

**DECLARATIONS TO BE SUBMITTED BY PENSIONERS TO HIS HEAD OF OFFICE FOR UPLOAD IN SPARSH  
TO BE FWD TO ORO/MP-6 (SPARSH CELL)**

I, Service No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ DOR \_\_\_\_\_  
Corps/Regiment \_\_\_\_\_ hereby undertake the following declaration-

<b>[A] Undertaking of Re-employment after retirement/ discharge (Mandatory)</b>		YES <input type="checkbox"/>
I declare that I have not got re-employment after discharge from my present engagement in any capacity either in a Govt. Department/ Office, Company, Corporation, Autonomous body or Society of Central or State Govt. or Union Territory or a Local Body. In case I get re-employment, I shall report the fact to the PCDA(Pensions) Allahabad through SPARSH.		
<b>[B] Undertaking for Refund of Excess Payment (Mandatory)</b>		YES <input type="checkbox"/>
I, the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify the PCDA(Pensions) Allahabad from and against any loss, suffered or incurred by the PCDA(Pensions) Allahabad in so crediting my pension to my account under the scheme and to forthwith pay the same to the PCDA(Pensions) Allahabad and also irrevocably authorize the PCDA(Pensions) Allahabad to recover the amount due by making recoveries from future pension payments in terms of existing instructions issued by RBI and PCDA(Pensions) Allahabad regarding recovery of overpayment of pension.		
<b>[C] Declaration for Fixed Medical Allowance (Mandatory)</b>		
I hereby opt for the following facility- (Please tick any one of the following option)		
1.	I will be residing in a district with ECHS facility and would be availing Out-patient Department (OPD) and In-patient Department (IPD) facility from ECHS. I am not eligible for payment of Fixed Medical Allowance (FMA).	<input type="checkbox"/>
2.	I will be residing in an ECHS area but would not be availing ECHS facility. I understand that I will not be eligible for FMA.	<input type="checkbox"/>
3.	I will avail ECHS facilities available to spouse who is an ECHS beneficiary. I will not avail ECHS facility and FM.	<input type="checkbox"/>
4.	I will avail fixed medical allowance facility of other organization. I will not avail FMA from Defence side. (Applicable for family pensioners only)	<input type="checkbox"/>
5.	I will be residing in a district with no ECHS facility but would be avail ECHS facility for In-patient Department (IPD) and Out-patient Department (OPD) treatment. I will not be eligible for Fixed Medical Allowance (FMA).	<input type="checkbox"/>
6.	I will be residing in a non-ECHS covered district but would be availing ECHS facility for In-patient Department (IPD) only and will not avail Out-patient Department (OPD) treatment. I opt for payment of Fixed Medical Allowance (FMA) for OPD treatment.	<input type="checkbox"/>
This is my one time change in option as provided in the Rules and it supersedes the earlier option given by me. I understand that I shall not be able to change this option again. (Strike out this item if not applicable.		
<b>[D] Option for deduction of INCOME TAX (Non-Mandatory)</b>		YES <input type="checkbox"/>
I hereby declare that I want to get my tax computed under new regime u/s 115BAC of IT Act 1961. I understand that the above option, once exercised for any previous year, cannot be subsequently withdrawn. I also understand that the option given is for one financial year only and will not continue for subsequent financial years unless opted for. Note- Option to be left blank in case assess want to get their tax computed in old regime.		
<b>[E] Consent for using Aadhar services in SPARSH (Non-Mandatory)</b>		YES <input type="checkbox"/>
I, the holder of Aadhaar number _____, hereby give my consent to PCDA (Pensions) Allahabad to use my Aadhaar Number and Fingerprint/Iris/OTP for annual identification and generation of Digital Life Certificate (DLC). I also give my consent for sharing my Aadhaar number and my DLC for e-KYC and authentication from UIDAI through Meity/NIC/NPCI/other ASA. PCDA (Pensions) Allahabad has informed me on behalf of Meity/NIC/NPCI/other ASA that during authentication, Meity/NIC/NPCI/other ASA shall submit my information to UIDAI and that my core biometrics (Fingerprint and/or Iris scans will not be stored/shared). I have also been informed that the information submitted to PCDA (Pensions) Allahabad shall not be used for any purpose other than that mentioned above or as per any requirement of law.		NO <input type="checkbox"/>
<b>[F] Declaration for Constant Attendant Allowance (Mandatory in case CAA is approved by Medical Authority)</b>		YES <input type="checkbox"/>
I will actually employ a paid attendant to look after me. In case of my inmate/ inpatient in any Government Hospital/ institutions and also in case of my employment/ re-employment, I will immediately report the fact to PCDA(Pensions) Allahabad through SPARSH.		

I hereby give my consent to receive regular notifications on the mobile number and email id mentioned in my Personal details.

Place : \_\_\_\_\_ Signature \_\_\_\_\_  
 Rank & Name \_\_\_\_\_  
 Date : \_\_\_\_\_ Personal No \_\_\_\_\_  
 Address \_\_\_\_\_

Mobile No \_\_\_\_\_