ANNEXURE ‘C’

Statement of highest ranking eligible member of the family the deceased.

<table>
<thead>
<tr>
<th>SERVICE NO.</th>
<th>RANK</th>
<th>CASE NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Name of the Claimant

2. Relationship with deceased

3. Age/Date of Birth

4. Date of Birth (if the person is the Brother of the deceased)

5. (a) Whether married/unmarried/widow (if the person is daughter/step daughter/sister/step sister).

(b) If answer to (a) above is Married/widow, date of marriage/Widowhood.

6. Name, age, relationship etc of the other members of the family of the deceased eligible (list at the end) for Death-Cum-Retirement-Gratuity.

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Name &amp; Initials</th>
<th>Relationship With the Deceased</th>
<th>Date of birth</th>
<th>Age</th>
<th>In case of Daughter /sister Martial status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Station: __________________________________________________________________________________________

Signature or left/Right* Hand thumb impression of the claimant
Signature of two witnesses:

1.

2. (Name and address in block capital letters)

______________________________________________

ATTESTATION

Certified that the best of my knowledge and belief the particulars given in respect of Mrs/Miss/Mr……………………………………………..Wife/Mother/Father/Son/Daughter of the deceased are correct(Give the name and relation of the claimant of the deceased).

Place:

(Date)

Name and designation with office seal

COUNTERSIGNED

Directorate of Air Veterans

( )

Gp Capt/Wg Cdr/Sqn Ldr

Wg Cdr AV (A&N FP)

Directorate of Air Veterans

Date:

The attestation may be completed by any one of the following:

(a) Sarpanch/Gram Pradhan
(b) Any serving or retired officer, civil/military
(c) Sub Post Master/Post Master
(d) Patwari
(e) Sub Inspector of Police (SI)
(f) A member of Municipal Corp/Zilla Parishad Board etc.
(g) Panchayat, executive officer
(h) MP/MLA
(i) Oath commissioner/Notary public

PART II

(For use by Defence Accounts Department to record particulars of award granted as shown below).

Death Cum Retirement Gratuity amounting to Rs………………………………(Rupees ……………………………………………………………….) Sanctioned vide PPO 08/14/B/F/P/……………………………………….

Accounts Officer(Pension)
FORM TO BE COMPLETED FOR THE GRANT OF DEATH CUM RETIREMENT GRATUITY/RESIDUAL GRATUITY TO THE FAMILY OF DECEASED AIRMAN

1. SERVICE NO.  

2. RANK 

3. NAME 

4. Trade 

5. UNIT 

6. CASE NO 

7. Name of the Claimant 

8. Relationship with deceased 

9. Identification marks 
   (One or two permanent marks of blemishes on the apparent parts of the body each on hands, feet's etc may be recorded) 

10. Age/Date of Birth 

11. Account No & Name of the Bank/Treasury at which payment is desired. 

12. Full address of the claimant showing village, Tehsil, District, and state. 

13. *Right/left hand thumb and four fingers impression of the claimant. 

14. If the claimant is minor, Name and relationship of the guardian. 

15. *Right/left hand thumb and four fingers impression of the guardian. 
   In case of female claimant (I.e., Right hand) 

Station 

Date 

Signature or left/Right* 

Hand thumb impression of the claimant
Signature of two witnesses :-

1. 
2. (Name and address in block capital letters)

ATTESTATION

Certified that the best of my knowledge and belief the particulars given in respect of Mrs/Miss/Mr………………………………….Wife/Mother/Father/Son/Daughter of the deceased are correct(Give the name and relation of the claimant of the deceased).

Place :

Date :

Name and designation with office seal

COUNTERSIGNED

Directorate of Air Veterans

Gp Capt/Wg Cdr/Sqn Ldr
Wg Cdr AV (A&N FP)

Date :

Directorate of Air Veterans

The attestation may be completed by any one of the following :-

(j) Sarpanch/Gram Pradhan
(k) Any serving or retired officer, civil/military
(l) Sub Post Master/Post Master
(m) Patwari
(n) Sub Inspector of Police (SI)
(o) A member of Municipal Corp/Zilla Parishad Board etc.
(p) Panchayat, executive officer
(q) MP/MLA
(r) Oath commissioner/Notary public

PART II

(For use by Defence Accounts Department to record particulars of award granted as shown below).

Death Cum Retirement Gratuity amounting to Rs…………………………..(Rupees ……………………………………………………) Sanctioned vide PPO 08/14/B/F/P/……………………………………

Accounts Officer(Pension)