

THESE FORMS MAY BE UPLOADED IN DAV CIVIL WEBSITE UNDER HEADING

PRE-2006



FORMS REQUIRED FOR ENDORSEMENT OF DIVYANG CHILD (SPECIAL ABLED CHILD) NAME IN PPO

1. Advisory and required forms for endorsement of "DIVYANG CHILD (Special Abled Child)" name in PPO. (Appendix 'A')

FORMS REQUIRED FOR ENDORSEMENT OF UNMARRIED / WIDOW / DIVORCEE DAUGHTER'S NAME IN PPO

1. Advisory and required forms for endorsement of Unmarried / Widow / Divorcee Daughter's name in PPO. (Appendix 'B')

**PROCEDURE FOR ENDORSEMENT OF
DIVYANG CHILD (SPECIAL ABLED CHILD) NAME IN PPO**

1. The following documents/certificates are required for endorsement of handicapped child name in PPO.

(a) **MEDICAL CERTIFICATE (To be submitted in Original & one attested copy as per attached form)**

(i) Medical Certificate should be signed by Medical Board comprising of a **Medical Superintendent** or a **Principal** or **Director** or **Head of the Institution** or his nominee as Chairman and two other members out of which at least one shall be **specialist in the particular area of mental** or physical disability including mental retardation / equivalent medical officer of the Military Hospital not below the rank of **Brigadier**, in the prescribed form.

(ii) Nature of disability and percentage of disability must be mentioned in the certificate.

(iii) It must be mentioned that **child is not in a position to earn livelihood due to disability.**

(iv) Disability certificate should as per format annexed {AFMSF - HD (1)} in **original and not more than 02 years old.**

(b) **For Mentally Retarded Child OR Mentally & Physically Handicapped (both) child only:-**

(i) **Nomination Form** in lieu of Legal Guardianship Certificate in respect of **Mentally Retarded Child** in **quadruplicate.**

(ii) **Letter of Consent** in **quaduplicate** along with two passport size attested photographs of the person nominated to act as guardian of the handicapped child. The person nominated should be other than the parents of the mentally retarded child and must be an adult. (In case, father or mother is alive).

(c) **'Employment Status Certificate'** of the child obtained from Village Head / Municipal Councillor / First Class Gazetted Officer.

(d) A **personal application** proforma in **triplicate.**

(e) Appendix-"A" in **triplicate** for living Armed Forces Pensioners. You are requested to forward Appendix - "A" in triplicate after signature obtained from your PDA(Bank/DPDO) with office Stamp.

(f) 'Details of Bank/PDO' from where Air Veteran is drawing Service/Family Pension. Complete correspondence address of the Pension Disbursing Office {(Paying Branch & Main Branch) (including Account No.)} i.e, DPDO/Treasury Office/Bank from where Air Veteran is drawing Service/Family Pension. In case, Air Veteran is drawing Service/Family Pension through DPDO then Air Veteran should forward the address of the DPDO only. In case PDO is bank a photocopy of passbook (pertain to service pensioner) wherein the details of PDO is mentioned may also be forwarded.

(g) An affidavit on **stamp paper** sworn before **First Class Magistrate** stating out, as far as possible the exact physical & mental condition of the handicapped child and inability of the handicapped child to earn livelihood due to his mental/physical nature.

(h) Two attested photo copies of PPO issued by JCDA / PCDA. Copy of PPO vide which you have been sanctioned pension, duly attested is also to be attached. If the same is not available with you, you may obtain a certified copy of PPO from PDA (i.e. DPDO / Bank) from where you are drawing your pension.

DISABILITY / MEDICAL CERTIFICATE**FOR FAMILY PENSION FOR DISABLED DEPENDENTS****(This certificate is not
valid for medico-legal purpose)**

Name of Hospital

Military ID / Register SI No.....dated.....

This is to certify that Shri/Smt./Kum

Son/Daughter of No..... Rank..... Name

Age..... PPO No.....

is physically / mentally handicapped / challenged and the disability is of permanent nature.
He / She is unable to earn a living on his / her own.

Diagnosis.....

Percentage of disability.....

Brief Clinical Notes (in support of the diagnosis) :

Affix attested
Passport Size
Photograph of
the Individual

(Signature /Thumb impression of individual)

Signature and stamp of
Classified SpecialistSignature & Stamp of
Senior AdvisorSignature of Commandant
Military Hospital Brig/Equivalent**Note :** Strike out which is not applicable.**Note :**

1. To be filled by a Service Hospital by concerned Classified Specialist.
2. Photograph to be attested by Specialist, certifying the disability.
3. Signature of Senior Advisor / Addl Advisor required.
4. In the event of Senior Advisor / Addl Advisor of concerned/allied speciality not being available locally in a station the Commandant/Commanding Officer of Service Hospital will arrange to obtain recommendation of concerned/allied Sr Advisor of the Zone.

NOMINATION FORM
Annexure to Govt of India Letter No PC MF Air HQ/24299/283/
FPHC/PP&R-3(i)/2678/D(Pen/Policy) dated 26.10.2007
(To be raised in triplicate)

Nomination for receiving family pension on behalf of mentally retarded child to whom Family Pension is admissible under MOD letter No A/49601/AG/PS-4(e)/3363/B/D(Pen/Sers) dated 27 Aug 87 as amended from time to time -----

I _____, hereby nominate the person/persons, mentioned below who is/are member(s)/Non-member(s) of my family to act as guardian after the death of undersigned and my wife/husband, Smt _____ / Shri _____ for my handicapped son / daughter to receive the amount of life long family pension as admissible under MOD letter cited above and which may be authorized by Central Govt

Name and Address of Nominee	Relationship with the Govt servant/ spouse	Age	Contingencies on the happening of which the nomination becomes invalid	Name, Address, relationship and age of the person/persons if any to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Govt servant and surviving spouse or the nominee dying after the death of Govt Servant and surviving spouse.
1	2	3	4	5

This nomination supersedes the nomination made by me on _____ which stands cancelled.

- (a) The Govt servant/Pensioner/spouse/shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.
- (b) The Govt servant/Pensioner/spouse/shall submit the following additional documents with this nomination.
- Consent letter from nominee to the effect that he/she is willing to act as guardian for the mentally retarded child.
 - Two photographs of nominee (s) duly attested by Gazetted Officer.

Dated this _____ day of 20 ____ at _____

Signature and addresses of two witnesses

1.

2.

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

To be filled by the Head Office

Nomination by Sh/Smt. _____

Designation. _____

Date of receipt of Nomination _____

CONSENT LETTER

(To be raised in triplicate)

I, ..., aged years son/daughter
of hereby willing to act as guardian
of physically handicapped/mentally retarded child/person (brother/sister/relative), named
..... aged years, for drawing the
Family Pension admissible to him/her under Gol, MoD letter No. A.49601.AG/PS-4(e)/
3363/B/D/(Pens/Sers) dated 27th August 1987 as amended from time to time.

Date :

Signature :

Name :

Address :-

Affix
passport size
attested
photograph
of Nominee

Note : Two attested passport size photographs are also required to be attached with this form.

Witness (Signature, Name & Address) :-

1.

2.

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

COUNTERSIGNED BY OIC (DIR-III), DAV

PROFORMA OF PERSONAL APPLICATION

**PARTICULARS FOR GRANT OF FAMILY PENSION TO
HANDICAPPED / MENTALLY RETARDED CHILDREN**

(To be raised in triplicate)

1. **Details of Pensioner:-**

- (a) Service No. Rank & Name:
- (b) Date of Discharge
- (c) Original PPO No.
- (d) Issued by :-

2. **Details of Family Pensioner :-**

- (a) Name & Relation with Service Pensioner :
- (b) Date of Marriage
- (c) Present Address
- (d) PPO No. in which family pension was notified :-

3. **Details of Handicapped / Mentally Retarded Child(ren) :-**

Name & Address	Date of Birth	Martial Status	Whether Employed Or not	Details of Disability

4. **Details of other child(ren) who is/are eligible for family pension :-**

Place :

Date :

Signature of Pensioner

Specimen Affidavit For Mentally Retarded Child / Minor Handicapped child

AFFIDAVIT

1. I, ... (Name of Service Pensioner) Son of presently residing at (Address) do hereby solemnly affirm and state on oath as follows:-

- (a) That, I have proceeded on discharge from Air Force Service wef after completion of years of service and granted Service / Invalid / Disability Pension vide PPO No
- (b) That, the name of my wife (Name of Wife of Pensioner) is notified in JN PPO/ Corr PPO No for family pension.
- (c) That, my son / daughter named was born on while I was in AF Service / after my discharge from AF Service.
- (d) That my son / daughter named (Name of handicapped child) is a handicapped / mentally retarded and is unable to earn his / her livelihood due to disability of as mentioned in medical certificate (mention disability mentioned by the Medical Officer in the medical certificate). His / her disability has been assessed as % by the Specialist Medical Officer.
- (e) That, ... (Name of handicapped child) is / was dependent on his / her parents as on date / before their death. He / She is not employed anywhere.
- (e) That, I am producing this Affidavit for the purpose of endorsement of handicapped / mentally retarded child for family pension.

2. I certify that what is stated above is true and correct to best of my knowledge, information and belief. Nothing material has been concealed there from.

Date :

Place :

Signature of Deponent

VERIFICATION

I, the deponent above named, do hereby solemnly declare and verify that the contents of the above affidavit are true to the best of my knowledge and belief and nothing has been concealed or suppressed there from.

Signature of Deponent (Parents)

SPECIMEN FOR MAJOR HANDICAPPED CHILD (Other than Mentally retarded)

AFFIDAVIT

1. I, ... (Name of handicapped child) is the Son of
..... (Name of the pensioner) presently residing at
..... (Address) do hereby solemnly affirm and state on oath as follows:-

(a) That, my father named had discharged from Air Force Service
wef after completion of years of service and granted Service
/ Invalid / Disability Pension vide PPO No

(b) That, the name of my mother named (Name of Wife of Pensioner)
is notified in JN PPO / Corr PPO No for family pension.

(c) That, I was born on while my father was in AF Service / after discharge
from AF Service.

(d) That I am physically handicapped having disability of (write
disability as mentioned in the medical certificate) and disability has been assessed of % by the
Specialist Medical Officer (write percentage of disability as mentioned in the medical certificate).

(e) That, I am unable to earn my livelihood due to my disability and I am fully dependent on my father /
mother who is a pensioner / family pensioner.

(f) That I am not employed anywhere.

(e) That, I am producing this Affidavit for the purpose of endorsement of handicapped / mentally
retarded child for family pension.

2. I certify that what is stated above is true and correct to best of my knowledge, information and belief.
Nothing material has been concealed there from.

Date :

Place :

Signature of Deponent (Child)

VERIFICATION

I, the deponent above named, do hereby solemnly declare and verify that the contents of the above
affidavit are true to the best of my knowledge and belief and nothing has been concealed or suppressed there from.

Signature of Deponent (Child)

BANK / PDO DETAILS

The details of latest Pension Disbursing Office (PDO) (i.e. DPDO or Bank whichever is applicable) from where I was drawing service pension and used to submit the **Life Certificate** are appended below. The same may be mentioned in the corrigendum PPO which may be issued to me on endorsement of name of handicapped child

Name of DPDO/Bank _____

Account No of service pensioner - _____

(Attach copy of respective page of pass book where your account number and address of bank is mentioned (only if PDO is Bank) _____ (Account number is not required to be mentioned if PDO is DPDO)

Address of PDO: (Mention address of DPDO if PDO is DPDO and if PDO is Bank mention address of Bank)

Date:

(Signature of Service Pensioner
with complete address)

APPENDIX-A
(To be raised in triplicate)

To
Director-III
Directorate of Air Veterans
Subroto Park, New Delhi-10

Joint Photograph of
Husband and Wife
(Attested)

SUBJECT : ENDORSEMENT OF FAMILY PENSION ENTITLEMENT IN THE
PENSION PAYMENT ORDER OF LIVING ARMED FORCES PENSIONERS

Sir

With reference to Ministry of Defence letter No. 1(11)/2014-D(Pen/Pol) dated 15 Jul 16, I hereby apply for endorsement of entitlement of family pension in the PPO.

The requisite particulars are given below:

- (1) Name of pensioner
- (2) Present Address
- (3) Regt. No./IC No.
- (4) TS/PS No.
- (5)
 - (i) Rank Last held
 - (ii) Rank for pension
- (6) Date of retirement / discharge
- (7) Name of Record office in the case of Personnel Below Officers Rank
- (8) Original PC/PPO No. & year (in the case of pension circular (PC) quote Pension Circular No. Part and Descriptive Sl. No.)
- (9) Details of Family Pension from other sources
- (10) Name of handicapped children, if any
- (11) Particulars of pension Disbursing Authority:
 - (a) Station
 - (b) Treasury/DPDO/PAO/Bank/Post office
 - (c) Bank branch with full address and SB A/C No.
- (12) Particulars of pay last drawn at the time of retirement
- (13) E-mail ID
- (14) Aadhaar No.
- (15) Mobile No.

(16) Details of family, eligible for family pension in terms of Pension Regulation.

Sl. No.	Name (s) and address of members of family	Relationship with the pensioner	Date of Marriage	Aadhaar No.	Marital status	Date of Birth

(17) Attested joint photograph of Smt/Shri _____ is pasted above

(Attestation can be done by any Gazetted officer, Pension Disbursing Officer such as Manager, of bank, Record Officer, Village Sarpanch, S.D.M, Block Development Officer, MLA/MLC etc)

(18) a. Signature or thumb impression of Spouse.....

b. Marks of identification.....

Signature or left hand thumb impression of the pensioner
(In case of female right hand thumb impression)

Name, address & signature of witnesses:-

Name	Full Address	Signature

Part – II

The particulars furnished above have been verified from available records. Column No. could not be verified at our end.

Signature of PDA
(With Office Stamp)

Part – III

The particulars furnished above have been verified with reference to Service records.

Station:
Date:

Signature of RO
Service Headquarters

Part – IV

Ordinary family pension @ _____ p.m sanctioned vide PCDA(P) Corr. PPO No.
dated.....

Signature of AO / RO