

**CLAIM TO FAMILY PENSION AND CHILDREN
ALLOWANCE**

(To be completed in duplicate by the claimant to family pension and return to Record Office after attestation by any of the prescribed persons listed at page 5).

1	No., Rank and Name of the deceased	
2	Unit in which last served	
3	Name of claimant in full (in Block letters) :	
4	Relationship of claimant with the deceased	
5	Marks of identification (in case of a female claimant only one or two permanent marks of blemishes on the apparent parts of body such as hands, feet etc may be recorded)	
6	Date of birth of claimant or age	
7	Occupation of claimant	
8	(a) If the claimant is already in receipt of remuneration from public revenues such as pay, pension, Provident fund compensation etc, give nature and details of employment or number and date of pension payment order notifying the award or amount of provident fund or compensation received as the case may be.	
9	Has the claimant applied for the grant of another pension or allowance. If so, give particulars of that claim.	
10	Name of other members of the family and their relationship to the deceased.	
11	Is the claimant living a communal life with the other heirs of the deceased and willing to contribute towards their support ? If the answer is in the negative, state reasons.	

	Further particulars regarding eligibility:-:	
12	If the claimant is widow	
13	Whether she was married to the deceased by a lawful and valid ceremony, also the date of marriage.	
14	Whether she has/ has not remarried since the date of death of her deceased husband.	
	If she had re-married :-	
15	Whether the marriage is with the real brother born of the same parents of her deceased husband or some other person	
16	Date of marriage.:	
17	Name of Second husband.:	
18	If the deceased has left behind more than one widow, state their names and dates of marriage with the deceased.	
	If the claimant is father :	
19	Whether he is real (as distinct from step or foster) father of the deceased.	
20	Whether he is cripple or otherwise physically or mentally unable to support himself. (The information is not necessary if the father is above 50 years of age).	
21	Whether widow and mother of deceased are/is also alive (This information should be furnished if the father is below 50 years of age).	

	If the claimant is mother :-	
22	Whether she is the real (as distinct from step or foster mother of the deceased)	
23	Whether she has remarried since the death of her deceased son, If so, give the date of re-marriage.	
	If the claimant is Son or daughter :-	
24	Whether he/she is the real and legitimate child of the deceased.	
25	In the case of a daughter, whether she is married. If so, the date of her marriage.	
26	If answer to (i) is in the negative, i.e. he/she is the validly adopted child of the deceased, mention also the date of adoption.	

Particulars of children eligible for grant of children allowance.

Name of child	Date of birth	Son or daughter	Whether married or unmarried. Give date of marriage	Residence	Relation	Name and address of the person to whom the arrears should be paid on demise of children

Are any of the children in receipt of remuneration out of public revenues such as pay/pension etc. If so give details of employment of the PPO Number notifying the award.

Place at which payment of pension is desired (It should be an authorised Public Sector Bank except Vijaya Bank, Punjab and Sindh Bank, New Bank of India, Andhra Bank, Oriental Bank of Commerce and Corporation Bank) with mention of Bank Account No. _____

Place of Residence of the claimant :-

Village _____

P.O. _____

Tehsil _____

District _____

State _____

Pin Code _____

Name and particulars of the person by whom the children claimant desired arrears and pension to be paid on her/his death with relation _____ Thumb and finger impression of all the children :

Name	Thumb finger	Fore finger	Middle finger	Ring finger	Little finger

Also the thumb and finger impression of the claimant.

Signatures of the Claimant

Thumb and finger impression of the Guardian (where the Guardian is not the claimant)

Name	Thumb finger	Fore finger	Middle finger	Ring finger	Little finger

Signature of Guardian

Name and addresses of Witnesses

Signature of Witnesses

1..

2..

NOTE: - In the case of male children claimant/guardian, left hand thumb and finger impression and if female the right thumb and finger impression may be made.

CERTIFICATE

I, Smt. _____ widow of
No. _____ Rank _____ Name _____
_____ certify that I am not drawing or admissible
for pension from any other sources.

Signatures of the claimant

ATTESTATION

Certified that to the best of my knowledge and belief, the particulars
given in respect of Smt. _____ widow of No.
_____ Rank _____ Name _____
_____ are correct.

Station:

Signatures

Dated:

(Name, designation and address)

COUNTERSIGNED

Station:

Dated:

Record officer/Assistant Record Officer

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

- Sarpanch/ Pradhan of the Village
- Army service or retired gazetted Officer, Civil or Military not below the Rank of JCO
- Sub Post Master
- Qanungo or Patwari
- Sub Inspector of Police
- A member of Municipal Corporation or Committee of District Board/Zila Parishad.
- Village Munsif/Patel/Village Officer, Panchayat
- Member of Parliament/Member of Legislative Assembly/Member of Legislative Council.

Particulars of all the children of the deceased who are alive on the date of death of the soldier

S.No	Name of the child	Name of his/ her mother	Whether Male or Female	Date of birth (supported by birth certificate)	If female whether married / unmarried	If male date of marriage	Remarks (if legally adopted the details)

Place:

Date:

(Signature or left/right hand thumb impression of the claimant)

Certified that the particulars given above are correct to the best of my knowledge and belief

Name and address of Witnesses Signatures of Witnesses

1.

2.

Station:

Signature

Dated:

COUNTERSIGNED

(Name, designation and office)

Record Officer

**Appendix 'B' to Govt. of India, Ministry of Defence Letter No.
210729/PEN-C dated**

No. _____ Rank _____ Name _____

(To be completed if the deceased was married)

If the deceased married one woman or more than one woman

Their names and date of marriage to the deceased

Particulars of the wives of the deceased who were alive on the date of death of the soldier.

Sl. No.	Name	Whether married to the deceased lawfully & according to recognised customs	Date of marriage	Whether remarried	Date of remarriage	Name of second husband	Remarks