

Appendix-'A'**INFORMATION TO BE FURNISHED BY THE OFFICER TO
OC OF UNIT 8 MONTHS PRIOR TO HIS RETIREMENT**

1.

(a) IC No.	
(b) Rank, Name & P. No	
(c) Date of commission	
(d) Date of retirement	
(e) Authority for retirement	

2. Details of Recovery

	<u>Amount</u> [Rs. P.]	<u>Date</u>	<u>Installment</u>	<u>Balance</u> <u>as on</u>	<u>Balance on</u> <u>date of</u> <u>Retirement</u>
Motor Cycle/ Car Advance					
Housing Building Advance					
Any other Public/ Non Public dues					
House Building Advance from NGIF					

3. I certify that the above information is correct, in case of wrong information; I am open to disciplinary action.

Signature of Officer
P. No.

Date

FORWARDED

CO Unit/Ship/Est

Date

Forwarded to the Supply Officer-in-Charge, Naval Pay Office, Mumbai in triplicate.
(Authority: Appendix 'B' to Govt. of India, Min of Def letter
A/48977/AG/ PS (b)/ 44/S/D (pension/Services) dt. 18 Jan 78)

To

Appendix 'B'

APPLICATION FORM FOR RETIRING PENSION

From:

The Controller of Defence Accounts (Navy)
(Pension Cell), Mumbai

Sir,

1. Please refer to Naval Headquarters letter RS/ _____ dated _____ placing me on the retired list with effect from _____ /your letter _____ No. Pen/A/dated _____ calling for various information/documents in connection with my retirement from service in the Navy with effect from _____.
2. I would request that I may please be granted anticipatory pension for which the following information/documents are forwarded herewith:-
 - (a) Declaration for anticipatory pension in duplicate.
 - (b) Two copies of passport size joint photograph with wife duly attested by Commissioned Officer other than myself.
3. The particulars of my family members are given below:-

	Name	Relationship	Date of Birth	Date of marriage
--	------	--------------	---------------	------------------

(a)

(b)

(c)

4. I would like to draw my pension through _____ (name of the paying branch of Public Sector Bank and address) with whom I am maintaining Saving Bank Account No. _____ in my own name/ Joint account. The name and address of the "Link Branch" of the Bank is given below:-
.....
.....
.....

It is requested that my Pension Payment Order be referred to the above "Link Branch" for arranging the payment of pension dues through the aforesaid Paying Branch

5. Aadhaar card details are as follows:-

	Aadhaar Card No.	Mobile No.	Email ID
(a) Self/ Pensioner			
(b) Spouse			
(c) Dependent person eligible for pension in the event of death of pensioner and spouse			
(d) Copies of Aadhaar card No mentioned is enclosed			

6. I have the following period of pre-commissioned service/ no pre-commissioned service to count for pension:-

7. My post retirement address is as under:-

Yours faithfully,

Name: _____

(IN BLOCK LETTERS)

Dated:

Personal Number

Rank

Copy to: -

The Chief of the Naval Staff
Dte of Pay and Allowances
(Pension Section).
Naval Headquarters
New Delhi-110011

-

along with two copies of Declaration form for anticipatory pension and joint photograph duly attested.

Annexure to Appendix 'B'**FORM OF DECLARATION FOR ANTICIPATORY/PROVISIONAL****PENSION DECLARATION**

Whereas the CDA(Navy) has consented, provisionally to advance to me towards pension Rupeesper month, relief Rupeesper month and Death Cum Retirement Gratuity Rupees..... per month in anticipation of the completion of the enquiries and documents necessary to determine my pension entitlement, namely, pension, relief and Death Cum Retirement Gratuity.

I hereby acknowledge that, in accepting the advance, I fully understand that the same are subject to revision on the completion of necessary enquiries and documents and I promise to raise no objection to such revision on the ground that the provisional payment made to me exceed the award to which I may be eventually found entitled. I further promise to repay any advance to me in excess of that to which I may be eventually found entitled.

Signature

Name:

Rank

Date:

No.

Appendix "C"PART IAPPLICATION FOR COMMUTATION OF PENSIONOFFICERS

1. Rank and Name -----

2. Ship/Establishment -----

3. Place of Birth -----

4. Date of Birth -----

5. Age next birthday -----after retirement

6. Married or Single -----

7. Have you any previous occasions applied
for permission to commute a portion of your
pension, and, if so, with what result? -----

8. How much per annum of your pension
do you now wish to commute? -----

9. Name and address of the public
Sector Bank through which payment is required to be made:-

(a) Name and address of the Link Branch -----

(b) Name and address of the paying -----

Branch and Account No -----

PART-II (FORM OF DECLARATION)

Whereas the Controller of Defence Accounts (Navy) has consented provisionally to advance to me the sum of Rs. Being the commuted value of a part of the anticipatory pension in anticipation of the completion of the enquiry's necessary to enable the Government to fix the amount of my pension and subsequently the part of pension that may be commuted, I hereby acknowledge that in accepting the advance, I fully understand that the commuted value now paid to me is subject to revision on the completion of the necessary formal enquiry's and I promise to have no objection such revision on the ground that the provisional amount now paid to me as the commuted value of the part of anticipatory pension exceeds the amount to which I may be eventually found entitled. I further promise to repay either in cash or by deduction from subsequent payment of pension any amount advanced to me in excess of the amount to which I may be eventually found entitled.

Signature:

Address

Dated:

Name:

Rank:

The Controller of Defence Accounts(Navy) P.No:

(Pension Cell)

Mumbai

Appendix 'D'

**APPLICATION FOR THE POST RETIREMENT DEATH
INSURANCE EXTENSION SCHEME – 1982**

1. Number	-----
2. Rank	-----
3. Name	-----
4. Last Ship/Estab.	-----
5. Reason for retirement	-----
6. Date of Birth (b) Commission/Enrolment	-----
Actual Retirement/Discharge	
7. (a) Age on retirement and Med Cat.	-----
(b) Percentage of disability awarded if any	-----
(c) Are you a re-enrolled sailor if yes, date of enrolment	-----
(d) Whether you were/are a member of Additional Naval Group Insurance Schemes for Aviators/submariners/IMSF and if so, period.	-----
 Aviator/Submariner/IMSF.	
(e) Service rendered in lower deck	from ----- to -----
8. Permanent home address (in Capital letters)	
.....	
.....	
.....	
.....	
9. Name, relationship & full address of the nominee(s) for extended insurance scheme (in Capital letters)	

Name Relationship Address _____

First Nominee _____

Second Nominee _____

Dated _____ Signature of the member _____

Certified that the service particulars furnished by the above named member are correct.

CO/Head of Department

Place

Date

Annexure to Appendix 'D'

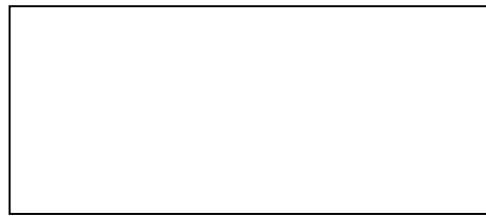
ANNEXURE TO APPLICATION FOR THE POST RETIREMENT
DEATH INSURANCE EXTENSION SCHEME – 1982
JOINT PHOTOGRAPH OF MEMBER WITH NOMINEE(S)
AND SPECIMENS SIGNATURE OF NOMINEE OF

No

Rank

Name

**SPACE FOR AFFIXING
 THE JOINT PHOTOGRAPH
 DULY ATTESTED BY AN OFFICER**



First Nominee

Three specimen Signature

Name..... (1).....(2).....
 (3).....

Second Nominee

Name.....
 (1).....(2).....(3).....

Signature of Officer

Note:- This sheet is to be attached to the application for cover under Post Retirement Death Insurance Extension Scheme – 1982 (PRIDIES – 82)

FOR USE OF GIS SECTION

Amount recovered for extended Insurance

Date recovery made

Certificate No. allotted

Period of insurance From..... To.....

Appendix 'E'

APPLICATION FOR POST RETIREMENT DEATH INSURANCE
ON DEATH OF THE PENSIONER

To The Secretary
Naval Group Insurance Fund
Naval Headquarters
New Delhi – 110011

Sir,

I regret to inform that my husband/wife/father/mother

No. Rank..... Name..... expired
on.....due to..... At..... (Place
of death).

2. I enclose the following documents:-

- (a) Post Retirement Death Insurance Extension Scheme Certificate.
- (b) Death Certificate.
- (c) Affidavit on non judicial stamp paper of appropriate value, duly attested
by a 1st Class Magistrate. (Specimen Enclosed)

3. It is requested that insurance amount due to me may please be remitted to my
bankers(Name and full address of the bank) for credit to my account number

.....
.....
.....
.....
.....

Yours faithfully,

Signature of Nominee
Name in Block letters
Full Address of the nominee

.....
.....
.....
.....

Annexure to Appendix 'E'**AFFIDAVIT**

I wife/husband/mother/father of
late..... do

here by take oath and state as under:

- 1 That who was a member of Naval Post Retirement Death Insurance Extension Scheme 1982 expired on due to..... (show cause)
- 2 That late officer/sailor was my.....(Relationship)
and had nominated me as a nominee to receive the insurance benefits if and when the claim arose.
- 3 That I am the same person as nominated by the late officer/sailor and indicated in the insurance certificate.

DEPONENT

VEFIFICATION

The above named deponent do hereby verify that the contents of the above affidavit are true to my knowledge.

Verified at on the
day of

DEPONENT

APPLICATION FOR ISSUE OF RETIRED OFFICER'S IDENTITY CARD

(a) Rank and Personnel No. _____

(b) Name in Full _____

(c) Ship/Estb, in which the officer last served _____

(d) Whether in receipt of pension _____

(e) Present Address _____

(f) Permanent Address _____

UNDERTAKING

I, Name _____ Rank _____ No. _____
 retiring from the Naval service with pension on _____ hereby
 undertake to notify the Commanding Officer, INS Kunjali, Near US Culb, South
 Colaba, , Mumbai -400 005, whenever there is a change in my present or
 permanent addresses.

Sign _____

Name _____

Rank _____.

No. _____

Encls: 03 Photographs in plain clothes

together with negative, two with board and one without board (4.7x 3.3)Size.

COUNTERSIGNATURE

Commanding Officer

Appendix 'G'**PRE-RECEIPT FOR PAYMENT OF NGIF SURVIVAL BENEFITS**

Name
 Rank No.....
 Date of joining
 Service in lower deck (if any).....
 Date of promotion to Midshipmen From.....to.....
 Date of commission.....
 Date of retirement.....
 Whether eligible for cover under PRIDIES..... Yes/No

PRE-RECEIPT

Received from the Secretary, Naval Group Insurance Fund, Naval Headquarters, New Delhi a sum of Rs.....(Rupees).....on account of the following payable:-

(a) Survival benefit from Gen. Scheme (inclusive of dues from OFAF)	Rs.....
(b) Survival benefit from Additional Scheme for Aviators/Submariners	Rs.....
Terminal bonus	Rs.....
Total	Rs.....
Less	
Single non-refundable premium	Rs
Towards Post Retirement Death	Rs
Insurance Extension Scheme-82	Rs
Housing loan/interest	Rs.....
Total	Rs.....
Net amount payable	Rs.....

2. I declare that I have not received any amount on account of above earlier.
3. I declare that I have been on deputation to from.....to.....
4. The amount may please be credited to my bank account. My bank particulars are as follows:-

Account No
Name & full address of Bank
Post Retirement Full Postal address

Signature.....
(over 20 paise revenue stamp)

Rank, Name.....
No.

Appendix 'H'**APPLICATION TO NAVPAY FOR CLOSING OF DSOP FUND****ACCOUNT AND PAYMENT OF BALANCE****PART I**

Sir,

1. I, Service/P.No..... RankName am due to retire/have retired proceeding on leave pending retirement/have been discharged /dismissed from service with effect fromI request that my subscription to provident Fund be discontinued from pay of-----

2. I request that final payment of balance in the provident fund be made to me through my bankers as shown below for credit to my account No.....or may be paid in cash or sent by money order at the following address at my expense. (Delete whichever is in applicable).

Bankers**Residential address**

3. The under-mentioned Life Insurance Policies financed by me from my Provident Fund may be released.

Policy No.

Policy No.

Certified that:-

(1) I have not drawn any temporary advance or final withdrawal from my Provident Fund account during the last one year immediately preceding the date of release from Service

OR

(2) I have withdrawn from my fund a/c the following amount during the last one year preceding the date of release:-

<u>Nature of Withdrawal</u>	<u>Amount</u>	<u>Date of Drawal</u>
Temporary Advance/Final
Withdrawal		

Date

Yours faithfully,

PART II

Received a sum of Rs.....(Rupees..... only) for full and final settlement of my provident fund Account

(Duly Pre-receipted over

Date a Revenue Stamp)

Signature

PART III

The details furnished by the individual are correct as per Fund Ledger Account as on.....

Details of nominee are furnished below as per documents:-

.....
.....
.....

For Supply Officer-in-Charge

Date Naval Pay Office

PART IV

Checked and passed for payment of Rs.....(Rupees..... only)

Date

CDA(N) Mumbai

PART V

Payment of Rs.....(Rupees..... only)

made by eheque/Draft/M.O. No.....through imprest of

.....attached on Fund Account Ledger Card.

For Supply Officer-in-Charge

Naval Pay Office

Date: Mumbai

Appendix- 'J'**Certificates to be furnished by pensioners/family pensioners
to his Pension Disbursing Authority****(1) LIFE CERTIFICATE**

Certified that Shri/Smt ----- holder of PPO No ----- issued by ----- is alive on this date -----

Signature

Name- -----

Station -
Date -

Designation of
Authorised officer
Seal.

Life Certificates can be issued/signed by one or other of the following authorities.

- (i) Any person exercising the power of a Magistrate under the Criminal Procedure Code, 1898 (5 of 1898).
- (ii) A Registrar or Sub-Registrar under the Registration Act, 1908 (16 of 1908).
- (iii) Any pensioned Officer who before retirement exercised the powers of a Magistrate.
- (iv) Any Gazetted Officer of Government.
- (i) A Munsif.
- (ii) A Post Master.
- (iii) A Departmental Sub Post Master.
- (iv) An Inspector of Post Offices.
- (v) A Class I Officer of the Reserve Bank of India.
- (vi) An Officer of the State Bank of India.
- (vii) An Officer of a subsidiary Bank of the State Bank of India.
- (viii) Head of a Village Panchayat, Gram Panchayat or Gaon Panchayat.
- (ix) Head of an Executive Committee of a village.
- (x) An officer of a bank included in the second Schedule to the Reserve Bank of India Act, 1934 (2 of 1934) in respect of pensioner drawing his/her pension through that Bank.
- (xi) A Police Officer not below the rank of Sub-Inspector-in-Charge of a Police Station.
- (xii) A member of Lok Sabha/Rajya Sabha/Vidhan Sabha/Vidhan Parishad or a Corporator of Municipal Corporation or a Councilor of a Municipality.
- (xiii) In the case of pensioners reemployed a life certificate furnished by the pensioner signed by the Head of the office, where he is re-employed.
- (xiv) A District Sainik Welfare officer- (DSWO).

2. Declaration from officer pensioner regarding acceptance of commercial employment

(i)* I declare that I have not accepted any commercial employment in India.

OR

I declare that I have accepted commercial employment in India, after obtaining previous sanction of the Central Government. and none of the conditions, if any, attached thereto by Government have been violated.

OR

I declare that I have accepted commercial employment in India without obtaining the previous sanction of the Central Government.

Note: This declaration is required to be given for a period of two years from the date of retirement.

(ii)** I declare that I have not accepted any commercial employment under a Government. outside India/an International Organisation of which the Government of India is not a member.

OR

I declare that I have accepted any commercial employment under a Government. outside India/an International Organisation of which the Government of India is not a member after obtaining the previous sanction of the Central Government. and none of the conditions attached thereto by the Government. have been deviated from.

OR

I declare that I have accepted any commercial employment under a Government. outside India/an International Organisation of which the Government of India is not a member with out obtaining the previous sanction of the Central Government.

Signature -----

Name of the Pensioner

Place:

P P O No :

Date :

TS/PS No :

Bank Account No :

(*) Certificate at (i) is to be furnished by retired Defence Civilian Group 'A' Officers/Commissioned Officers of and above the rank of Col/Capt/Gp.Capt in the Army, Navy, and Air Force respectively.

(**) Certificate at (ii) is to be furnished by retired Defence Civilian Group 'A' Officers and Commissioned Officers of all ranks.

(3) Form of Certificate of Non - Employment/Re-employment.

PART-I

I declare that I am not serving in any capacity either in a Government. Dept/Office, Company, Corporation, Autonomous body or Society of Central or State Government or Union Territory or Local Body, RBI/SBI/PSBs.

OR

I declare that I have been employed /re-employed in the office of ----- with effect from ----- which is a partly/fully financed by ----- Government

Required certificate from re-employee authority is enclosed.

Signature -----

Place:

Name of the Pensioner

Date :

P P O No :

TS/PS No :

Bank Account No.

(Part II is to be completed by re-employing Authority and to be submitted only once by pensioner re-employed)

PART-II

Certificate of Re-Employing Authority in respect of Re-employed pensioner.

(To be obtained and submitted in Pension Disbursing Authority only once after re-employment)

It is certified that SHRI ----- is re-employed with this office w.e.f. ----- He has retired from military service from the rank of ----- which is not a Commissioned rank or included in classified as group 'A' Post.

(a) It is further certified that the entire pension sanctioned by Central Government was ignored in fixation of pay on his/her re-employment.

(b) The pay of the re-employed pensioner was fixed at the minimum of the scale of pay in which he is re-employed.

Or

(c) The pay of ----- was fixed at Rs.----- because of advance increment (s), which is higher than minimum of scale on the scale of pay of Rs.----- on the date of his re-employment ie ----- No protection of pay last drawn in Military service is given.

Place:

Date:

Signature

Designation

Address of office/Department

Office Seal

(4) Certificate of Non-remarriage/Non-marriage:

I hereby declare that I am not married/have not been married.

OR

I hereby declare that I have not been re-married and I under take to report such an event to the Pension Disbursing Authority.

OR

I have got married/re-married on ----- with Shri/Smt -----
(name of spouse) and address -----
-----.

Place : Signature-----

Date : Name of the Pensioner
P P O No :
TS/PS No :
Bank Account No :

(5) Certificate of Non-earning livelihood by the son/daughter /brother/sister /widowed/divorced daughter.

I hereby declare that I have not started earning my lively hood.

Place: Signature-----

Date: Name of the Pensioner
P P O No :
Bank A/C No.
T.S. No.

Appendix 'K'

NOMINATION FORM 'A'

Pension Disbursing Authority/Head Office:

Name of Bank/Treasury/Post Office/Accounts Office etc:

Saving Bank A/c No _____

Link Branch Address is

1. I hereby nominate the person named below under Min of Defence letter No. 4(2)/84/866/8/D(pen/Service) dated 09 May 1984.

2

Place:

Signature or Thumb Impression

Name of pensioner :

Rank & Name :

Address :

Signature of Witness:

Name & Address:

Signature of Pension Disbursing Authority/Head of Office

(Acknowledgement to be sent by the Pension Disbursing Authority /Head of Office)

Certified that application/nomination has been received from (Name of the Officer)

Place:

Signature of Pension Disbursing Authority,
Bank Treasury/PO/Accounts Officer/Head of Office
Full Address