

Appx A
 (Refers to Para 3 (a) (i)
 of this office letter No
 12032/SPARSH/ORO/MP-6
 dt _____2022)

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

Offr

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		
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 No	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.

Sig of Offr _____

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Pers No	Rank	Name	Date of Retirement				
Dependent Details Excl Spouse and children (Parents can be incl if part II order pub for dependent)							
Dependent Name	Sex	Relationship	DOB	Aadhaar No*	PAN No*	Part II Order Auth for Dependency	
In case of any Spl abled child, please furnish following additional details:-							
Child Name	Nature of Disability	If mentally disabled	Med Cert Date	Remarks			
		Yes/No					
		Yes/No					
<u>Nominee Details for DCRG & LTA</u>							
Nominee Name	Relation	Share(%)	Alternate Nominee Name	Relation	Share(%)		
Disciplinary Action Pending	Yes/No	Whether Penalty Imposed	Yes/No	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	Yes/No	Undertaking for Refund of Excess payment	Yes/No	Consent for Receiving Notifications	Yes/No	Consent for using Aadhaar	Yes/No
Jt Photo in Civil Dress		Offr's Sample Sig		Spouse / NOK Sample Sig		"I hereby certify that all the information provided in this form is true and correct to the best of my	

			knowledge".
			Date: (Sig of Offr)
			<u>COUNTERSIGNED</u>
			(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.