ORO/MP-6dt31 Jan  
2023)

To  
The Accounts Officer  
PCDA (O)  
GolibarMaidan  
Pune-411001

Sir,

**FORM FOR UPDATING DSOP FUND**  
**(TO BE FWD TO PCDA (O))**

1. I am to retire on **01-01-2024**(A/N) as per MS Branch, Integrated HQ of MoD (Army) retirement order **No 12345/MS-7/Superannuation** MS-7A dated **31-01-2023**( Copy attached). I joined service with **SIGNALS** on being commissioned on **01-06-1982**.
2. My DSOP Fund account No is **22/045/252668**.
3. I desire to receive payment through my office. Particulars of my personal marks of identification and specimen signature in duplicate, duly attested by Gazetted/Commissioned Officer of the Government, are enclosed.

**PART-I**

(To be filled when the application for final payment is submitted up to one year prior to retirement).

4. An amount of **₹45,56,345 (Forty Five Lakhs, fifty six thousand and three hundred and forty five rupees only)** stood to credit in my DSOP fund account as indicated in the Statement of Account (pay slip) issued to me for the month/year of **Dec 2022**. As appearing in my ledger account being maintained by you. I request that my DSOP Fund Account may be reviewed and brought up to date.
5. The under mentioned life insurance policies were being financed by me from DSOP fund account:-

<b><u>Policy Number</u></b>	<b><u>Name of the Company</u></b>	<b><u>Sum Assured</u></b>
<b>XXXXXXXXXXXX</b>	<b>LIC</b>	<b>10,00000/-</b>

6. I will make another application immediately after last fund deduction has been made from my salary, in Part II of the form.

Yours faithfully,

Place: **Shillong**

Dated: **07-05-2023**

Signature :  
Personal No : **IC 12345X**  
Rank : **Col**  
Name : **IM Wise**  
Address : **NCC Gp HQ Shillong**  
Tele : (As applicable)

**(FOR USE BY HEAD OF OFFICE)**

1. Forwarded to account Officer PCDA(O) for necessary action.
2. The DSOP Fund account No of **IC 12345X** Rank **Col** Name **IM Wise** (as verified from the statements issued to him/her from year to year) is **22/045/252668**.
3. He is due to retire from Govt. Service on **31-01-2024** (A/N).
4. Certified that he/she had taken the following advances in respect of which \_\_\_\_\_ instalments of ₹ **NIL** are yet to be recovered and credited to the Fund Account. The details of the final withdrawals granted to him/her after the period covered by aforesaid. Accounts statements are indicated below:-

**Temporary Advance****Final Withdrawals**Station: **C/o 56 APO**

(Signature of IO along with Appt)

Dated: **07-05-2023****IM Confident  
(Brig)  
Gp Cdr NCC Gp HQ, Shillong****SAMPLE FORM**

**APPLICATION FOR FINAL SETTLEMENT OF DSOP FUND**

(To be submitted by the subscriber immediately after the last fund deduction has been made from his/her salary. This part is also applicable in the case of subscribers who apply for final payment for the first time after the date of superannuation, discharge, resignation etc).

In continuation of my earlier application, dated **01-01-2023** for the final Payment of DSOP/AFPP fund balance, I, request that entire balance at my credit with interest due under the rules be paid to me.

**OR**

I request that the entire amount at my credit with interest due under the rules may be paid to me/transferred to **my Bankers as per details given below:-**

**Bankers Details**

Signature \_\_\_\_\_

**SBI,**

Rank: **Col**  
 Name: **IM Wise**  
 Address: **Shillong**

**SAMPLE FORM**Place: **C/o 56 APO**Dated: **07-05-2023****(FOR USE BY HEAD OF OFFICE)**

- Forwarded to Accounts Officer **CDA (O), PuneA/C No 22/ 045/ 252668** for necessary action in continuation of endorsement No.
- He/She is due to retire from service on **31-01-2024 A/N**) has proceeded on leave preparatory to retirement for \_\_\_\_\_ - \_\_\_\_\_ month from \_\_\_\_\_ - \_\_\_\_\_ has been discharged/dismissed permanently transferred to \_\_\_\_\_ - \_\_\_\_\_ has resigned finally from Government service/has resigned service under \_\_\_\_\_ - \_\_\_\_\_ Government to take up appointment with \_\_\_\_\_ - \_\_\_\_\_ and his/her resignation has been accepted with effect from \_\_\_\_\_ - \_\_\_\_\_ forenoon/afternoon.
- The last fund deduction was made from his/her pay in this office \_\_\_\_\_ Bill No \_\_\_\_\_ dated \_\_\_\_\_ for ₹ \_\_\_\_\_ (figures) \_\_\_\_\_ (Rupees, in words) \_\_\_\_\_ cash Voucher No \_\_\_\_\_ of \_\_\_\_\_ Treasury, the amount of deduction being Rs \_\_\_\_\_ and recovery on account of refund of advances ₹ \_\_\_\_\_
- Certified that he/she was neither sanctioned any temporary advance nor any final withdrawals from his/her DSOP/AFPP Fund Account during the 9 months immediately preceding the date of which the last fund deduction has been made from his/her salary or thereafter.

5. Certified that the following temporary advances/final withdrawals were sanctioned to him/her and drawn from his/her DSOP/AFPP Fund Account during the 9 months immediately preceding the date on which the last fund deduction has been made from his/her salary or thereafter.

	<u>Amount of Advance/Withdrawals</u>	<u>Date</u>	<u>Voucher No</u>
(a)	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
(b)	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
(c)	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>

6. Certified that no amount was withdrawn/the following amounts were withdrawn from his/her DSOP/AFPP Fund Account during the nine months immediately preceding the date on which the last fund deduction was made from his/her salary preceding on leave preparatory to retirement or thereafter for payment of Insurance premium purchase.

	<u>Amount</u>	<u>Date</u>	<u>Voucher No</u>
(a)	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
(b)	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
(c)	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>

7. Certified that he/she has not resigned from Government service with prior permission of the Central Government to take up an appointment in another Department of the Central government or under a State Government or under a Body Corporate Owned or controlled by the state.

Station : **C/o 56 APO**

(Signature of IO along with Appt)

Dated: **07-05-2023**

**IM Confident  
(Brig)  
Gp Cdr,  
NCC Gp HQ, Shillong**

**Annexure III to Appendix 'F'****CDA (O) A/C No 22/045/252668**Voucher No: 00000X/XXX/Retirement dt **31-01-2024** For ₹ **45,56,345 (Forty Five Lakhs, fifty six thousand and three hundred and forty five rupees only)****CONTINGENT BILL**Expenditure on account of Final Settlement of DSOP Fund in respect of **IC 12345X** Rank **Col** Name **IM Wise** of unit **NCC Gp HQ Shillong** Pin **996010** C/o **56** APO.**Auth** : IHQ of MoD (Army), MS Branch (MS-7A) letter No \_\_\_\_\_ dated \_\_\_\_\_.

Ser No	Date	Details of Expenditure	Amount
		<p>Amount claimed on account of final withdrawal of DSOP Fund balance along with interest accrued till date in respect of <b>IC-12345X</b> Rank <b>Col</b> Name <b>I M Wise</b> CDA (O) A/c No <b>22/045/252668</b> retiring on superannuation on <b>31 Jan 2024 (AN)</b> vide IHQ of MoD (Army), MS Branch letter No <b>12345/MS-7/Superannuation dt 01-01-2023</b> dated <b>01 Jan 2023</b>.</p> <p><b>Bankers Details</b></p> <p>Joint A/C: <b>SBI, Dehradun</b> , PIN- <b>248003</b></p> <p>A/C No <b>12345678901</b></p> <p>Bank Code No- <b>SBIN000015</b></p>	

Net Amount due (in words):

**RECEIVED PAYMENT**Station : **C/o 56 APO**Dated : **07-05-2023**Personal No : **IC 12345X**Rank : **Col**Name : **IM Wise**Unit : **NCC Gp HQ Shillong****COUNTERSIGNED**

**IM Confident**  
**(Brig)**  
**Gp Cdr NCC**  
**Gp HQ, Shillong**

**INSTRUCTIONS FOR FILLING AGI CLAIM-MATURITY AND EXTENDED INSURANCE  
BENEFITS: APPENDIX G**

1. Write name and branch of the bank where account is currently operational.
2. Write complete Permanent and Post Retirement Address in Ser No 12.
3. Endorse name, relationship and complete address of the nominees (First & Contingent nominee).
4. Details of all loans (including those taken from government agencies) should be mentioned accurately in Ser No 13.
5. This form must be forwarded to AGI Directorate four (04) months prior to retirement.
6. Do not change/ transfer the bank account until you receive the AGI amount.
7. Two copies each of Appx G will be forwarded to PCDA (O) Golibar Maidan Pune and AGIF.

**For Appendix 'G' to be submitted to AGIF**

8. Attach two single photographs (PP Size) of first nominee, duly attested.
9. Endorse Personal Number, Name and Date of SOS on obverse side of photographs.

**“Character is made by what  
you stand for**

**Reputation by what you fall  
for”**



**Appendix 'G'**

(Refers to Para 3 (b) (iii) of this office letter  
No12032/ SPARSH/ ORO/ MP-6 dt 31 Jan  
2023)

**(TO BE INITIATED 4 MONTHS PRIOR TO RETIREMENT)**  
**(TO BE FWD TO AGI DTE)**

**APPLICABLE FOR OFFICERS**

**Combined Appendix 'G' (Revised) Offrs only incorporated Appendix 'O'**

**(Form should be typed on both side on one sheet only)**

**AGI CLAIM-MATURITY AND EXTENDED INSURANCE BENEFITS**

**PART I**

1. Pers No : **IC 27345H**
2. Gentlemen Cadet No : **Not Applicable**
3. Rank & Name : **Col IM Confident**
4. Regt/Corps : **Signals**
5. Unit last served : **NCC Gp HQ**  
With address
6. CDA A/C No : **22/045/252668**
7. Date of:-
  - (a) Birth : **01-01-1960**
  - (b) Commission : **01-06-1982**
  - (c) Joining IMA/OTA :
  - (d) SOS (Army) :
8. (a) Medical Category : **SHAPE1**
- (b) Percentage of disability, if any : **27%**
- (c) Reasons for discharge/SOS : **on attaining age of superannuation**
9. **AGI Membership Period**

<u>From</u>	<u>To</u>	<u>Year &amp; Month</u>
(a) As OR	-NA-	
(b) As JCO	-NA-	
(c) As Officer	<b>01-06-1982</b>	
(d) As Gentlemen		
(e) On Deputation		
(f) As AOP		

**FOR AGI USE ONLY**

Mail ID \_\_\_\_\_

Claim ID \_\_\_\_\_

Entered on \_\_\_\_\_

Verified on \_\_\_\_\_

Approved on \_\_\_\_\_

PAL No \_\_\_\_\_

PAL amount \_\_\_\_\_

Addl Interest \_\_\_\_\_

Cheque No & date \_\_\_\_\_

EIO No & date \_\_\_\_\_

MB No \_\_\_\_\_

DID No \_\_\_\_\_

**10. Bankers**

Name : **Col IM Confident**

Branch : **SBI Bareilly Cantt**

Bank code No : **SBIN0XXXXXXX**

Account No : **3100428XXXX**

Address : **40 Free India Estate, 11/100 Civil Lines**

State : **Uttar Pardesh**

Pin : **208001**

Tele No : **XXXX**

(To avoid delay, please DO NOT change this bank account until you received amount).

11. Treasury/Bank through which individual will draw his pension :

<u>Address after retirement</u>	<u>Permanent Home address</u>
Flat No 252, Samsona Apartments Plot No 05, Sector – 06 Dwarka, New Delhi – 110075	40 Free India Estate, 11/100 Civil Lines Distt- Kanpur State – Uttar Pardesh Pin - 208001

13.	<u>LOANS</u>	Date	<u>Amount Taken</u>	<u>Amount Refunded</u>	<u>Amount Balance</u>	<u>Remarks</u>
(a)	Bank	05-04-2022	₹25,00,000	₹4,00,000	₹21,00,000	
(b)	HBA (AGI/Govt)					
(c)	Conveyance Advance (AGI)					
(d)	Any other loan					

14.	<u>Family Details</u>	<u>Name</u>	<u>Age</u>
(a)	Father	I M Old	75 Yrs
(b)	Mother	-	-
(c)	Husband/Wife	I M Shakti	50 Yrs
(d)	Children	I M Smart	26Yrs
		I M Confident	22Yrs

15. Name, Relationship and address of

First Nominee

Name : I M Shakti

Relationship: Wife

Address : 40 Free India Estate,  
11/100 Civil Lines  
Distt – Kanpur (UP)

Contingent Nominee

Name : I M Smart

Relationship: Son

Address: 40 Free India Estate  
11/100 Civil Lines  
Distt – Kanpur (UP)

16. In case discharge /retirement order are cancelled, I undertake to refund the maturity benefits disbursed to me within 45 days failing which I hereby undertake to pay penal interest on the said amount at the rate of 15 percentage per annum till the amount is received back by AGIF.

17. Certified that the particulars given above are correct and the claim for these benefits has not been submitted previously.

(Signature of the Offr)

Countersigned by OC Unit

Rank : LT COL

Name : VARUN SINGH

Date : 05-04-2022

Note : On completion two copies will be forwarded to CDA (O) Golibar Maidan Pune-I and two copies alongwith two copies of single photographs of first nominee duly attested will be forwarded to AGIF. Please write No, Name and date of SOS on reverse of the photographs.

**PART II**

(To be filled by CDA (O) Pune)

Certified that sum of ₹ (Figures \_\_\_\_\_ (₹ in words \_\_\_\_\_  
 \_\_\_\_\_ has been deducted from the pay of No  
 Rank \_\_\_\_\_ Name \_\_\_\_\_ for the period from \_\_\_\_\_ to  
 \_\_\_\_\_ as monthly subscription towards AGIF.

Date

Office Seal

(Signature of Account Officer)  
CDA (O), Pune

On completion, the CDA (O) will send one copy to AGIF.

**PART III**

Certified that the above data is correct/amended as under:-

Place :

Date :

(Office Seal)

(To be verified by DAAG Officers Records, (ORO)/ MPRS (O) Med Dte)

\_\_\_\_\_

**INSTRUCTIONS FOR FILLING PROVISIONAL NO DEMAND CERTIFICATE BY CO/OC OF  
RETIRING OFFICER : APPENDIX H**

1. Provisional No Demand Certificate is required to be signed by the Commanding officer of the affected officer.
2. The officer proceeding on superannuation/ PMR/ Release/ Invalidment must clear public, regimental or any other claims outstanding against him prior to submission of this certificate.
3. This certificate is valid for three months from the date of signatures only and must be intimated to the relieving officer also.

**Appendix 'H'**

(Refers to Para 3 (b) (iv) of this office letter  
No 12032/SPARSH/ORO/MP-6 dt31 Jan  
2023)

**(SEE RULE 264, FINANCIAL REGULATION (ARMY & AIR FORCE PART I)  
(TO BE FWD TO ORO/ MP-6 AND PCDA (O), PUNE)**

Certificate of Officer Commanding of the unit, legal head of the Department of Administrative Officer concerned).

**PROVISIONAL NO DEMAND CERTIFICATE**

Certified that to the best of my knowledge and belief there are no public, regimental or other claims outstanding against **IC12345X** with exceptions noted below:-

Station: **C/o 56 APO**

Dated : **07 May 2023**

(Signature)

Rank **Col IM Wise**

Appt **Col Trg**

(This certificate is valid for three months and must be shown to the relieving officer and attached to the Transfer Certificate IAFZ-2081).

Certified that on an examination of the Public account in the Defence Accounts Department and after on enquiry there appear to be no demands against **IC 12345X Rank Col Name IM Wise** with the exceptions noted as above.

Station: **C/o 56 APO**

Dated: **20 Jul 2022**

(Signature)

Rank **Brig**

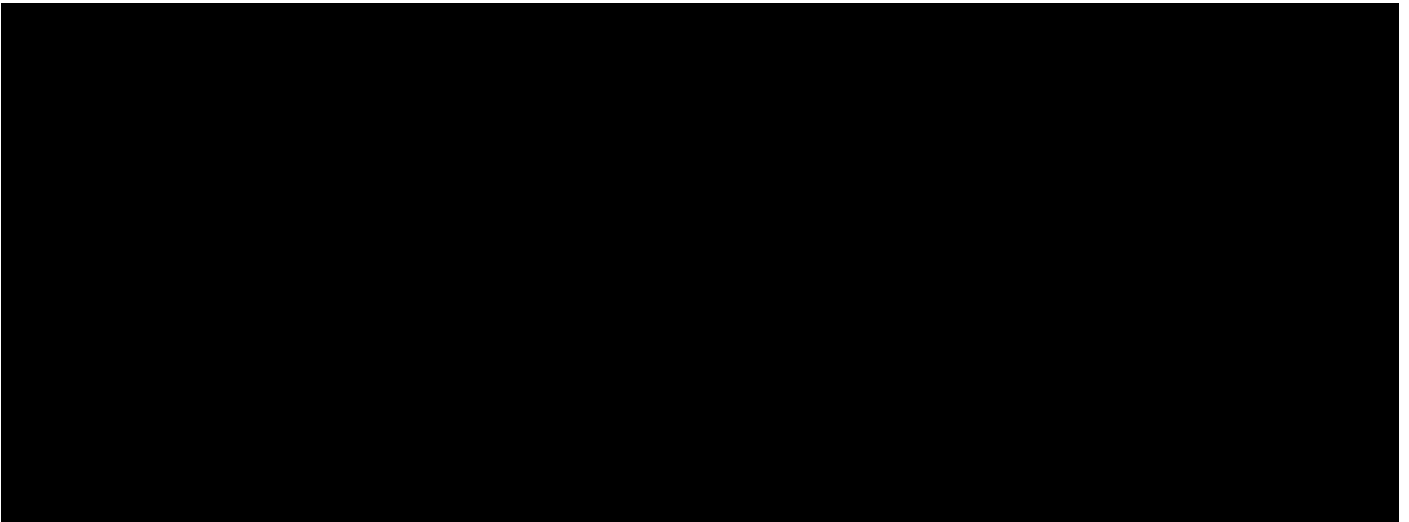
Appt **Gp Cdr, NCC Gp HQ**

**Note:**

1. The above certificate having been given on an examination of the Public Accounts upto the latest period found practicable does not preclude Government from claiming any sum of which the above named officer may thereafter be found to be justly liable.

2. In all cases is whether any claim is noted on a 'NO DEMAND CERTIFICATE' or no copy of the certificate should without delay be sent by the controller concerned to the Accounts General Common Wealth Regulations Office to the war office, as the case may be. Delete wherever is applicable.

**“We don’t know them all  
But  
We OWE them all”**



**INSTRUCTIONS FOR FILLING CONTINGENT BILL FOR TERMINAL GRATUITY : APPENDIX J**

1. Contingent Bill for Terminal Gratuity is applicable only for SSCOs.
2. Ensure correctness of the following :-
  - (a) Bankers Details.
  - (b) Date of Release from Service.
  - (c) Date of SOS.
  - (d) Annual and Terminal Leave.
3. The aforesaid contingent bill must be countersigned by the next superior military authority.

**“Veterans dedicate their  
lives for something bigger  
than themselves**

**And that makes them our  
true heroes”**



**Appendix 'J'**

(Refers to Para 3 (b) (v) of this office letter  
No 12032/SPARSH/ORO/MP-6 dt31 Jan  
2023)

**CONTINGENT BILL FOR TERMINAL GRATUITY CLAIM**  
**(FOR SSC ONLY)**  
**(TO BE FWD TO PCDA (O), PUNE)**

Voucher No: \_\_\_\_\_ dt \_\_\_\_\_

**BANKERS**

**Name of Bank** :SBI  
**A/C No** : 248676XXXX  
**Address** : Nashik Road Camp (Maharashtra)

Expenditure on account of **Terminal Gratuity** claim r/o Personal NO **IC-XXXXXF** Rank **Maj** Name **IM Confident** of Unit **XXXX MAHAR REGT** who is proceeding on release wef **31-10-2022** A/N) with **38** days Annual Leave wef **01 Nov 22** to **30 Mar 22** and **30** days Terminal Leave wef **10 Dec 22** to **30 Dec 22** and will be SOS from Service on 31-10-2022 (AN).

**Auth** : IHQ of MoD (Army), MS Branch (MS-7B) letter No **05545/Rel/10Y/MS-7B** dated **15 Feb 2022**.

Ser No	Date	Details of Expenditure	Amount in ₹
1.		Amount claimed on account of Terminal Gratuity claim in respect of Personal No <b>IC-XXXXXF</b> Rank <b>Maj</b> Name <b>I M Confident</b> of Unit <b>XXXX MAHAR REGT</b> on release on vide IHQ of MoD (Army), MS Branch (MS-7C) letter No <b>05545/Rel/10Y/MS-7B</b> dated <b>15 Feb 2022</b> .  Date of Commission - <b>25-08-1990</b> Date of release - <b>31-10-2022</b> Date of SOS - <b>01-11-2022</b>	<b>10,00,000</b>
Amount in words ₹ <b>Ten lakhs only</b> .			

**Certificate :-**

"Certified that I was not a subscriber to any Terminal Gratuity claim prior to in the Army Service"

**Received Payment**

(Personal No, Rank & Name)  
Personal NO **IC-XXXXXF**  
Rank **Maj**  
Name **IM Confident**

**COUNTERSIGNED**

Station: **C/o 56 APO**

Dated: **18 Aug 2022**

CERTIFICATE IN TERMS OF ANNEXURE-I TO AI 6/S/65

Certified that the Terminal Gratuity has been claimed for the service rendered by me as a Short Service Commissioned Officer during the period from 12 Jun 22 to 31 Oct 22(A/N).

Station: C/o 56 APO

(Signature of the Officer)

Dated: 18 Aug 2022

Personal NO **IC-XXXXXF**

Rank **Maj**

Name **IM Confident**

SAMPLE FORM

**“Only the worthy choose to  
wear the Olive Green**

**because it is woven with the  
sacrifice of our soldiers who  
never let their guard down”**

**INSTRUCTIONS FOR FILLING NON EMPLOYMENT CERTIFICATE : APPENDIX K**

1. Non Employment Certificate is applicable to SSCOs only and must be countersigned by the next superior military authority.
2. During terminal leave officer will neither join any Government Service nor will undertake practice of any kind.

**“The willingness of our  
Veterans to sacrifice  
everything for our nation  
has earned them our  
lasting gratitude”**

**Appendix 'K'**

(Refers to Para 3 (b) (vi) of this office letter No 12032/SPARSH/ORO/MP-6 dt 31 Jan 2023)

**NON EMPLOYMENT CERTIFICATE**  
**(TO BE FWD TO ORO/ MP-6A)**

1. I, Personal No **IC-XXXXXF** Rank **Maj** Name **IM Confident** of unit **XXXX MAHAR REGT** will be released on **31-10-2022** (A/N) on completion of 10 years Short Service contractual period vide of IHQ of MoD (Army), MS Branch (MS-7B) letter No **05545/Rel/10Y/MS-7B** dated **15 Feb 2022**.

2. I certify that during my **30 days Terminal Leave** wef **01 Dec 2022 to 30 Dec 2022**, I will neither join any Govt Service nor will have any private practice.

Station: **c/o 56 APO**

Dated : **18 Aug 2022**

Personal NO **IC-XXXXXF**

Rank **Maj**

Name **IM Confident**

**COUNTERSIGNED**

Station: **c/o 56 APO**

Dated: **20 Aug 2022**

**INSTRUCTIONS FOR FILLING APPLICATION FOR ISSUE OF  
INDIAN ARMY VETERAN CARD : APPENDIX L**

1. Ensure that all Dates (birth, commission and retirement) are filled in DD-MM-YYYY format.
2. Photographs should be pasted and **NOT STAPLED**.
  - (a) Size : Passport size.
  - (b) Uniform : Without head gear (with light blue background).
  - (c) Civil : Red background.
3. Ensure signatures are confined within the box and **NOT** touching the boundaries.
4. Following to be submitted along with IAVC application :-
  - (a) I-Card Destruction Certificate (See Appendix M).
  - (b) Self Attested copy of Aadhar Card.
  - (c) Copy of latest PPO.
5. Application should be countersigned by Col Veteran/ Adm Comdt/ CO/ OC.

**Appendix 'L'**

(Refers to Para 3 (c) (i) of this office letter No  
12032/SPARSH/ORO/MP-6 dt 31 Jan 2023)

**APPLICATION FOR ISSUE OF INDIAN ARMY VETERAN CARD**  
**(TO BE FWD TO ORO/ MP-5/ PENSION CELL)**

- |     |   |   |                                       |
|-----|---|---|---------------------------------------|
| 1.  | Pers/IC No & Rank   | : IC12345X COL  | Paste<br>Photograph in<br>Uniform     |
| 2.  | Name in Full (in Block capital)<br><b>alongwith Decoration</b>                    | : India Mike Wise   |                                       |
| 3.  | Permanent Home Address  | : 40 Free India Estate, 11/100<br>Civil Lines, Kanpur,<br>(UP) Pin 208001 |                                       |
| 4.  | Date of Birth   | : 15-10-1968  | Paste<br>Photograph in<br>Civil Dress |
| 5.  | Date of Commission/ Enrolment   | : 25-08-1990  |                                       |
| 6.  | Date of retirement  | : 31-10-2022  |                                       |
| 7.  | Unit / Arm of Service   | : Signals   |                                       |
| 8.  | Gallantry Award (if any)  | :   |                                       |
| 9.  | Aadhar No   | : 2753 3003 XXXX  |                                       |
| 10. | Pensioner ID No<br>(Attach copy of PPO)   | :   |                                       |
| 11. | Details of cheque/DD/NEFT<br>(for Rs 200/- in favour of Micro<br>System Products) | : State Bank of India DD bearing No 567853<br>dt 10 Feb 2023              |                                       |

Signature of the Applicant  
(Inside the box)

Date : 15 Jul 2022

**COUNTERSIGNED**

- It is certified that IC12345X Rank Col Name (full) India Mike Wise is entitled for IAVC under the provision of AO 01/2017/MP.
- Certified that IC IC12345X Rank Col Name India Mike Wise has not been terminated under provision of AA Section 18 as alos the offr has not been released/ Retd on grnds of security/moral turpitude. Ref para 6 of AO 01/2017/MP.

Station : c/oXX APO

(Signature of Col Veteran/ Adm Comdt/  
CO/OC unit)

Date : 20 Aug 2022

Appt Seal

Office Round Stamp

**INSTRUCTIONS FOR FILLING**  
**SERVICE IDENTITY CARD DESTRUCTION CERT : APPENDIX M**

1. Paste the original 'Serial Number' of the destroyed I-Card on the destruction certificate.
2. Identity card destruction certificate should be signed by CO/OC of the unit.
3. Distribution List of I-Card Destruction Certificate.
  - (a) Original : Issuing Authority
  - (b) CTC copies (Two) : Pension Cell alongwith application for issue of IAVC (Also see Appendix L)  
  
Respective Section of MP-6

**“Courage is resistance to  
fear, mastery of fear**

***NOT***

**Absence of Fear”**



**Appendix 'M'**

(Refers to Para 3 (c) (iii) of this office letter No 12032/SPARSH/ORO/MP-6 dt 31 Jan 2023)

**IDENTITY CARD DESTRUCTION CERT : OFFR**  
**(TO BE FWD TO ISSUING AUTH WITH COPY TO ORO/ MP-6)**

It is certified that the identity card bearing machine No **IC-12345** issued by **XXXXXXX** on **30-09-1991** in respect of **Col IM Wise** of **XXXX SIG REGT** (unit/Regt) has been destroyed by burning on **16 Oct 2022** due to officer being released from Army after completion of **32** years of physical service on **31 Oct 2022** vide MS Branch, Integrated HQ of MoD (Army) release order No **30001/RO/OCT2022/MS-7 dt 28 Oct 2021**.

<b>Iden Card Ser No - 1352611</b>
-----------------------------------

Station : **c/o 56 APO**

Dated : **20 Jul 2022**

SAMPLE FORM

**Appendix 'N'**

(Refers to Para 8 (b) (i) of Comprehensive Guidelines for Pension Documentation)

**DRAFT SERVICE PARTICULAR BOOKLET**

1. Personal No. : IC 12345X
2. Rank at the time of Retirement/Release : Col
3. Name in full : India Mike Wise
4. Regt of Corps : Signals
5. Date and Place of Birth : 08-07-1966 Kanpur (UP)
6. Date of grant of commission with Authority :
- (a) **Initial**
- (i) Type -
- (ii) Authority & Date -
- (b) **PRC**
- (i) Authority -IHQ of MoD (Army)/MS Branch letter No xxxx dt xxxx
- (ii) Date -14 Dec 1984
7. Date of Release/Retirement with authority : Superannuation
8. Reason of release : On attaining age of superannuation
9. Medical Category at the time of Release/Retirement : SHAPE -1
10. Battle Casualty : No
11. Gallantry Award : No
12. Nationality : Indian
13. Profession prior to commission in the Army : Student
14. Qualification
- (a) Academic : MSc
- (b) Professional/Tech : M Tech
- (c) Experience in Civil Trade/Professional :
15. Army Courses Attended/Special qualification acquired:-

Courses	Year of Completion	Grading
YO	1986	A
JC-98	1991	AI
DSSC	1996	psc
SC-95	1998	Q

## 16. Important appointments held:-

<b>(a) Command</b>		
CO	2003	XXXX Sig Regt
<b>(b) Instr</b>		
Instr CI 'C'	1994	IMA Dehradun
<b>(c) Staff</b>		
AQMG	1997	HQ 66 Inf Bde
Col GS	2007	HQ 33 Corps

## 17. Operational /War Service :

(a) OP RAKSHAK

(b) OP MEGHDOOT

## 18. Decorations/ Awards:-

- |     |  |
|-----|--|
| (a) | 9 Yrs & 20 Yrs Long Service Medal.           |
| (b) | High Altitude Medal.                         |
| (c) | Sainya Seva Medal (J&K).                     |
| (d) | 50 <sup>th</sup> Anniversary of Indep Medal. |
| (e) | Siachen Glacier Medal.                       |
| (f) | Awarded COAS Commendation Card.              |
| (g) | Awarded Vishisht Seva Medal.                 |
| (h) | 75 <sup>th</sup> Anniversary of Indep Medal. |

## 19. Foreign Countries visited:-

Country	Period	Purpose of visit

## 20. Languages with degree of Proficiency:-

Language	Read	Speak	Write
Hindi	Yes	Yes	Yes
English	Yes	Yes	Yes

21. Permanent Home Address : 40 Free India Estate, 11/100 Civil Lines,  
Distt - Kanpur, (UP) Pin 208001

22. Next of Kin : **India Mike Shakti (Wife).**  
Full name & relationship

23. Details of Parents:-

(a) Father's Name : **India Mike Old.**

(b) Mother's Name :-

24. Dependents Declared :

25. Details of Family:-

(a) Details of Spouse:-

(i) Name : **India Mike Shakti.**

(ii) DOB : **10-06-1973.**

(iii) DOM : **20-03-1992.**

(iv) Auth : **XX Sig Regt Pt-II order No 0012/1993.**

(b) Details of divorce, if applicable:-

Name & Present address of divorced Spouse	Date of marriage	Date of divorce	Authority

(c) If the officer has any legitimate child (including validly adopted children specify):-

Name	Sex	Date of Birth	Place of Birth	Mother's Name
<b>India Mike Smart</b>	<b>M</b>	<b>06 Apr 1995</b>	<b>Kanpur</b>	<b>India Mike Shakti</b>
<b>India Mike Confident</b>	<b>F</b>	<b>26 May 1997</b>	<b>Kanpur</b>	<b>India Mike Shakti</b>

26. Character:- **Exemplary**

**“Veterans dedicate their  
lives for something bigger  
than themselves**

**And that makes them our  
true heroes”**

**INSTRUCTIONS FOR FILLING UNDERTAKING CERTIFICATE: APPENDIX O**

1. Undertaking certificate is required for undertaking Initial Adjudication of Disability Element.
2. All officers in low medical category (other than SHAPE-I) are required to submit the said certificate on completion of RMB to concerned Dossier Section of MP-6.
3. Ensure the following :-
  - (a) Undertaking certificate foregoing lump compensation with respect to disability element is countersigned by next superior military authority.
  - (b) Details of **ALL** disabilities are mentioned clearly and in capital letters.

**“We must strive to fulfill  
our sacred obligations to  
our Veterans and their  
families who have  
sacrificed so much that we  
can live free”**

**Appendix 'O'**

(Refers to Para 3 (d) of this office letter No 12032/SPARSH/ORO/MP-6 dt 31 Jan 2023)

**UNDERTAKING CERTIFICATE**

It is certified that I, **Col IM Wise** have not received any disability claim or foregoing lump compensation in lieu of the fwg disabilities:-

(a)

(b)

SAMPLE FORM

Dated: **15 Jul 2022**

(  
\_\_\_\_\_  
)  
Signature of the Officer)

**COUNTERSIGNED**

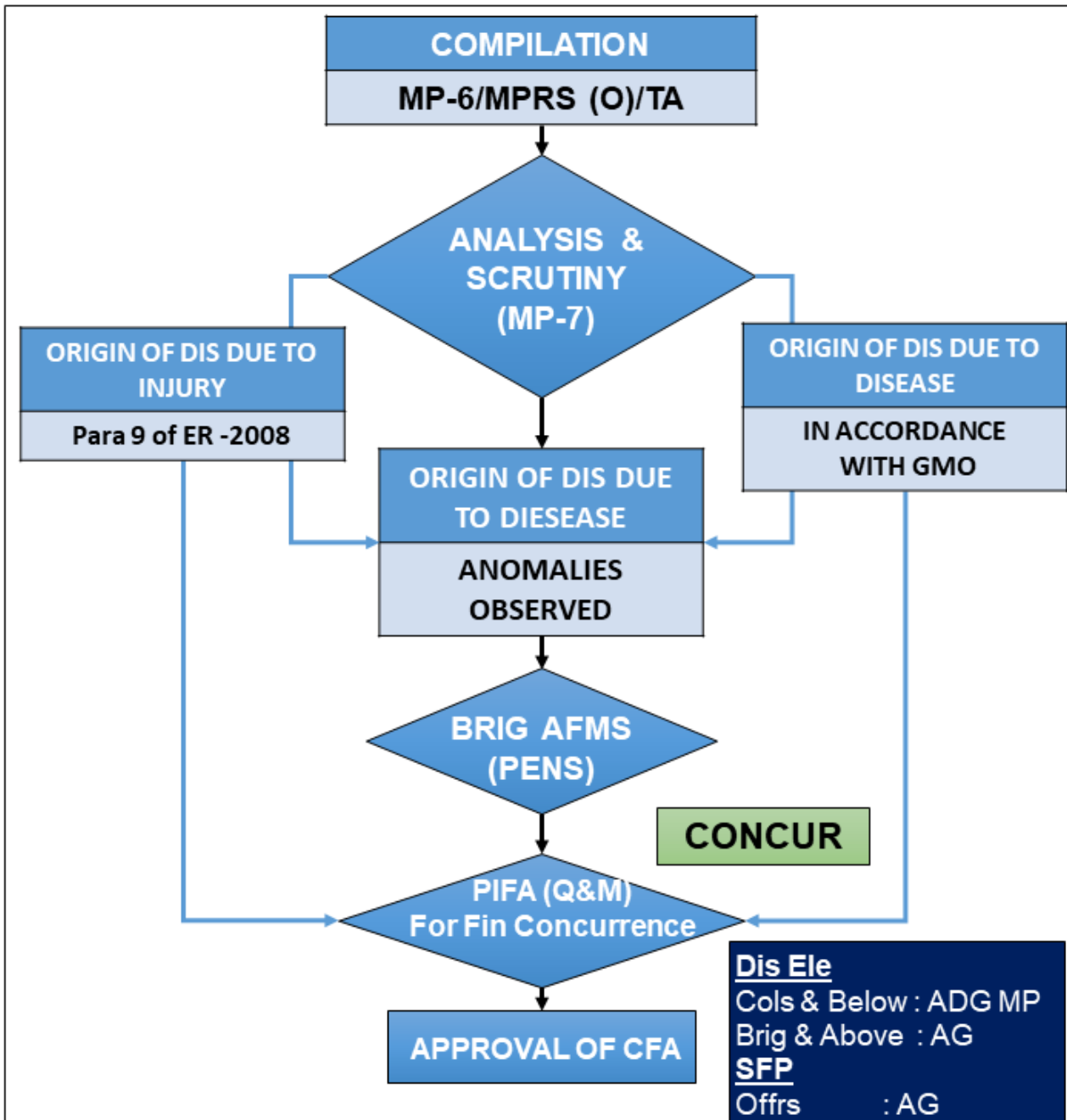
Station : **c/o 56 APO**

Dated : **20 Jul 2023**

**Appendix 'AA'**

(Refers to Para 8 (d)(iv) (aa) of Comprehensive Guidelines for Pensioner Documentation)

# ADJUDICATION PROCESS



## **IMPORTANT POLICY/GUIDELINES**

- Entitlement Rules 2008.
- Pension Regulations for Army (Part I & II) 2008.
- Delegation of Administrative Powers.
- Guidelines for Medical Officers (GMO) – 2008.
- Gol, MoD letter no 1(2)/97/d(Pen-C) dt 31 Jan 2001 and Gol, MoD, DMA letter no 20(1)/2017/ D(Pay/Services) dt 14 Jul 2021.



**Appendix 'AB'**

(Refers to Para 8 (d)(iv) (ab) of Comprehensive Guidelines for Pensioner Documentation)

# **FORMAT FOR APPEAL**

**From :**

**Army/ Personal No \_\_\_\_\_**

**Rank & Name \_\_\_\_\_**

**Full Postal Address \_\_\_\_\_**

**\_\_\_\_\_  
Telephone/Mobile No \_\_\_\_\_**

**To,**

**The Chairman,**

**Appellate Committee on First / Second Appeal**

**(Through Record Office (Please Indicate name of Record Office)/ ORO/ MPRS (O)/ TA-4)**

**Subject : 1<sup>st</sup> / 2<sup>nd</sup> APPEAL AGAINST REJECTION OF INITIAL CLAIM FOR DE/SFP**

**Sir,**

**I am not satisfied with the decision of the Competent Authority rejecting my claim for disability element fully/partially conveyed vide letter No \_\_\_\_ dt \_\_\_\_. Therefore, I wish to submit 1<sup>st</sup> / 2<sup>nd</sup> Appeal against such decision.**

**Yours faithfully,**

**(Name \_\_\_\_\_ )  
Rank \_\_\_\_\_**

**Date \_\_\_\_\_**

**Appendix 'AC'**

(Refers to Para 8 (d)(iv) (ab) of Comprehensive Guidelines for Pensioner Documentation)

# **APPEALS (PS DTE)**

**WITHIN SIX MONTHS OF REJECTION**

## **FIRST APPEAL**

### **APPELLATE COMMITTEE FOR FIRST APPEAL (ACFA)**

- CHAIRMAN**
- BRIG PS (A)
  - DDG PEN (DGAFMS)
  - Dy IFA - (ARMY – Q)
  - DIR PS-4(FIRST APPEAL)

**WITHIN SIX MONTHS OF REJECTION**

## **SECOND APPEAL**

### **SECOND APPELLATE COMMITTEE ON PENSION (SACP)**

- CHAIRMAN**
- VCOAS
  - ADG PS
  - DGHS(DGAFMS)
  - JAG (AIR/NAVY)
  - JS & ADDL FA)

**NON-CONSENSUS CASES FWD TO RRM**

**FINALISATION OF EACH APPEAL – WITHIN SIX MONTHS**

**AUTH – MOD LETTER NO 1(3)/2002/D (PEN/POL) DT 15 FEB 2010**

**“As we express our  
gratitude, we must never  
forget that the highest  
appreciation of our  
veterans is not to utter  
words but to live by them”**

**INSTRUCTIONS FOR FILLING APPLICATION FORM FOR INITIAL RE-EMPLOYMENT  
(TO BE FWD TO MS BRANCH): APPENDIX 'AD'**

1. The application form for initial re-employment (at Appendix AD) comprises the following annexures :-
  - (a) Annexure I : Medical Certificate.
  - (b) Annexure II : Undertaking/ Willingness certificate (for postings).
  - (c) Annexure III : Undertaking (Non admissibility of Disability Element, Special family Pension and other compensation).
  - (d) Annexure IV : Undertaking (for rank and pay fixation).
  - (e) Annexure V : Questionnaire (for determining postings by MS Branch).
  - (f) Annexure VI : Self Assessment Form.
  - (g) Annexure VII : Clearance Certificate.
  - (h) Annexure VIII : Checklist.
2. Ensure the application for Re-Employment is duly recommended by chain of command [IO, RO, (Brig and above) and SRO].
3. Please mention complete courses attended along with gradings attained and appointments held prior to retirement.
4. Write complete post retirement address.
5. Ensure correctness of data.
6. **Annexure I.**
  - (a) Officers retiring in Low Medical Category shall enclose their latest Medical Board proceedings, along with the application for Initial Re-Employment. Retired officers will obtain latest medical certificate from MH only.
  - (b) Forward two Medical Certificates to MS-3A (MS Branch).
    - (i) One along with application form.
    - (ii) One to be forwarded within one month of the date of retirement.
7. **Annexure II.** Certificate/Undertaking should be countersigned by IO.
8. **Annexure VII.**
  - (a) Clearance certificate should be countersigned by an offr not below the rank Brigadier or equivalent.
  - (b) Officers will forward their clearance certificates along with their application forms, if they are applying for re-emp prior to the date of superannuation.
9. **Annexure VIII.**
  - (a) Checklist should be affixed **ON TOP** of the application for re-employment.
  - (b) Ensure correctness of data while filling up checklist.

**Appendix 'AD'**

(Refers to Para 3 (c) (vi) of this office letter No 12032/SPARSH/ORO/MP-6 dt 31 Jan 2023)

**APPLICATION FORM FOR INITIAL RE-EMPLOYMENT**  
**(TO BE FWD TO MS BRANCH)**

1. Personal No : IC-12345
2. Name in full (Block letters) : IM WISE
3. Unit from which retired/ retiring : XX SIG REGT
4. Cause of becoming non effective : Superannuation.
5. Date of retirement (Must attach copy of retirement orders) : 31-10-2022
6. Date of birth : 15-10-1968
7. Married or single : Married
8. Rank at the time of retirement : Rank Col Date 31-10-2022Auth MS branch, IHQ of MoD (Army) release order No 3001/RO/Oct 2022 dt 28 oct 2021.
- (a) Substantive with date : 25 Aug 2019
- (b) Acting with date
9. Details of previous commissioned service (Mention name of station also) : Not applicable
10. Post matriculation education (Civil qualification) : M Tech
11. Examination passed :
12. Courses attended with grading: -

Name of Course	Period		Institution and location	Grading
	From	To		
YO	DD-MM-YY	DD-MM-YY	Army war College, Mhow	A
JC-98	DD-MM-YY	DD-MM-YY	Army war College, Mhow	AI
SC-95	DD-MM-YY	DD-MM-YY	Army war College, Mhow	AI
DSSC	DD-MM-YY	DD-MM-YY	Defence Services Staff College, Wellington	A

13. Appointment held before retirement in the rank of **Capt** and above be included:-

Appt	Unit			
Adjt	XX CASSU			
OC 2 COY	COMN GP,NSG			
OC COMN	XX COSR			
OC COMN	FCSR			
2IC	HQ XXX Area			
CO	XXXX SigRegt			

14. CDA(O) Account Number : 09/057/XXXXXXM  
 15. Post retirement address : Flat No 252, Samsona Apartments Plot No 05,  
Sector – 06 Dwarka, New Delhi – 110075  
 16. Permanent Home Station : 40 Free India Estate, 11/100 Civil Lines,  
Distt - Kanpur, (UP) Pin 208001  
 17. Present address : Flat No 252, Samsona Apartments Plot No 05,  
Sector – 06 Dwarka, New Delhi – 110075

18. Details of PPO NO : Not yet received  
 19. Bankers with A/C No : SBI Bareilly Cantt 3100428XXXX

Place : c/o XX APO

(Signature of the Officer)

Personal NO IC12345X

Dated : 15 Jul 2022

Rank Col

Name IM Wise

APPLICATION FORM FOR INITIAL RE-EMPLOYMENT  
IN R/O IC- 12345X.

RECOMMENDATION OF IO

Recommended / Not Recommended

Station : C/o 56 APO

(Signature)

Rank Col

Date : 15 Jul 2022

RECOMMENDATION OF RO (BRIG AND ABOVE)

Recommended / Not Recommended

SAMPLE FORM

Station : C/oXX APO

(Signature)

Rank Brig

Date : 20 Jul 2022

RECOMMENDATIONS OF SRO (IF APPLICABLE)

Recommended / Not Recommended

Station : C/oXX APO

(Signature)

Date : 02 Aug 2022

Rank

RECOMMENDATIONS OF NSRO (IF APPLICABLE)

Recommended / Not Recommended

Station : C/oXX APO

(Signature)

Date : 10 Aug 2022

Rank

**Annexure I to Appendix**

**'AD'**

**MEDICAL CERTIFICATE**

(The certificate given below to be filled by an Army Medical Officer).

I have this day examined No IC12345X Rank Col Name: IM Wise Arms / Corps Signals and have formed the opinion that he is fit for service in medical category S1H1A1P2E1 (if war wounded, make a special mention in this certificate).

### **Disability Profile**

Name of Hospital :

(Signature of Medical Officer)

Name : Amit Thakur

Date : 15 Jul 2022

Rank : Col

Appt : CO

Notes :-

1. Offr will fwd two Medical Certificates to MS-3A (MS Branch) i.e one along with their application and second one will be fwd within one month of the date of retirement.
2. All LMC Officer will fwd their latest medical board proceedings (Photo copy) along with their application forms.
3. Retired Officers will obtain latest medical certificate from Military Hospital only.



CERTIFICATE/UNDERTAKING

1. Certified that I, IC12345X Rank Col Name: IM Wise Arms / Corps Signals have read and understood the contents of Army Headquarters letter No 04580/MS Policy dt 30 May 2000 and will abide by the same.
2. I have also given my willingness to serve on re-employment at two stations with min tenure of one year six months at each station in accordance with Para 40(a) of policy letter stated ibid.

Place : C/oXX APO

(Signature of the Offr)

Dated : 15 Jul 2022

Personal No : IC12345X

Rank : Col

Name : IM Wise

SAMPLE FORM

COUNTERSIGNED BY IO

Place : C/oXX APO

(Signature)

Rank

Dated : 20 Jul 2022

To

The President of India,

Sir,

I, **IC- XXXXXM** do hereby agree to be re-employed by the Government of India, under the provision of SAI 1/S/80 subject to the following additional specific conditions :-

(a) No disability pension, special family pensionary awards or other compensation shall be admissible to me or my family in the event of any deterioration / re-lapse, or any other new disease supervening due to the effects of the existing disability directly or indirectly at any time during the period of my re-employment or thereafter, unless after re-employment. I am again upgraded to medical category S1H1A2 (permt) P1E1 and remain in that grading for a period of five years during service and / or after release from service in case my period of re-employment expires earlier.

(b) In the case of any form of disability other than S1H1A1P1E1 and that which is not due to the effects of S1H1A1P1E1 as stated under (a) above which I may contract during the period of my re-employment I shall be governed by the provisions of Para 25 of AI 24/58.

**SAMPLE FORM**

Yours faithfully

Station : **C/oXX APO**

Dated : **15 Jul 2022**

Signature

Personal No : **IC- XXXXXM**

Rank : **Col**

Name : **IM Wise**

Unit : **XX Sig Regt**

**CERTIFICATE FROM OFFICERS SEEKING RE-EMPLOYMENT**

1. I, IC- XXXXXM Rank: Col Name IM Wise hereby certify that I am willing to be re-employed as per terms and conditions of SAI 1/S/80 as amended from time to time against an appointment tenable in the rank of Capt/Major. I am prepared to serve in any appointment anywhere in India.
2. I have understood that my pay on re-employment will be fixed in the rank against which re-employed irrespective of substantive/acting rank held at the time of retirement.
3. I also do give my willingness to accept the provisions of pay fixation as shall be finalized by the Government of India in pursuance with the recommendations of Sixth Central Pay Commission and subsequent decisions by the Government on the subject from time to time.

Station : C/oXX APO

Dated : 15 Jul 2022

Signature

Personal No : IC- XXXXXM

Rank : Col

Name : IM Wise

Unit : XX Sig Regt

SAMPLE FORM

**QUESTIONNAIRE : FOR PLACEMENT OF OFFICERS SEEKING  
RE-EMPLOYMENT IN THE ARMY**

Personal No : IC- XXXXXM  
 Rank : Col  
 Name : IM Wise  
 Army/Corps : Signals  
 Unit : XX Sig Regt  
 Mailing address after retirement : Flat No 252, Samsona Apartments Plot No 05,  
 Sector – 06 Dwarka, New Delhi – 110075

Preference of posting to choice stns on grant of extn of re-employment along with brief reasons (Please ensure that you give only one station per state, indicate total three stations only)	Ser No	Station	State	Brief reason
	01.			
	02.			

**Questions**

1. Do you own a house? If so, where? Is it rented?  
Monthly rent. : Yes, Kanpur (UP)
2. Where do you plan to resettle after retirement. : UP
3. How many children have you? Their age, Sex  
preparing for Class studying, School/College term.  
If any of them is employed? Please state all briefly. : 02 (01 Male & 01 Female)
4. Is your wife employed, if so where? : No
5. Number of dependents with their  
Relationship and age. : 03
6. Any financial liability. : Yes (Education Loan)
7. Any other details you wish to furnish:-  
with respect to:-
- (a) Any special qualification. : M Tech
- (b) Special aptitude. : -
- (c) Type of job that you wish to do. : -
- (d) Any other relevant details. : -

Station : c/oXX APO

Date : 15 Jul 2022

(Signature of the Offr)  
(Personal No-IC- XXXXXM)

**SELF ASSESSMENT FORM FOR POSTING ON INITIAL RE-EMP**

1. **Guidelines** :-

(a) The choice mentioned by the officer at Appx'Q' are likely to be considered for the second leg of re-emp.

(b) An offr will be posted on initial re-emp as per the following criteria :-

(i) **Org Requirement**. The choices mentioned in this form will be met if they coincide with Offr's profile /org requirement. Posting to an org interest station will not affect an officer's privilege to waitlist for choice of second leg posting.

(ii) Command Profile.

(iii) Vacancies.

(iv) Peace/Field profile (An Officer may volunteer for field)

(c) Officer may carry out a self assessment of their profile and provide options for first leg re-emp. it is clarified that these choice are not binding and org requirement will be supreme. Officer may waitlist for second leg posting as per MS Br letter No 04580/MS Policy dt 30 May 2000.

2. Posting over last 10 yrs/last three tenures (whichever is more).

Appt	Unit	Place	Peace/ Fd	Comd	From	To
OC Coy	31 SASR	Srinagar	Field	NC	16 Apr 13	08 Feb 15
2 IC	24 RSR	Bikaner	Peace	SWC	09 Feb 15	10 Jan 18
CO	27 IDSR	Kalimpong	Field	EC	11 Jan 18	15 Mar 20

3. **Self Assessment**. An offr may assess the command and his Peace/Fd profile to provide choices for first leg of re-emp as under:-

Ser No	Comd	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice	Remarks
(a)	Southwestern	Jaipur	Bhatinda	Bikaner	
(b)	Western	Ambala	Chandigarh	Delhi	
(c)	Central	Lucknow	Kanpur	Allahabad	

Station : C/oXX APO

Dated : 15 Jul 2020

Signature

Personal No : IC- XXXXXM

Rank : Col

Name : IM Wise

Unit : XX Sig Regt

CLEARANCE CERTIFICATE

Certified that IC- XXXXXM Rank Col Name IM Wise who is on the posted strength of XX Sig Regt has :-

- (a) No money outstanding against him towards Public, Regimental or Private Funds.
- (b) No disciplinary/vigilance case pending against him.
- (c) Not involved in any Court of Inquiry/GCM.

Station : C/oXX APO

Dated : 15 Jul 2022

Signature

Personal No : IC- XXXXXM

Rank : Col

Name : IM Wise

Unit : XX Sig Regt

SAMPLE FORM

COUNTERSIGNED

(By an offr not below the rank of Brigadier or equivalent)

Station : C/oXX APO

Dated : 20 Jul 2022

CHECK LIST OF APPLICATION FOR INITIAL RE-EMPLOYMENT

(To be affixed on top of each application)

PART-I

1. IC-Rank :      Name :      Unit :	<u>Officer Applying</u> (Yes/No)	<u>IO</u> (Yes/No)
2. Is the officer applying eligible for re-employment in the Army as follows :-	Yes	Yes
(a) Is he superannuating within the next 6 months/superannuated?	Yes	Yes
(b) Will he be under 55 years of age when he takes up re-employment? (Allowing for approximately six months time for movement of application and for its processing)	Yes	Yes
(c) Is he in acceptable medical category (Permanent) as per Para 7 of SAI 1/S/80 as amended vide corrigendum 36/81 (also reproduced at para 27 of Army HQ letter No 04580/ MS Policy dt 30 May 2000)	Yes S1H1A1P1E1	Yes S1H1A1P1E1
3. Is the application as per format given in Appendix 'A' Annexure I to IV and Appendices B and C of Army HQ letter No 04580/MS Policy dt 30 May 2000	Yes	Yes
4. Is the date of retirement (superannuation) entered correctly at Para 5 of Appendix A (last date of calendar month) and is a copy of retirement order attached?	Yes	Yes
5. Does column period from/to at paragraph 13 of Appendix 'A' includes months and years?	Yes	Yes
6. Is Annexure I to Appx A (Medical Certificate) attached to the application duly filled in correctly and signed by an Armed Forces Medical Officer?	Yes	Yes
7. If officer is below medical category SHAPE-1, is a copy of latest medical board proceedings attached to the application?	Yes*	Yes*
8. Are at least three stations mentioned in column 'preference of posting in Appendix 'B'?	Yes	Yes
9. Is every details to each question in Appendix 'B' mentioned, with special reference to Question 1 and 3?	Yes	Yes
10. Are copies of certificate of special qualification as mentioned at question 7(a) in Appendix 'B' attached to the application?	NA	NA
11. Have the details of Bankers and PPO number been mentioned at Paras 18 and 19 of Appendix 'A'?	Yes(PPO not yet recd)	Yes(PPO not yet recd)

Signature of : \_\_\_\_\_  
(Officer Applying)\_\_\_\_\_  
(Officer's IO)

**PART- II**

**For use by MS/Pers/HRD Branch/Department at Comd/Corps HQ /DG Office level)**

Certified that:-

- (a) The checklist has been verified and application is correct in all respects.
- (b) The officer is eligible for re-employment in the Army (As per SAI 1/S/80 as amended)

Place:

(Signature of officer-in-Charge)  
MS/HRD/Pers Branch/Dept

Dated:



**Appendix 'AE'**

(Refers to Para 9 (c) of Comprehensive Guidelines for Pensioner Documentation)

**CANTEEN SMART CARD APPLICATION FORM****CANTEEN SMART CARD APPLICATION FORM**

(For Retiring Armed Forces Person Change of Category - Serving to ESM)

To be filled 90 days before Retirement. Please read instructions carefully before filling Application Form. Use Black ball pens only. Fields marked \* are mandatory. Canteens are not supposed to accept Applications if these fields are blank/incomplete. Fill in CAPITAL only. To be Filled in Original, No Photostats Allowed (Restricted when completed)

**ATTESTED**Paste your single Passport  
Size Photo  
Offs-Lounge Suit/Shirt & Tie  
Others-Civil Dress  
Please Paste. Don't Staple**ATTESTED**Paste your Photo in Civil Dress  
without head gear with spouse  
(no separate Photos)  
Please Paste. Don't Staple

Application Number

OE

1094628

\*   
\*   
Sign inside the box (Primary Applicant only) Don't Overlap.URC No. (Applied From) 

For use of URC Staff only

URC Name (Applied From) \*Service Army  Navy  Airforce \*Category of Applicant Superannuating  PMR/Discharge  SSC \*Category Officer  JCO  OR  \*Pay Level (Level 1 to 5  Level 6 to 9  Level 10 to 18 \*Card(s) Applied for Liquor  Grocery  Dependent1  Dependent2 \*Liquor/Grocery Card No. (Presently held) \*Substantive Rank on Retirement/Discharge \*Personal Number \*Name in full (Please leave blank box for space) \*Date of Birth: (DD/MM/YYYY)  \*PAN Card   
(Attach Copy)\*Date of Joining:  \*Date of Retirement: (DD/MM/YYYY)   
(DD/MM/YYYY)\*Applicant Mobile No. Email: Gender: Male  Female  Marital Status: Married  Single  Widow / Widower \*Applicant's Father's Name \*Spouse/NOK Name (Please leave blank box for space)  
**Receipt for Applicant**

Application Number

OE

1094628

Received with thanks a sum of Rs. \_\_\_\_\_ from Rank \_\_\_\_\_ Personal No. \_\_\_\_\_

Name \_\_\_\_\_ for \_\_\_\_\_ No of canteen smart card applied from \_\_\_\_\_

URC Code \_\_\_\_\_ Canteen Name \_\_\_\_\_ payment done via \_\_\_\_\_

cash/instrument No/UTR No \_\_\_\_\_ date \_\_\_\_\_, Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Date : \_\_\_\_\_

Signature &amp; Stamp of Canteen



\*Permanent Address

City  State  PIN

Tel No:

**Dependent Details****Dependent 1 Details**

Name (Please leave blank box for space)

Relation with Primary Applicant: Son  Daughter  Father  Mother  Wife Date of Birth: (DD/MM/YYYY)   

**ATTESTED**  
Dependent's Photo  
Use Gum. Don't Staple

Dependent's Signature

**Dependent 2 Details**

Name (Please leave blank box for space)

Relation with Primary Applicant: Son  Daughter  Father  Mother  Wife Date of Birth: (DD/MM/YYYY)   

**ATTESTED**  
Dependent's Photo  
Use Gum. Don't Staple

Dependent's Signature

**SELF DECLARATION**

- I am entitled to canteen facilities as ESM on retirement/PMR/Discharge. All the information provided in this application form is correct to the best of my knowledge.
- I am liable to face disciplinary or legal action including cancellation of canteen smart cards and denial of canteen services at any point of time if the information furnished by me is found to be incorrect or false or there is any instance of misuse of CSD facility by me.
- I have applied for dependent cards only for my eligible dependents who are actually dependent on me.
- Certified that I am not holding any other canteen smart cards issued for any other category or any other department.

Date:

\*Signature

**VERIFIED & COUNTERSIGNED**

Certified that the eligibility and entitlement of the applicant-as ESM on retirement/PMR/Discharge for canteen services as serving uniformed personnel have been verified with documented service particulars and personal details vetted as correct.

Signature &amp; Round Stamp Canteen :

Date:

\*Signature & Stamp of OIC Canteen/  
Field Officer (Major/Equivalent)**IMPORTANT INSTRUCTIONS: (USE BLACK INK ONLY)**

- Fill with black ball pen only. Affix only high resolution photo. Not computer generated/Photocopied. Duly attested.
- Children above 10 years authorised dependent card. (Son over 25 years not authorised. No age limit for Dependent/Widowed/Divorced Daughters).
- Payment per card Rs 165/- to SCPL & Rs 5/- to canteen. Do not pay twice if reapplying due to rejection. SCPL sends rejection note to canteen which serves as Credit Note.
- Expect 2 SMS from SCPL. 1st to inform application received at SCPL Noida, 2nd to inform card prepared and will reach canteen in 15 working days. (Except Army Officers, cards are sent to MP 5 & 6).
- If you receive No SMS/Update, contact canteen or write a mail to customercare@cims-net.com giving payment and personal details.
- Newly prepared cards to be activated and Personal Pin generated in front of the customer. Confirm card not activated/ utilised earlier.
- To deny misuse & cyber frauds – do not give your canteen card to any other person, do not make photocopy/ take photo of card. Physically destroy old/expired cards. Report loss of card by lodging FIR and report to nearest canteen.
- All cards to be renewed Annually from "Nearest Canteen" (without new application form). Show PPO/ Discharge documents.
- Expiry of Card – 10 years from date of issue. Reapply three months before expiry. If primary grocery card is replaced, get active dependent cards relinked/ surrendered and get entire grocery quota restore.
- In case of denial of canteen facilities or any harassment please write to DDG CS, Canteen Services Directorate, QMG Branch, West Block III, Second Floor, R. K. Puram , New Delhi, PIN-110066.

**Appendix 'AF'**

(Refers to Para 11 (b) of Comprehensive Guidelines for Pensioner Documentation)

Tele: 26195658

Addl Dte Gen of Manpower/MP 5&6 (Coord)  
 Adjutant General's Branch  
 Integrated HQ of MoD (Army)  
 West Block-III, RK Puram  
 New Delhi-110 066

12001/Policy/MP 5&amp;6 (Coord)

D8 Mar 2019

Headquarters Southern Command (A)  
 Headquarters Eastern Command (A)  
 Headquarters Western Command (A)  
 Headquarters Central Command (A)  
 Headquarters Northern Command (A)  
 Headquarters South Western Command (A)  
 Headquarters ARTRAC (A)  
 Headquarters Andaman & Nicobar Command (A)  
 Headquarters Strategic Forces Command (A)

**POLICY ON CORRECTION/AMENDMENT IN NAME AND DATE OF  
 BIRTH OF SPOUSE AND CHILDREN (INCL ADOPTED) OF OFFICERS**

1. Refer this Dte letter No 12066/MP 5&6 (Coord)/R dated 15 Oct 2014.
2. Consolidated instructions on the subject matter were issued by this HQ vide the letter under reference. However, a lot of queries pertaining to supporting docu to be attached with the Part II Orders for correction/amendment in name and date of birth of spouse and children are being recd by this dte on daily basis. It was decided to incorporate bonafide changes in name and date of birth of spouse, children and adopted children of serving as well as retired officers, provided the Part II Orders publishing such occurrences are supported with the relevant documents as elaborated in Para 3. below duly authenticated by superior auth/Zila Sainik Board, as the case may be.
3. List of supporting documents is given below:-

Ser No	Purpose	Supporting docu and approving auth
(a)	Correcting/Amending dt of birth/maiden name of spouse;  OR  addn of offr's surname to the name of spouse	(a) Application from the officer duly recommended by CO for serving officers and Zila Sainik Welfare Office in case of retired officers together with the following supporting documents :-  (i) Any one of the following docu:-  (aa) Birth certificate issued by concerned Registrar of Births; or  (ab) CTC of passport.  AND

2

Ser No	Purpose	Supporting docu and approving auth
		(a) Any one of the following docu:-  (aa) Matriculation certificate or equivalent issued by State Board of Education/CBSE/ICSE/any recognised board; or  (ab) Marriage certificate showing date of birth of bride issued by Registrar of Marriage; or  (ac) CTC of Aadhaar/UID card.
(b)	Correcting/Amending dt of birth/name of children;  OR  addn of offr's surname to the name of children	(a) Application from the officer duly recommended by CO for serving officers and Zila Sainik Welfare Office in case of retired officers together with the following supporting documents:-  (i) Any one of the following docu:-  (aa) Birth certificate issued by Registrar of Births; or  (ab) CTC of passport.  <b>AND</b>  (ii) Any one of the following docu :-  (aa) In case child is in lower class, then date of birth/name recorded in school records duly certified by Head of the School; or  (ab) Matriculation certificate or equivalent issued by State Board of Education/CBSE/ICSE/any recognised board; or  (ac) CTC of Aadhaar/UID card.

4. The following may be noted:-

- (a) The details mentioned in the matriculation cert (for matriculates) or passport and Aadhaar Card, in case not in possession of passport (for non-matriculates), will be taken as final for all purposes and the name and dt of birth mentioned therein may be endorsed in the Record of Service (RoS) of the concerned officer.

3

(b) In case, a marriage cert/birth cert has already been submitted by an officer in support of marriage/birth at the time of endorsing the name of spouse/child in his RoS and later on a docu from same agency of later vintage is produced with different name/date of birth of spouse/child then the name/date of birth mentioned in the cert of latest vintage will be considered as final for rectifying the corresponding name/date of birth in the offr's RoS. In such cases, the certificates will be verified online or offline i.e. through letter correspondence, from the issuing agency. Thereafter, approval of ADG MP will be obtained on file before making the requisite amendment/corrections in the officer's RoS.

5. Units/Formations will publish the occurrences vide Part II Order as per correct format and submit the same alongwith relevant documents as stated above duly completed in all respects to AG/MP-6 (Concerned Section) for further examination and transcribing entries in the RoS of concerned officers. Cases of retired officers will be submitted to AAG MP-5(B) who will exercise utmost care to ascertain the genuineness of documents while incorporating change in maiden name of spouse, names of children/adopted children.

6. This supersedes MP Dte/MP 5&6 letter No. 12066/MP 5&6 (Coord)/R dated 15 Oct 2014 on the subject.

7. Wide publicity may be accorded to the contents of this letter.

  
(Amit Nautiyal)  
Col  
Col MP 5&6  
For Adjutant General

Copy to:-

All Line Dtes - For wide publicity please.

Internal

MP-5(B)  
MP 6(A) to MP 6(F)

**Appendix 'AG'**

(Refers to Para 13 (e) of Comprehensive Guidelines for Pensioner Documentation)

Tele : 26195669

**BY REGISTERED POST**

Addl Dte Gen of Manpower  
(Policy & Planning)/MP 5&6  
Adjutant General's Branch  
Integrated Headquarters of  
MoD (Army), Wing No 3,  
Ground Floor, West Block-III,  
RK Puram, New Delhi-66

12001/Policy/MP 5&6 (Coord)

|| Jul 2018

HQ Southern Command (A)  
HQ Eastern Command (A)  
HQ Western Command (A)  
HQ Central Command (A)  
HQ Northern Command (A)  
HQ South Western Command (A)  
HQ Army Training Command (A)  
HQ Andaman & Nicobar Command (A)  
HQ Strategic Forces Command (A)

**PROCEDURE FOR PROCESSING OF PENSION CLAIM DOCUMENTS  
OF OFFICERS IN CASE OF MARITAL DISCORD**

1. Retirement Order in respect of officers retiring on superannuation is issued by MS Branch one year prior to scheduled date of their retirement. As soon as an officer receives his Retirement Order, he should verify his entire record and process the claim documents to the respective agencies, strictly following the guidelines enumerated in the advisory letter issued by AG/MP 5&6. Timely processing of documents by the officer/his unit enables the respective agencies to finalise/process his claim in time bound manner and release all his dues before his final date of retirement. However, in the case of officers proceeding on premature retirement, since a period of max 90 days only is allowed, such officers should process their claim documents as expeditiously as possible.

2. In order to avoid misinterpretation with regard to definition of the family as well as to understand responsibility of the officer for furnishing of family details, guiding principles contained in the Pension Regs for the Army, Part-1, 2008 are enumerated as under:-

- (a) As per Para 66 of Pension Regulations for the Army, Part-I 2008 (copy att), definition of family is given as under:-
- (i) Wife in the case of male service personnel or husband in the case of female service personnel lawfully married before or after retirement.
  - (ii) A judicially separated wife or husband, such separation not being granted on the ground of adultery and the person surviving was not held guilty of committing adultery.
  - (iii) Unmarried daughter/unmarried sons (including those legally adopted), widowed/divorced daughters.



2

(iv) Parents who were wholly dependent on the service personnel when he was alive.

**Notes:** (aa) Eligible son/daughter includes a posthumous child.

(ab) In case Service personnel gets married after release/retirement/discharge/ invalidment the marriage should be registered with the Registrar of the Marriages or other competent authority under the relevant law. In case where such marriage is not registered for some valid reasons, an affidavit sworn before a Magistrate or legal heirship certificate can be furnished.

(ac) Widowed/divorced daughter including disabled widowed/divorced daughter need not come back to her parental home.

(ad) Child/children born out of the valid marriage shall be entitled to share ordinary family pension, if otherwise eligible, though their mother would not have been eligible for the same had she been alive at the time of death of her husband on account of marriage being null and void.

(b) Further, as per Para 80 of Pension Regulations for the Army, Part-I 2008, as soon as a person is commissioned in the Army, he/she will furnish the details of the family in the prescribed form to IHQ of MoD (Army). In case, the officer has no family at the time of commissioning, he/she shall furnish the details in the prescribed form as soon as he/she acquires a family. The officer shall communicate to IHQ of MoD (Army) any subsequent changes in the size of the family, including the fact of marriage of his child/children also with specific mention of disability with which a child is suffering.

3. As per the existing procedure, on receipt of Retirement Order, respective dossier-section issues advisory to the unit of the officer for preparation of Pension Claim Documents and also submits a letter to PCDA(P) Allahabad with a copy endorsed to PCDA(O) Pune and to the unit of the officer, furnishing complete details of qualifying service and family members of the officer. Pension Claim documents are reqd to be fwd directly to PCDA (O) Pune by the unit of the retiring officer. Only the Ex- Servicemen Contributory Health Scheme (ECHS) Application and Option Certificate for payment of Life Time of Arrears (LTA) of Pension are submitted to AG/MP 6 by the officer/his unit for verification and onward submission to the concerned agencies.

4. Lately, large No of cases of marital discord have come to light, where either the officers do not wish to include the name of spouse in pension claim documents or the spouse refuses to sign the documents. There exists no provision/policy which compels the officer to furnish photographs and details of spouse/dependent family members alongwith Pension Claim Documents. Provisions have been made to include the name of spouse in the PPO so that payment of family pension commences imdt in the event of demise of the officer, without fresh authorisation from the office of PCDA (P) Allahabad and the spouse does not face any financial hardships. However, irrespective of, whether details of spouse have been included in pension claim documents or not, the spouse would be entitled for family pension as per the Pension Regulations, in the eventuality of demise of the officer, provided the marriage has not been dissolved by a decree of divorce passed by a competent Court of Law. It is pertinent to mention here that even a judicially separated wife or husband, if such separation is not being granted on the ground of adultery, is eligible for family pension on demise of the pensioner, if no other family members are eligible for grant of family pension.

5. To streamline the procedure for processing pension claim documents in the cases of marital discord, sequence of action to be followed by various agencies will be as under:-

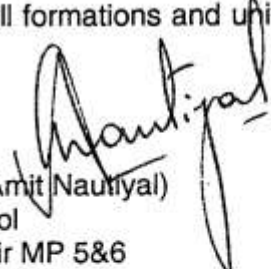
(a) **Action By AG/MP 5&6.** Dossier Section of AG/MP- 6 will furnish complete details of family members of retiring officers to the unit and PCDA (P) Allahabad/PCDA (O) Pune, even if a case of marital discord is subjudice, as is being followed now. ECHS appln and form of Life Time Arrears of Pension will not be verified and processed, if complete details of spouse/children are not included by the officer as per his service record.

(b) **Action By CO/OC Unit.** CO/OC Unit will ensure that the Retiring Officer furnishes details of his/her spouse/children correctly in the pension and other documents. The details so furnished by the officer, will be verified with the family details of the officer provided by AG/MP 5&6. In case the officer refuses to include the details of his spouse/children in the pension and other documents citing the reasons which are beyond his control (such as spouse refusing to sign the claim documents or any other valid reasons), the officer should furnish a declaration in the form of an affidavit sworn in before a First Class Judicial/Executive Magistrate furnishing full facts of the case alongwith all supporting documents. Subsequently, CO/OC unit will approach the spouse of such officer in writing to know about the facts of the case and a written reply will be obtained. Thereafter, the case may be referred to AG/MP 5&6 alongwith the recommendation of the CO/OC Unit and next superior officer in chain of comd. Under no circumstances, will pension and other claim documents be processed by the CO/OC Unit, till a final decision of the Competent Authority is conveyed by AG/MP 5&6.

(c) **Action By the Office of PCDA (O) Pune.** Cases of incomplete documentation in marital discord cases will not be processed by the office of PCDA (O) Pune without prior approval of AG/MP 5&6.

6. On receipt of a case of incomplete documentation due to marital discord, Deputy Director of the Dossier Section will examine and process the case on file to ADG MP (P&P) through Dir MP 5&6. Comments/views of PS Dte and JAG Deptt will also be obtained, where required. Under any circumstances, such cases will not be cleared till final directions of ADG MP (P&P) are obtained. Decision/direction of ADG MP (P&P) for processing the specific case will be conveyed to the unit of the offr and PCDA (O) Pune. Thereafter, the case will be processed accordingly.

7. Contents of this letter may please be disseminated to all formations and units/est under your area of jurisdiction for strict compliance.

  
(Amit Nautiyal)  
Col  
Dir MP 5&6  
for AG

**Copy to :-**

Office of The PCDA (O)  
Golibar Maidan  
Pune-411001

G1/M (Military Section)  
PCDA (P), Draupadi Ghat  
Allahabad (UP)

for info and compliance please.



**Appendix 'AH'**

(Refers to Para 14 of Comprehensive Guidelines for Pensioner Documentation)

Tele No : 35475  
Civ : 26106329

Additional Directorate General of  
Manpower (P&P), MP 5&6  
Adjutant General's Branch  
Integrated HQ of MoD (Army)  
West Block -III, RK Puram  
New Delhi -110066

12005/Policy/MP 5&6(Coord)

09 Oct 2017

HQ Southern Comd  
HQ Northern Comd  
HQ Eastern Comd  
HQ Western Comd  
HQ Central Comd  
HQ South West Comd  
HQ ARTRAC

**INCLUSION OF NAME OF SPECIAL CHILD IN PPO : OFFICERS**

1. Large number of requests/representations from the environment are being received for incorporating the name of special child in the Pension Payment Order (PPO) of Officers for securing benefits of family pension. Numerous instances have been observed where the prospective retirees are not aware about the documentation procedures reqd for inclusion of name of special child in the PPO which is issued to the Officers on superannuation.

2. In case an officer intends to include the name of a special child, if any, in the PPO, the fwg documents are reqd to be submitted along with the pension documents being fwd to PCDA(O), Pune and PCDA (P), Allahabad :-

(a) A medical certificate (in original) issued by an Armed Forces Medical Officer of the rank of Brigadier or above, giving status and percentage of disability along with specific remarks to the effect, that the child is unable to earn his/her livelihood. Specimen is attached as Appendix 'A'.

(b) Unmarried and unemployment certificate of the special child from Village Sarpanch/Municipality/Revenue Department/MLA duly countersigned by Zila Sainik Welfare Officer

(c) Three copies of single passport size photograph of special child and three joint photographs with legal guardian duly attested on reverse.

(d) Details of children to be provided, duly signed by the Officer as per specimen attached at Appendix 'B'.

(e) Declaration certificate from the nominee (Legal Guardian) in case the special child is mentally disabled (should be on non judicial Stamp Paper) as per specimen attached at Appendix 'C'.

2

- (f) Consent certificate from the nominee (Legal Guardian) as per specimen attached at Appendix 'D'.
- (g) Photocopy of PPO and Corrigendum PPOs (if issued earlier).
- (h) Copies of Aadhaar card and PAN Card of the special child and the Officer.
- (j) Nomination in terms of Govt of India letter No PC MF Air HQ/24299/283/FPHC/PP&R-3(i)/2678/D (Pen/Policy) dated 26 Oct 2007 as per specimen attached at Appendix 'E'

5. The contents of this letter may please be given wide publicity.



(Amit Nautiyal)  
Col  
Director MP 5&6  
for Adjutant General

Internal

MP 5 (B)

MP 6(A) to MP 6(F)

Automation Cell

} For information and necessary action please.

Please include the copies of the formats in soft copy on Brochure on terminal Benefits and forms.

Tele No : 35488  
Civ : 26106329

Additional Directorate General of  
Manpower (P&P), MP 5&6  
Adjutant General's Branch  
Integrated HQ of MoD (Army)  
West Block -III, RK Puram  
New Delhi -110066

12005/Policy/MP 5&6(Coord)

12 Jul 2019

HQ Southern Comd  
HQ Northern Comd  
HQ Eastern Comd  
HQ Western Comd  
HQ Central Comd  
HQ South West Comd  
HQ ARTRAC

**INCLUSION OF NAME OF SPECIAL CHILD IN PPO : OFFICERS**

1. Ref this Dte letter No 12005/Policy/MP 5&6(Coord) dt 09 Oct 2017.
2. It is intimated that letter ref mentioned in the Appendices 'A' to 'E' of this Dte letter may please be amended as under :-


**For**

Adjutant General's Branch, IHQ of MoD (Army) letter No 120066/MP 5&6(Coord)/R dt \_\_\_ Sep 2017.

**Read**

Adjutant General's Branch, IHQ of MoD (Army) letter No 12005/Policy/MP 5&6(Coord) dt 09 Oct 2017.

3. The contents of this letter may please be given wide publicity.

  
(Prakash Patil)  
Maj  
AAG MP 6(A)  
for Adjutant General

**Annexure IX to Appendix 'AH'**

(Refers to Adjutant General's Branch, IHQ of MoD  
(Army) letter No 120066/MP 5&6 Coord/R dt 09  
Oct 2017)

**TO BE PREPARED ON NON JUDICIAL STAMP PAPER****APPOINTMENT OF LEGAL GUARDIAN****DECLARATION**

Passport size  
photographs  
of Pensioner

I, hereby solemnly affirm that am **COL I M WISE** a commissioned officer of the Army. May full particulars are given below:-

Particulars of the officer

Personal Number : **IC-12345X**

Rank : **COL**

Name : **IM WISE**

Date of birth : **01-01-1960**

Date of Commission : **01-06-1982**

Date of retirement : **31-01-2024**

Name of my wife : **IM SHAKTI**

Residential Address : **HOUSE NO-23, GARHI CANTT, DEHRADUN,  
UTTARAKHAND,248003**

Passport size  
photographs  
of special  
child

I, have a mentally/physically challenged son/daughter since birth. He/she is unmarried and is incapable of earning his/her own livelihood. He/she is entirely dependent on me (and my wife). His/her particulars are as follows:-

Name : **IM SMART**

Date of birth : **01-06-1999**

His/her photographs is attached alongside

Passport size  
photographs  
of appointed  
Legal  
Guardian

I hereby appoint my son/daughter whose particulars are given below, as the legal guardian of my son/daughter after the demise of myself and my wife. Particulars of my son/daughter are given below:-

Name : **IM CALM**

Date of birth : **01-06-2004**

His/her photographs is attached alongside

**VERIFICATION**

I, the above named dependent hereby verify that the contents of this affidavit are true and correct to the best of my knowledge and belief and nothing material/relevant has been concealed there from.

Verified at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_

- (a) Consent letter from nominee to the effect that he is willing to act as guardian for the mentally retarded child.
- (b) Two photographs of nominee (s) duly attested by Gazetted Officer.

Dated this **Nineteenth** day of **April** 2023 at **New Delhi**

Signatures and address of the witnesses

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Signature of Govt Servant  
(Including retired/ spouse) with full  
Address

**SAMPLE FORM**

(To be filled by the Head of Office)

Nomination by Shri / Smt \_\_\_\_\_

Designation \_\_\_\_\_

Date of receipt of Nomination \_\_\_\_\_

**Annexure X to Appendix 'AH'**

(Refers to Adjutant General's Branch, IHQ of MoD  
(Army) letter No 120066/MP 5&6 Coord/R dt 09  
Oct 2017)

**CONSENT CERTIFICATE FROM THE NOMINEE**

I, **I M Calm** S/D/o **Col I M Wise** hereby give my consent to the effect that I am willing to act as  
Legal Guardian for **I M Smart** my elder / younger brother / sister / S/D/o **Col I M Wise** who is mentally /  
physically challenged child.

**ATTESTED BY (COURT / NOTARY)**

SAMPLE FORM

# BLANK FORMS

## Appx A

(Refers to Para 3 (a) (i) of this office letter No  
12032/SPARSH/ORO/MP-6 Dt 31 Jan 2023)

**PERSONAL DETAILS CUM DESCRIPTIVE ROLL FOR SERVICE PENSION : OFFICERSTO BE FWD TO ORO/ MP-6 (SPARSH CELL)**

Pers No		Rank as per retirement order		Name (Should be similar in retirement order and ROS)		Present Unit/Est	Pay Level	
		Present rank						
Corps/Regiment		DOB		CDA A/C No		Date of Commission		
Date of Seniority		Date of Retirement		Type of Retirement Superannuation/PMR/Release/Invalid		Medical Cat		
Dt of RMB/RME (AFMSF16)/AFMSF-18)		Commutation Recommended by Med Auth		Yes/No	Specific Remarks in Release Medical Board with reference to Commutation		NA	
Retirement Order No & Date					Non Qualifying Service		Whether Late Entrant	
					__ Yrs __ Months __ Days __		Yes/No	
Gallantry Awards, if any		Former Service, if any	__ Yrs __ Months __ Days		Former Service PCDA Order No & Date			
Aadhaar No		PAN No						
Mobile No		Email ID			Bank A/C No			
IFSC Code		Branch Name						
Permt Home Address (Should be as per ROS)								
District		State			PIN Code			
Spouse /NOK (In case of marital discord, pl refer this office No 12001/Policy/ MP 5&6 (Coord) dt 11 Jul 2018)								
Spouse / NOK Name				Relation		Date of Birth		
Nationality		PAN No*		Aadhaar No*		Mobile No		
Email ID				PPO No (If Applicable)				
Children Details								
Children Name	Sex	DOB	Aadhaar No*	PAN No*	Mob	Email ID	Name of Mother	Marital Status Married / Unmarried / Widow / Divorcee

I hereby give my consent to receive regular notifications on the mobile number and email id mentioned in my personal details.

Signature of Offr \_\_\_\_\_

(Contd....)



## Appendix 'A'

Pg2

<u>Pers No</u>		<u>Rank</u>		<u>Name</u>		<u>Date of Retirement</u>	
<b>Dependent Details Excl Spouse and children (Parents can be incl if part II order pub for dependent)</b>							
<b>Dependent Name</b>	<b>Sex</b>	<b>Relationship</b>	<b>DOB</b>	<b>Aadhaar No*</b>	<b>PAN No*</b>	<b>Part II Order Auth for Dependency</b>	
<b>In case of any Spl abled child, please furnish following additional details:-</b>							
<b>Child Name</b>	<b>Nature of Disability</b>			<b>If mentally disabled</b>	<b>Med Cert Date</b>	<b>Remarks</b>	
				Yes/No			
				Yes/No			
<b><u>Nominee Details for DCRG &amp; LTA</u></b>							
<b>Nominee Name</b>	<b>Relation</b>	<b>Share(%)</b>	<b>Alternate Nominee Name</b>		<b>Relation</b>	<b>Share(%)</b>	
Disciplinary Action Pending	<b>Yes/No</b>	Whether Penalty Imposed		<b>Yes/No</b>	Pension Recommended (%), if Penalty Imposed		
Date till reduced pension is recommended, if Penalty Imposed					Gratuity recommended (%), if Penalty Imposed		
Name of Sanctioning Authority Recommending for Pension/Gratuity, Letter No and Date, if Penalty Imposed							
ECHS Recovery	<b>Yes/No</b>	Undertaking for Refund of Excess payment		<b>Yes/No</b>	Consent for Receiving Notifications		<b>Yes/No</b>
							Consent for using Aadhaar
<b>Jt Photo in Civil Dress</b>		<b>Offr's Sample Sig</b>		<b>Spouse / NOKSample Sig</b>			<b>Yes/No</b>
							<p><b>"I hereby certify that all the information provided in this form is true and correct to the best of my knowledge".</b></p> <p><b>Date:</b> _____ <b>(Sig of Offr)</b></p>
							<p align="center"><b><u>COUNTERSIGNED</u></b></p> <p align="center">(CO/OC Superior Military Authority)</p>

This Document must be scanned & saved in good quality colour PDF not more than 10 MB in size and sent through ASIGMA INDARMY (MP 6 SERVING OFFRS).

\*Self-attested copies of the docus be enclosed along with this Appx in separate PDF file.



**Appendix 'C'**(Refers to Para 3 (a) (iii) of this office letter No  
12032/SPARSH/ORO/MP-6dt31 Jan 2023)**DECLARATIONS TO BE SUBMITTED BY PENSIONERS TO HIS HEAD OF OFFICE FOR UPLOAD IN SPARSH  
(TO BE FWD TO ORO/MP-6 (SPARSH CELL))**

I, Service No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ DOR \_\_\_\_\_  
Corps/Regiment \_\_\_\_\_ hereby undertake the follow declaration-

<b>[A] Undertaking of Re-employment after retirement/ discharge (Mandatory)</b>		YES <input type="checkbox"/>
<ul style="list-style-type: none"> <li>I declare that I have not got re-employment after discharge from my present engagement in any capacity either in a Govt. Department/ Office, Company, Corporation, Autonomous body or Society of Central or State Govt. or Union Territory or a Local Body.</li> <li>In case I get re-employment, I shall report the fact to the PCDA(Pensions) Allahabad through SPARSH.</li> </ul>		<input type="checkbox"/>
<b>[B] Undertaking for Refund of Excess Payment (Mandatory)</b>		YES <input type="checkbox"/>
<ul style="list-style-type: none"> <li>I, the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled.</li> <li>I further hereby undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify the PCDA(Pensions) Allahabad from and against any loss, suffered or incurred by the PCDA(Pensions) Allahabad in so crediting my pension to my account under the scheme and to forthwith pay the same to the PCDA(Pensions) Allahabad and also irrevocably authorize the PCDA(Pensions) Allahabad to recover the amount due by making recoveries from future pension payments in terms of existing instructions issued by RBI and PCDA(Pensions) Allahabad regarding recovery of overpayment of pension.</li> </ul>		<input type="checkbox"/>
<b>[C] Declaration for Fixed Medical Allowance (Mandatory)</b>		
I hereby opt for the following facility- (Please tick any one of the following option)		
1.	I will be residing in a district with ECHS facility and would be availing Out-patient Department (OPD) and In-patient Department (IPD) facility from ECHS. I am not eligible for payment of Fixed Medical Allowance (FMA).	<input type="checkbox"/>
2.	I will be residing in an ECHS area but would not be availing ECHS facility. I understand that I will not be eligible for FMA.	<input type="checkbox"/>
3.	I will avail ECHS facilities available to spouse who is an ECHS beneficiary. I will not avail ECHS facility and FM.	<input type="checkbox"/>
4.	I will avail fixed medical allowance facility of other organization. I will not avail FMA from Defence side. (Applicable for family pensioners only)	<input type="checkbox"/>
5.	I will be residing in a district with <u>no</u> ECHS facility but would be avail ECHS facility for In-patient Department (IPD) and Out-patient Department (OPD) treatment. I will not be eligible for Fixed Medical Allowance (FMA).	<input type="checkbox"/>
6.	I will be residing in a non-ECHS covered district but would be availing ECHS facility for In-patient Department (IPD) only and will not avail Out-patient Department (OPD) treatment. I opt for payment of Fixed Medical Allowance (FMA) for OPD treatment.	<input type="checkbox"/>
This is my one time change in option as provided in the Rules and it supersedes the earlier option given by me. I understand that I shall not be able to change this option again. (Strike out this item if not applicable.		
<b>[D] Option for deduction of INCOME TAX (Non-Mandatory)</b>		YES <input type="checkbox"/>
<ul style="list-style-type: none"> <li>I hereby declare that I want to get my tax computed under new regime u/s 115BAC of IT Act 1961.</li> <li>I understand that the above option, once exercised for any previous year, cannot be subsequently withdrawn.</li> <li>I also understand that the option given is for one financial year only and will not continue for subsequent financial years unless opted for.</li> <li>Note- Option to be left blank in case assess want to get their tax computed in old regime.</li> </ul>		<input type="checkbox"/>
<b>[E] Consent for using Aadhar services in SPARSH (Non-Mandatory)</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>
<ul style="list-style-type: none"> <li>I, the holder of Aadhaar number _____, hereby give my consent to PCDA (Pensions) Allahabad to use my Aadhaar Number and Fingerprint/Iris/OTP for annual identification and generation of Digital Life Certificate (DLC).</li> <li>I also give my consent for sharing my Aadhaar number and my DLC for e-KYC and authentication from UIDAI through Meity/NIC/NPCI/other ASA. PCDA (Pensions) Allahabad has informed me on behalf of Meity/NIC/NPCI/other ASA that during authentication, Meity/NIC/NPCI/other ASA shall submit my information to UIDAI and that my core biometrics (Fingerprint and/or Iris scans will not be stored/shared).</li> <li>I have also been informed that the information submitted to PCDA (Pensions) Allahabad shall not be used for any purpose other than that mentioned above or as per any requirement of law.</li> </ul>		<input type="checkbox"/>
<b>[F] Declaration for Constant Attendant Allowance (Mandatory in case CAA is approved by Medical Authority)</b>		YES <input type="checkbox"/>
<ul style="list-style-type: none"> <li>I will actually employ a paid attendant to look after me.</li> <li>In case of my inmate/ inpatient in any Government Hospital/ institutions and also in case of my employment/ re-employment, I will immediately report the fact to PCDA(Pensions) Allahabad through SPARSH.</li> </ul>		<input type="checkbox"/>

I hereby give my consent to receive regular notifications on the mobile number and email id mentioned in my Personal details.

Place :

Date :

 Signature \_\_\_\_\_  
 Rank & Name \_\_\_\_\_  
 Personal No \_\_\_\_\_  
 Address \_\_\_\_\_  
 Mobile No \_\_\_\_\_

**Appendix 'D'**

(Refers to Para 3 (a) (iv) of this  
office letter No  
12032/SPARSH/ORO/MP-6dt31  
Jan 2023)

**CERTIFICATE REGARDING CLEARANCE ON DISCIPLINARY/ VIGILANCE ASPECT**  
**(TO BE FWD TO ORO/ MP-6)**

It is certified that there is no judicial/ quasi-judicial/ departmental/ disciplinary or vigilance/civil or criminal court proceeding pending against \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_ who is being released from  
the service with effect from \_\_\_\_\_ vide IHQ of MoD (Army) letter  
No \_\_\_\_\_.

Station :

Signature \_\_\_\_\_

Dated :

Personal No :

Rank :

Name :

**COUNTERSIGNED**

Station :

Dated :

**Appendix 'E'**

(Refers to Para 3 (b) (i) of MP-6 letter  
No12032/SPARSH/ORO/MP-6 dt 31 Jan  
2023)

**APPLICATION FOR ENCASHMENT OF ACCUMULATED  
ANNUAL LEAVE ON LAST DAY OF RETIREMENT  
(TO BE FWD TO PCDA (O) WITH COPY TO ORO/ MP-6)**

Rank : \_\_\_\_\_ Name : \_\_\_\_\_ No: \_\_\_\_\_

Designation & Address:

No, of days encashment due: (Year wise details since )

Ser No	Year of Accumulation	Days of Leave	Total	Unit	Part II No & Date
1.					
2.					
3.					
4.					
5.					
6.					

Date:

(Signature of the officer)

II

**Recommended and Forwarded**

Certified that the officer is due \_\_\_\_\_ days encashment of annual leave, vide GOI, MoD letter  
F14 (2)/98/D(AG)-IV dt 22 Mar 2001.

Unit:

(Signature of IO alongwith Appt)

Dated:

**Appendix 'F'**

(Refers to Para 3 (b) (ii) of this office letter  
No 12032/SPARSH/ORO/MP-6dt31 Jan  
2023)

To  
The Accounts Officer  
PCDA (O)  
GolibarMaidan  
Pune-411001

Sir,

**FORM FOR UPDATING DSOP FUND**  
**(TO BE FWD TO PCDA (O))**

1. I am to retire on \_\_\_\_\_(A/N) as per MS Branch, Integrated HQ of MoD (Army) retirement order \_\_\_\_\_ dated \_\_\_\_\_(Copy attached). I joined service with \_\_\_\_\_ on being commissioned on \_\_\_\_\_.
2. My DSOP Fund account No is \_\_\_\_\_
3. I desire to receive payment through my office. Particulars of my personal marks of identification and specimen signature in duplicate, duly attested by Gazetted/Commissioned Officer of the Government, are enclosed.

**PART-I**

(To be filled when the application for final payment is submitted up to one year prior to retirement).

4. An amount of ₹ \_\_\_\_\_ stood to credit in my DSOP fund account as indicated in the Statement of Account (pay slip) issued to me for the month/year of \_\_\_\_\_. As appearing in my ledger account being maintained by you. I request that my DSOP Fund Account may be reviewed and brought up to date.
5. The under mentioned life insurance policies were being financed by me from DSOP fund account:-

<b><u>Policy Number</u></b>	<b><u>Name of the Company</u></b>	<b><u>Sum Assured</u></b>
-----------------------------	-----------------------------------	---------------------------

6. I will make another application immediately after last fund deduction has been made from my salary, in Part II of the form.

Yours faithfully,

Place:

Dated:

Signature :  
Personal No :  
Rank :  
Name :  
Address :  
Tele : (As applicable)

**(FOR USE BY HEAD OF OFFICE)**

1. Forwarded to account Officer PCDA(O) for necessary action.
2. The DSOP Fund account No of \_\_\_\_\_ Rank \_\_\_\_\_  
Name \_\_\_\_\_ as verified from the statements issued to him/her from year to year) is \_\_\_\_\_.
3. He is due to retire from Govt. Service on \_\_\_\_\_(A/N).
4. Certified that he/she had taken the following advances in respect of which \_\_\_\_\_ instalments of ₹ \_\_\_\_\_ are yet to be recovered and credited to the Fund Account. The details of the final withdrawals granted to him/her after the period covered by aforesaid. Accounts statements are indicated below:-

**Temporary Advance****Final Withdrawals**

Station:

(Signature of IO along with Appt)

Dated:

**APPLICATION FOR FINAL SETTLEMENT OF DSOP FUND**

(To be submitted by the subscriber immediately after the last fund deduction has been made from his/her salary. This part is also applicable in the case of subscribers who apply for final payment for the first time after the date of superannuation, discharge, resignation etc).

In continuation of my earlier application, dated \_\_\_\_\_ for the final Payment of DSOP/AFPP fund balance, I, request that entire balance at my credit with interest due under the rules be paid to me.

**OR**

I request that the entire amount at my credit with interest due under the rules may be paid to me/transferred to **my Bankers as per details given below:-**

**Bankers Details**

**SBI,**

Signature \_\_\_\_\_

Rank:  
Name:  
Address:

Place:

Dated:

**(FOR USE BY HEAD OF OFFICE)**

1. Forwarded to Accounts Officer **CDA (O), Pune**A/C No \_\_\_\_\_ for necessary action in continuation of endorsement No.
2. He/She is due to retire from service on \_\_\_\_\_ **A/N**) has proceeded on leave preparatory to retirement for \_\_\_\_\_ month from \_\_\_\_\_ has been discharged/dissmissed permanently transferred to \_\_\_\_\_ has resigned finally from Government service/has resigned service under \_\_\_\_\_ Government to take up appointment with \_\_\_\_\_ and his/~~her~~ resignation has been accepted with effect from \_\_\_\_\_ forenoon/afternoon.
3. The last fund deduction was made from his/her pay in this office \_\_\_\_\_ Bill No \_\_\_\_\_ dated \_\_\_\_\_ for ₹ (figures) \_\_\_\_\_ (Rupees, in words) \_\_\_\_\_ cash Voucher No \_\_\_\_\_ of \_\_\_\_\_ Treasury, the amount of deduction being Rs \_\_\_\_\_ and recovery on account of refund of advances ₹ \_\_\_\_\_
4. Certified that he/she was neither sanctioned any temporary advance nor any final withdrawals from his/her DSOP/AFPP Fund Account during the 9 months immediately preceding the date of which the last fund deduction has been made from his/her salary or thereafter.



5. Certified that the following temporary advances/final withdrawals were sanctioned to him/her and drawn from his/her DSOP/AFPP Fund Account during the 9 months immediately proceeding the date on which the last fund deduction has been made from his/her salary or thereafter.

	<u>Amount of Advance/Withdrawals</u>	<u>Date</u>	<u>Voucher No</u>
(a)	_____	_____	_____
(b)	_____	_____	_____
(c)	_____	_____	_____

6. Certified that no amount was withdrawn/the following amounts were withdrawn from his/her DSOP/AFPP Fund Account during the nine months immediately preceding the date on which the last fund deduction was made from his/her salary preceding on leave preparatory to retirement or thereafter for payment of Insurance premium purchase.

	<u>Amount</u>	<u>Date</u>	<u>Voucher No</u>
(a)	_____	_____	_____
(b)	_____	_____	_____
(c)	_____	_____	_____

7. Certified that he/she has not resigned from Government service with prior permission of the Central Government to take up an appointment in another Department of the Central government or under a State Government or under a Body Corporate Owned or controlled by the state.

Station :

(Signature of IO along with Appt)

Dated:

**CDA (O) A/C No**

Voucher No: 00000X/XXX/Retirement dt \_\_\_\_\_ For ₹ \_\_\_\_\_

**CONTINGENT BILL**

Expenditure on account of Final Settlement of DSOP Fund in respect of \_\_\_\_\_ Rank

Name \_\_\_\_\_ of unit \_\_\_\_\_ Pin \_\_\_\_\_ C/o \_\_\_\_\_ APO.

**Auth** : IHQ of MoD (Army), MS Branch (MS-7A) letter No \_\_\_\_\_ dated \_\_\_\_\_.

Ser No	Date	Details of Expenditure	Amount
		Amount claimed on account of final withdrawal of DSOP Fund balance along with interest accrued till date in respect of _____ Rank _____ Name _____ CDA (O) A/c No _____ retiring on superannuation on _____ vide IHQ of MoD (Army), MS Branch letter No _____ _____ Dated _____ .  <b><u>Bankers Details</u></b>  Joint A/C: _____ PIN- _____  A/C No _____  Bank Code No- _____	

-----  
Net Amount due (in words):  
-----**RECEIVED PAYMENT**

Station :

Personal No :

Rank :

Dated :

Name :

Unit :

**COUNTERSIGNED**

**Appendix 'G'**(Refers to Para 3 (b) (iii) of this office letter  
No12032/ SPARSH/ ORO/ MP-6 dt 31 Jan 2023)**(TO BE INITIATED 4 MONTHS PRIOR TO RETIREMENT)****(TO BE FWD TO AGI DTE)****APPLICABLE FOR OFFICERS****Combined Appendix 'G' (Revised) Offrs only incorporated Appendix 'O')**

(Form should be typed on both side on one sheet only)

**AGI CLAIM-MATURITY AND EXTENDED INSURANCE BENEFITS****PART I**

1. Pers No :
2. Gentlemen Cadet No :
3. Rank & Name :
4. Regt/Corps :
5. Unit last served :  
With address :
6. CDA A/C No :
7. Date of:-
  - (a) Birth :
  - (b) Commission :
  - (c) Joining IMA/OTA :
  - (d) SOS (Army) :
8. (a) Medical Category :
- (b) Percentage of disability, if any :
- (c) Reasons for discharge/SOS :
9. **AGI Membership Period**                      **From**                      **To**                      **Year & Month**
  - (a) As OR
  - (b) As JCO
  - (c) As Officer
  - (d) As Gentlemen
  - (e) On Deputation
  - (f) As AOP

<u>FOR AGI USE ONLY</u>	
Mail ID	_____
Claim ID	_____
Entered on	_____
Verified on	_____
Approved on	_____
PAL No	_____
PAL amount	_____
Addl Interest	_____
Cheque No & date	_____
EIO No & date	_____
MBS No	_____
DID No	_____

10. **Bankers**
  - Name :
  - Branch :
  - Bank code No :
  - Account No :
  - Address :
  - State :
  - Pin :
  - Tele No :

(To avoid delay, please DO NOT change this bank account until you received amount).

11. Treasury/Bank through which individual will draw his pension :

12. Address after retirement Permanent Home address

13. <u>LOANS</u>	Date	<u>Amount Taken</u>	<u>Amount Refunded</u>	<u>Amount Balance</u>	<u>Remarks</u>
(a) Bank					
(b) HBA (AGI/Govt)					
(c) Conveyance Advance (AGI)					
(d) Any other loan					

14. <u>Family Details</u>	<u>Name</u>	<u>Age</u>
(a) Father		
(b) Mother		
(c) Husband/Wife		
(d) Children		

15. Name, Relationship and address of

First Nominee

Name :

Relationship :

Address :

Contingent Nominee

Name :

Relationship :

Address:

16. In case discharge /retirement order are cancelled, I undertake to refund the maturity benefits disbursed to me within 45 days failing which I hereby undertake to pay penal interest on the said amount at the rate of 15 percentage per annum till the amount is received back by AGIF.

17. Certified that the particulars given above are correct and the claim for these benefits has not been submitted previously.

\_\_\_\_\_  
(Signature of the Offr)

Countersigned by OC Unit

Rank :

Name :

Date :

Note : On completion two copies will be forwarded to CDA (O) Golibar Maidan Pune-I and two copies alongwith two copies of single photographs of first nominee duly attested will be forwarded to AGIF. Please write No, Name and date of SOS on reverse of the photographs.

**PART II**

(To be filled by CDA (O) Pune)

Certified that sum of ₹ (Figures) \_\_\_\_\_ (₹ in words) \_\_\_\_\_  
 \_\_\_\_\_ has been deducted from the pay of No  
 Rank \_\_\_\_\_ Name \_\_\_\_\_ for the period from \_\_\_\_\_ to  
 \_\_\_\_\_ as monthly subscription towards AGIF.

Date :

Office Seal

(Signature of Account Officer)  
CDA (O), Pune

On completion, the CDA (O) will send one copy to AGIF.

**PART III**

Certified that the above data is correct/amended as under:-

Place :

Date :

(Office Seal)

(To be verified by DAAG Officers Records, (ORO)/ MPRS (O) Med Dte)

\_\_\_\_\_

**Appendix 'H'**

(Refers to Para 3 (b) (iv) of this office letter  
No 12032/SPARSH/ORO/MP-6 dt31 Jan  
2023)

**(SEE RULE 264, FINANCIAL REGULATION (ARMY & AIR FORCE PART I)  
(TO BE FWD TO ORO/ MP-6 AND PCDA (O), PUNE)**

Certificate of Officer Commanding of the unit, legal head of the Department of Administrative Officer concerned).

**PROVISIONAL NO DEMAND CERTIFICATE**

Certified that to the best of my knowledge and belief there are no public, regimental or other claims outstanding against \_\_\_\_\_ with exceptions noted below:-

Station: \_\_\_\_\_ (Signature)  
Rank \_\_\_\_\_  
Dated : \_\_\_\_\_ Appt \_\_\_\_\_

(This certificate is valid for three months and must be shown to the relieving officer and attached to the Transfer Certificate IAFZ-2081).

Certified that on an examination of the Public account in the Defence Accounts Department and after on enquiry there appear to be no demands against \_\_\_\_\_ Rank \_\_\_\_\_  
Name \_\_\_\_\_ with the exceptions noted as above.

Station: \_\_\_\_\_ (Signature)  
Rank \_\_\_\_\_  
Dated: \_\_\_\_\_ Appt \_\_\_\_\_

**Note:**

1. The above certificate having been given on an examination of the Public Accounts upto the latest period found practicable does not preclude Government from claiming any sum of which the above named officer may thereafter be found to be justly liable.

2. In all cases is whether any claim is noted on a 'NO DEMAND CERTIFICATE' or no copy of the certificate should without delay be sent by the controller concerned to the Accounts General Common Wealth Regulations Office to the war office, as the case may be. Delete wherever is applicable.

**Appendix 'J'**

(Refers to Para 3 (b) (v) of this office letter  
No 12032/SPARSH/ORO/MP-6 dt31 Jan  
2023)

**CONTINGENT BILL FOR TERMINAL GRATUITY CLAIM**  
**(FOR SSC ONLY)**  
**(TO BE FWD TO PCDA (O), PUNE)**

Voucher No: \_\_\_\_\_ dt \_\_\_\_\_

**BANKERS**

**Name of Bank :**  
**A/C No :**  
**Address :**

Expenditure on account of **Terminal Gratuity** claim r/o Personal NO \_\_\_\_\_ Rank \_\_\_\_\_  
Name \_\_\_\_\_ of Unit \_\_\_\_\_ who is proceeding on release wef \_\_\_\_\_ A/N) with \_\_\_\_\_ days  
Annual Leave wef \_\_\_\_\_ to \_\_\_\_\_ and \_\_\_\_\_ days Terminal Leave wef \_\_\_\_\_ to \_\_\_\_\_ and will be  
SOS from Service on 31-10-2022 (AN).

**Auth** : IHQ of MoD (Army), MS Branch (MS-7B) letter No \_\_\_\_\_ dated \_\_\_\_\_

<b>Ser No</b>	<b>Date</b>	<b>Details of Expenditure</b>	<b>Amount in ₹</b>
1.		Amount claimed on account of Terminal Gratuity claim in respect of _____ Personal No _____ Rank _____ Name _____ _____ of Unit _____ on release on vide IHQ of MoD (Army), MS Branch (MS-7C) letter No _____ dated _____. _____ Date of Commission - Date of release - Date of SOS -	
Amount in words ₹ _____			

**Certificate :-**

“Certified that I was not a subscriber to any Terminal Gratuity claim prior to in the Army Service”

**Received Payment**

(Personal No, Rank & Name)  
Personal NO  
Rank  
Name

**COUNTERSIGNED**

Station:

Dated:

**CERTIFICATE IN TERMS OF ANNEXURE-I TO AI 6/S/65**

Certified that the Terminal Gratuity has been claimed for the service rendered by me as a Short Service Commissioned Officer during the period from \_\_\_\_\_ to \_\_\_\_\_.

Station: C/o 56 APO

(Signature of the Officer)

Dated:

Personal NO  
Rank  
Name



**Appendix 'K'**

(Refers to Para 3 (b) (vi) of this office letter No 12032/SPARSH/ORO/MP-6 dt 31 Jan 2023)

**NON EMPLOYMENT CERTIFICATE**  
**(TO BE FWD TO ORO/ MP-6A)**

1. I, Personal No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
of unit \_\_\_\_\_ will be released on \_\_\_\_\_ (A/N) on completion of 10 years Short  
Service contractual period vide of IHQ of MoD (Army), MS Branch letter No  
\_\_\_\_\_ dated \_\_\_\_\_.

2. I certify that during my \_\_\_\_\_ **days Terminal Leave wef** \_\_\_\_\_ **to** \_\_\_\_\_, I will neither  
join any Govt Service nor will have any private practice.

Station:

Personal NO

Dated :

Rank

Name

**COUNTERSIGNED**

Station:

Dated:

**Appendix 'L'**

(Refers to Para 3 (c) (i) of this office letter No  
12032/SPARSH/ORO/MP-6 dt 31 Jan 2023)

**APPLICATION FOR ISSUE OF INDIAN ARMY VETERAN CARD**  
**(TO BE FWD TO ORO/ MP-5/ PENSION CELL)**

1. Pers/IC No & Rank :
2. Name in Full (in Block capital) :  
**alongwith Decoration**
3. Permanent Home Address :
4. Date of Birth :
5. Date of Commission/ Enrolment :
6. Date of retirement :
7. Unit / Arm of Service :
8. Gallantry Award (if any) :
9. Aadhar No :
10. Pensioner ID No :  
(Attach copy of PPO)
11. Details of cheque/DD/NEFT :

Paste  
Photograph in  
Uniform

Paste  
Photograph in  
Civil Dress

Signature of the Applicant  
(Inside the box)

Date :

**COUNTERSIGNED**

1. It is certified that \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
(in full) \_\_\_\_\_ is entitled for IAVC under the provision of AO  
01/2017/MP.

2. Certified that \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
has not been terminated under provision of AA Section 18 as also the offr has not been released/  
Retd on grnds of security/moral turpitude. Ref para 6 of AO 01/2017/MP.

Station :

(Signature of Col Veteran/ Adm Comdt/  
CO/OC unit)

Date :

Appt Seal

Office Round Stamp

**Appendix 'M'**

(Refers to Para 3 (c) (iii) of this office letter No 12032/SPARSH/ORO/MP-6 dt 31 Jan 2023)

**IDENTITY CARD DESTRUCTION CERT : OFFR**  
**(TO BE FWD TO ISSUING AUTH WITH COPY TO ORO/ MP-6)**

It is certified that the identity card bearing machine No \_\_\_\_\_ issued  
by \_\_\_\_\_ on \_\_\_\_\_ in \_\_\_\_\_ respect of  
\_\_\_\_\_ of \_\_\_\_\_ unit/Regt) has been destroyed by  
burning on \_\_\_\_\_ due to officer being released from Army after completion  
of \_\_\_\_\_ years of physical service on \_\_\_\_\_ vide MS Branch, Integrated HQ of  
MoD (Army) release order No \_\_\_\_\_.

Station :

Dated :

**Appendix 'N'**

(Refers to Para 8 (b) (i) of Comprehensive Guidelines for Pension Documentation)

**DRAFT SERVICE PARTICULAR BOOKLET**

1. Personal No. :
2. Rank at the time of Retirement/Release :
3. Name in full :
4. Regt of Corps :
5. Date and Place of Birth :
6. Date of grant of commission with Authority :
  - (a) **Initial**
    - (i) Type -
    - (ii) Authority & Date -
  - (b) **PRC**
    - (i) Authority -
    - (ii) Date -
7. Date of Release/Retirement with authority :
8. Reason of release :
9. Medical Category at the time of Release/Retirement :
10. Battle Casualty :
11. Gallantry Award :
12. Nationality :
13. Profession prior to commission in the Army :
14. Qualification
  - (a) Academic :
  - (b) Professional/Tech :
  - (c) Experience in Civil Trade/Professional :
15. Army Courses Attended/Special qualification acquired:-

Courses	Year of Completion	Grading

<b>Courses</b>	<b>Year of Completion</b>	<b>Grading</b>

16. Important appointments held:-

<b>(a) Command</b>		
<b>(b) Instr</b>		
<b>(c) Staff</b>		

17. Operational /War Service :

18. Decorations/ Awards:-

--

19. Foreign Countries visited:-

<b>Country</b>	<b>Period</b>	<b>Purpose of visit</b>

20. Languages with degree of Proficiency:-

Language	Read	Speak	Write

21. Permanent Home Address :

22. Next of Kin :  
Full name & relationship

23. Details of Parents:-

(a) Father's Name :

(b) Mother's Name :

24. Dependents Declared :

25. Details of Family:-

(a) Details of Spouse:-

(v) Name :

(vi) DOB :

(vii) DOM :

(viii) Auth :

(b) Details of divorce, if applicable:-

Name & Present address of divorced Spouse	Date of marriage	Date of divorce	Authority

(c) If the officer has any legitimate child (including validly adopted children specify):-

Name	Sex	Date of Birth	Place of Birth	Mother's Name

26. Character:-

**Appendix 'O'**

(Refers to Para 3 (d) of this office letter No 12032/SPARSH/ORO/MP-6 dt 31 Jan 2023)

**UNDERTAKING CERTIFICATE**

It is certified that I, \_\_\_\_\_ have not received any disability claim or foregoing lump compensation in lieu of the fwg disabilities:-

(a)

(b)

( \_\_\_\_\_ )

Dated:

Signature of the Officer)

**COUNTERSIGNED**

Station :

Dated :

**Appendix 'AD'**

(Refers to Para 3 (c) (vi) of this office letter No 12032/SPARSH/ORO/MP-6 dt 31 Jan 2023)

**APPLICATION FORM FOR INITIAL RE-EMPLOYMENT**  
**(TO BE FWD TO MS BRANCH)**

1. Personal No :
2. Name in full (Block letters) :
3. Unit from which retired/ retiring :
4. Cause of becoming non effective : Superannuation.
5. Date of retirement (Must attach :  
copy of retirement orders)
6. Date of birth :
7. Married or single : Married
8. Rank at the time of retirement : Rank Date Auth
  - (a) Substantive with date :
  - (b) Acting with date -
9. Details of previous commissioned :  
service (Mention name of station also)
10. Post matriculation education :  
(Civil qualification)
11. Examination passed :
12. Courses attended with grading: -

Name of Course	Period		Institution and location	Grading
	From	To		

13. Appointment held before retirement in the rank of Capt and above be included:-



Appt	Unit			

14. CDA(O) Account Number :

15. Post retirement address :

16. Permanent Home Station :

17. Present address :

18. Details of PPO NO :

19. Bankers with A/C No :

Place :

Dated :

(Signature of the Officer)

Personal NO

Rank

Name

APPLICATION FORM FOR INITIAL RE-EMPLOYMENT  
IN R/O IC-\_\_\_\_\_.

RECOMMENDATION OF IO

Recommended / Not Recommended

Station : (Signature)  
Date : Rank

RECOMMENDATION OF RO (BRIG AND ABOVE)

Recommended / Not Recommended

Station : (Signature)  
Date : Rank

RECOMMENDATIONS OF SRO (IF APPLICABLE)

Recommended / Not Recommended

Station : (Signature)  
Date : Rank

RECOMMENDATIONS OF NSRO (IF APPLICABLE)

Recommended / Not Recommended

Station :  
Date :

(Signature)  
Rank

**Annexure I to Appendix 'AD'**

**MEDICAL CERTIFICATE**

(The certificate given below to be filled by an Army Medical Officer).

I have this day examined No \_\_\_\_\_ Rank \_\_\_\_\_  
Name: \_\_\_\_\_ Arms / Corps \_\_\_\_\_ and have formed the  
opinion that he is fit for service in medical category S1H1A1P2E1 (if war wounded, make a special  
mention in this certificate).

**Disability Profile**

Name of Hospital :

(Signature of Medical Officer)

Name :

Date :

Rank :

Appt :

Notes :-

1. Offr will fwd two Medical Certificates to MS-3A (MS Branch) i.e one along with their application and second one will be fwd within one month of the date of retirement.
2. All LMC Officers will fwd their latest medical board proceedings (Photo copy) along with their application forms.
3. Retired Officers will obtain latest medical certificate from Military Hospital only.

**Annexure II to Appendix 'AD'****CERTIFICATE/UNDERTAKING**

1. Certified that I, \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
Arms / Corps \_\_\_\_\_ have read and understood the contents of Army Headquarters  
letter No 04580/MS Policy dt 30 May 2000 and will abide by the same.

4. I have also given my willingness to serve on re-employment at two stations with min tenure  
of one year six months at each station in accordance with Para 40(a) of policy letter stated ibid.

Place : (Signature of the Offr)

Dated : Personal No :  
Rank :  
Name :

**COUNTERSIGNED BY IO**

Place : (Signature)

Dated : Rank

**Annexure III to Appendix 'AD'**

To

The President of India,

Sir,

I, \_\_\_\_\_ do hereby agree to be re-employed by the Government of India, under the provision of SAI 1/S/80 subject to the following additional specific conditions :-

(a) No disability pension, special family pensionary awards or other compensation shall be admissible to me or my family in the event of any deterioration / re-lapse, or any other new disease supervening due to the effects of the existing disability directly or indirectly at any time during the period of my re-employment or thereafter, unless after re-employment. I am again upgraded to medical category S1H1A2 (permt) P1E1 and remain in that grading for a period of five years during service and / or after release from service in case my period of re-employment expires earlier.

(b) In the case of any form of disability other than \_\_\_\_\_ and that which is not due to the effects of \_\_\_\_\_ as stated under (a) above which I may contract during the period of my re-employment I shall be governed by the provisions of Para 25 of AI 24/58.

Yours faithfully

Station :

Dated :

Signature  
 Personal No :  
 Rank :  
 Name :  
 Unit :

**Annexure IV to Appendix 'AD'****CERTIFICATE FROM OFFICERS SEEKING RE-EMPLOYMENT**

1. I, \_\_\_\_\_ Rank: \_\_\_\_\_ Name \_\_\_\_\_ hereby certify that I am willing to be re-employed as per terms and conditions of SAI 1/S/80 as amended from time to time against an appointment tenable in the rank of Capt/Major. I am prepared to serve in any appointment anywhere in India.
2. I have understood that my pay on re-employment will be fixed in the rank against which re-employed irrespective of substantive/acting rank held at the time of retirement.
3. I also do give my willingness to accept the provisions of pay fixation as shall be finalized by the Government of India in pursuance with the recommendations of Sixth Central Pay Commission and subsequent decisions by the Government on the subject from time to time.

Signature

Station :

Personal No :

Rank :

Dated :

Name :

Unit :

**QUESTIONNAIRE : FOR PLACEMENT OF OFFICERS SEEKING  
RE-EMPLOYMENT IN THE ARMY**

Personal No :  
Rank :  
Name :  
Army/Corps :  
Unit :  
Mailing address after retirement :

Preference of posting to choice stns on grant of extn of re-employment along with brief reasons (Please ensure that you give only one station per state, indicate total three stations only)	Ser No	Station	State	Brief reason
	1.			
	2.			

**Questions**

1. Do you own a house? If so, where? Is it rented?  
Monthly rent. :
2. Where do you plan to resettle after retirement. :
3. How many children have you? Their age, Sex  
preparing for Class studying, School/College term.  
If any of them is employed? Please state all briefly. :
4. Is your wife employed, if so where? :
5. Number of dependents with their  
Relationship and age. :
6. Any financial liability. :
7. Any other details you wish to furnish:-  
with respect to:-
  - (a) Any special qualification. :
  - (b) Special aptitude. : -
  - (c) Type of job that you wish to do. : -
  - (d) Any other relevant details. : -

Station :

Date :

(Signature of the Offr)

(Personal No- )

**SELF ASSESSMENT FORM FOR POSTING ON INITIAL RE-EMP**

1. **Guidelines** :-

- (a) The choice mentioned by the officer at Appx'Q' are likely to be considered for the second leg of re-emp.
- (b) An offr will be posted on initial re-emp as per the following criteria :-
- (i) **Org Requirement.** The choices mentioned in this form will be met if they coincide with Offr's profile /org requirement. Posting to an org interest station will not affect an officer's privilege to waitlist for choice of second leg posting.
- (ii) Command Profile.
- (iii) Vacancies.
- (iv) Peace/Field profile (An Officer may volunteer for field)
- (c) Officer may carry out a self assessment of their profile and provide options for first leg re-emp. it is clarified that these choice are not binding and org requirement will be supreme. Officer may waitlist for second leg posting as per MS Br letter No 04580/MS Policy dt 30 May 2000.

2. Posting over last 10 yrs/last three tenures (whichever is more).

Appt	Unit	Place	Peace/ Fd	Comd	From	To

5. **Self Assessment.** An offr may assess the command and his Peace/Fd profile to provide choices for first leg of re-emp as under:-

Ser No	Comd	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice	Remarks
(a)					
(b)					
(c)					

Signature

Station :

Personal No :

Rank :

Dated :

Name :

Unit :



**Annexure VII to Appendix 'AD'****CLEARANCE CERTIFICATE**

Certified that \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

who is on the posted strength of \_\_\_\_\_ has :-

- (a) No money outstanding against him towards Public, Regimental or Private Funds.
- (b) No disciplinary/vigilance case pending against him.
- (c) Not involved in any Court of Inquiry/GCM.

Signature

Station :

Personal No :

Rank :

Dated :

Name :

Unit :

**COUNTERSIGNED**

(By an offr not below the rank of Brigadier or equivalent)

Station :

Dated :

**Annexure VIII to Appendix 'AD'****CHECK LIST OF APPLICATION FOR INITIAL RE-EMPLOYMENT**

(To be affixed on top of each application)

**PART-I**

- |    |     |        |        |        |                        |                  |
|----|-----|--------|--------|--------|------------------------|------------------|
| 1. | IC- | Rank : | Name : | Unit : | <b><u>Officer</u></b>  | <b><u>IO</u></b> |
|    |     |        |        |        | <b><u>Applying</u></b> | (Yes/No)         |
|    |     |        |        |        | (Yes/No)               |                  |
2. Is the officer applying eligible for re-employment in the Army as follows :-
    - (a) Is he superannuating within the next 6 months/superannuated?
    - (b) Will he be under 55 years of age when he takes up re-employment? (Allowing for approximately six months time for movement of application and for its processing)
    - (c) Is he in acceptable medical category (Permanent) as per Para 7 of SAI 1/S/80 as amended vide corrigendum 36/81 (also reproduced at para 27 of Army HQ letter No 04580/ MS Policy dt 30 May 2000)
  3. Is the application as per format given in Appendix 'A' Annexure I to IV and Appendices B and C of Army HQ letter No 04580/MS Policy dt 30 May 2000
  4. Is the date of retirement (superannuation) entered correctly at Para 5 of Appendix A (last date of calendar month) and is a copy of retirement order attached)?
  5. Does column period from/to at paragraph 13 of Appendix 'A' includes months and years?
  6. Is Annexure I to Appx A (Medical Certificate) attached to the application duly filled in correctly and signed by an Armed Forces Medical Officer?
  7. If officer is below medical category SHAPE-1, is a copy of latest medical board proceedings attached to the application?
  8. Are at least three stations mentioned in column 'preference of posting in Appendix 'B'?
  9. Is every details to each question in Appendix 'B' mentioned, with special reference to Question 1 and 3?
  10. Are copies of certificate of special qualification as mentioned at question 7(a) in Appendix 'B' attached to the application?
  11. Have the details of Bankers and PPO number been mentioned at Paras 18 and 19 of Appendix 'A'?

Signature of : \_\_\_\_\_  
(Officer Applying)

\_\_\_\_\_  
(Officer's IO)

**Annexure VIII to Appendix 'AD'**

**PART- II**

**For use by MS/Pers/HRD Branch/Department at Comd/Corps HQ /DG Office level)**

Certified that:-

- (a) The checklist has been verified and application is correct in all respects.
- (b) The officer is eligible for re-employment in the Army (As per SAI 1/S/80 as amended)

Place:

(Signature of officer-in-Charge)  
MS/HRD/Pers Branch/Dept

Dated:

**Annexure IX to Appendix 'AH'**

(Refers to Adjutant General's Branch, IHQ of MoD  
(Army) letter No 120066/MP 5&6 Coord)/R dt 09 Oct  
2017)

**TO BE PREPARED ON NON JUDICIAL STAMP PAPER****APPOINTMENT OF LEGAL GUARDIAN****DECLARATION**

Passport size  
photographs  
of Pensioner

I, hereby solemnly affirm that am \_\_\_\_\_ a commissioned officer of the Army. May full particulars are given below:-

Particulars of the officer

Personal Number :  
Rank :  
Name :  
Date of birth :  
Date of Commission :  
Date of retirement :  
Name of my wife :  
Residential Address :

Passport size  
photographs  
of special  
child

I, have a mentally/physically challenged son/daughter since birth. He/she is unmarried and is incapable of earning his/her own livelihood. He/she is entirely dependent on me (and my wife). His/her particulars are as follows:-

Name :  
Date of birth :

His/her photographs is attached alongside

Passport size  
photographs  
of appointed  
Legal  
Guardian

I hereby appoint my son/daughter whose particulars are given below, as the legal guardian of my son/daughter after the demise of myself and my wife. Particulars of my son/daughter are given below:-

Name :  
Date of birth :

His/her photographs is attached alongside

**VERIFICATION**

I, the above named dependent hereby verify that the contents of this affidavit are true and correct to the best of my knowledge and belief and nothing material/relevant has been concealed there from.

Verified at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_

(a) Consent letter from nominee to the effect that he is willing to act as guardian for the mentally retarded child.

(b) Two photographs of nominee (s) duly attested by Gazetted Officer.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2023 at \_\_\_\_\_

Signatures and address of the witnesses

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature of Govt Servant  
(Including retired/ spouse) with full  
Address

(To be filled by the Head of Office)

Nomination by Shri / Smt \_\_\_\_\_

Designation \_\_\_\_\_

Date of receipt of Nomination \_\_\_\_\_

**Annexure X to Appendix 'AH'**

(Refers to Adjutant General's Branch, IHQ of MoD (Army) letter No 120066/MP 5&6 Coord)/R dt 09 Oct 2017)

**CONSENT CERTIFICATE FROM THE NOMINEE**

I, S/D/o hereby give my consent to the effect that I am willing to act as Legal Guardian for my elder / ~~younger-brother~~ / ~~sister~~ / S/D/o who is mentally / physically challenged child.

**ATTESTED BY (COURT / NOTARY)**

# **OFFICERS' RECORD OFFICE (ORO)**

**ADJUTANT GENERAL'S BRANCH  
IHQ OF MoD (ARMY)**

**WEST BLOCK III, RK PURAM**

**NEW DELHI - 110066**

## **CONTACT NUMBERS**

<b>Col MP-5 (Veteran Offrs)</b>	<b>7683004983</b>
<b>Veterans Help Desk</b>	<b>011-26757700</b> <b>011-20863044</b> <b>8800352938</b> <b>8368051743 (WhatsApp only)</b> <b>8130591689 (Calls only)</b>
<b>MP-6 Rxn (Serving Offrs)</b>	<b>7082120960</b>
<b>OIC Army Pay Allces Contact Centre (APACC)</b>	<b>9309781033</b>
<b>OIC Defence Pension Contact Centre (DPCC)</b>	<b>7393073973</b>