

Appx B

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

**APPLICATION FOR COMMUTATION OF PENSION
TO BE FWD TO ORO/ MP-6 (SPARSH CELL)**

From

Personal No _____ Rank _____ Name _____
Corps/Regiment _____

To

**The CDA (Officers), Archives Section,
Golibar Maidan Pune-411001**

Joint
Photograph
with spouse in
civil dress (to
be attested by
Commissioned
officer)

Sir,

1. I am due for **Superannuation/ PMR/ Release/ Invalidment** on _____vide MS Branch, IHQ of MoD (Army), New Delhi letter No _____dated _____. I am forwarding the following particulars/documents for necessary action.

2. Details of Bankers:-

(a) Name of Bank and Branch : _____
Address of Bank Branch : _____
Account No : _____
(Pl specify whether Joint or Single) : Single/Joint

3. (a) Name of spouse : _____
(b) Date of birth : _____
(c) Date of Marriage : _____
(d) Speciment signature of spouse (i) _____ (ii) _____

4. Permt address as per RoS _____

5. I wish/do not wish to commute _____ percent of my _____ pension.

Signature _____
Rank & Name _____
Personal No _____
Address _____

Mobile No _____

Place :

Date :

Note:-

- 1. Photograph after pasting at above fixed place shall be attested by a Commissioned Officer.
- 2. Strikeout which is not applicable.
- 3. This Document must be scanned & saved in good quality colour PDF not more than 10 MB in size and sent on **ASIGMA** INDARMY (MP 6 SERVING OFFRS).

**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-

[A] Undertaking of Re-employment after retirement/ discharge (Mandatory)		YES <input type="checkbox"/>
<p>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.</p>		
[B] Undertaking for Refund of Excess Payment (Mandatory)		YES <input type="checkbox"/>
<p>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.</p>		
[C] Declaration for Fixed Medical Allowance (Mandatory)		
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.		
[D] Option for deduction of INCOME TAX (Non-Mandatory)		
<p>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.</p>		YES <input type="checkbox"/>
[E] Consent for using Aadhar services in SPARSH (Non-Mandatory)		
<p>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.</p>		YES <input type="checkbox"/> NO <input type="checkbox"/>
[F] Declaration for Constant Attendant Allowance (Mandatory in case CAA is approved by Medical Authority)		<input type="checkbox"/>
<p>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.</p>		YES <input type="checkbox"/>

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 _____

Appx D

(Refers to Para 3 (a) (iv)
of this office letter No
12032/SPARSH/ORO/MP-6
dt _____ 2022)

**CERTIFICATE REGARDING CLEARANCE ON DISCIPLINARY/ VIGILANCE ASPECT
(TO BE FWD TO ORO/ MP-6)**

It is certified that there is no judicial/ quasi-judicial/ departmental/ disciplinary or vigilance/civil or criminal court proceeding pending against IC _____ Rank _____ Name _____ of _____ (unit), who is being released from the service with effect from _____ vide IHQ of MoD (Army) letter No _____.

Station :

Signature _____

Dated :

Personal No :

Rank :

Name :

COUNTERSIGNED

Station :

Dated :

Appx F

(Refers to Para 3 (b) (ii)
of this office letter No
12032/SPARSH/ORO/MP-6
dt _____ 2022)

To

The Accounts Officer
PCDA (O)
Golibar Maidan
Pune-411001

Sir,

FORM FOR UPDATING DSOP FUND
(TO BE FWD TO PCDA (O))

1. I am to retire on _____(A/N) as per MS Branch, Integrated HQ of MoD (Army) retirement order No _____/MS-7A dated _____(Copy attached). I joined service with _____ on being commissioned on _____.
2. My DSOP Fund account No is _____/_____/_____.
3. I desire to receive payment through my office. Particulars of my personal marks of identification and specimen signature in duplicate, duly attested by Gazetted/Commissioned Officer of the Government, are enclosed.

PART-I

(To be filled when the application for final payment is submitted up to one year prior to retirement).

4. An amount of _____ stood to credit in my DSOP fund account as indicated in the Statement of Account (pay slip) issued to me for the month/year of _____. As appearing in my ledger account being maintained by you. I request that my DSOP Fund Account may be reviewed and brought up to date.
5. The under mentioned life insurance policies were being financed by me from DSOP fund account:-

Policy Number

Name of the Company

Sum Assured

6. I will make another application immediately after last fund deduction has been made from my salary, in Part II of the form.

Yours faithfully,

Signature :
Personal No :
Rank :
Name :
Address :
Tele :

Place:

Dated:

(FOR USE BY HEAD OF OFFICE)

1. Forwarded to account Officer PCDA(O) for necessary action.
2. The DSOP Fund account No is _____/_____/_____ of IC _____ Rank _____ Name _____ (as verified from the statements issued to him/her from year to year) is _____/_____/_____.
3. He is due to retire from Govt. Service on _____(A/N).
4. Certified that he/she had taken the following advances in respect of which _____ installments of Rs _____ are yet to be recovered and credited to the Fund Account. The details of the final withdrawals granted to him/her after the period covered by aforesaid. Accounts statements are indicated below:-

Temporary Advance

Final Withdrawals

Station: c/o _____ APO

(Signature of IO alongwith Appt)

Dated:

APPLICATION FOR FINAL SETTLEMENT OF DSOP FUND

(To be submitted by the subscriber immediately after the last fund deduction has been made from his salary. This part is also applicable in the case of subscribers who apply for final payment for the first time after the date of superannuation, discharge, resignation etc.)

In continuation of my earlier application, dated _____ for the final Payment of DSOP/AFPP fund balance, I, request that entire balance at my credit with interest due under the rules be paid to me.

OR

I request that the entire amount at my credit with interest due under the rules may be paid to me/transferred to **my Bankers as per details given below:-**

Bankers Details

Signature_____

SBI,

Rank:

Name:

Address:

Place: c/o 56 APO

Dated:

(FOR USE BY HEAD OF OFFICE)

1. Forwarded to Accounts Officer **CDA (O), Pune A/C No** _____ for necessary action in continuation of endorsement No.
2. He/She is due to retire from service on _____ **(A/N)** has proceeded on leave preparatory to retirement for _____ - _____ month from _____ - _____ has been discharged/dissmissed permanently transferred to _____ - _____ has resigned finally from Government service/has resigned service under _____ - _____ Government to take up appointment with _____ - _____ and his/hæf resignation has been accepted with effect from _____ - _____ forenoon/afternoon.
3. The last fund deduction was made from his/her pay in this office _____ **Bill**
No _____ dated _____ for Rs (figures) _____ (Rupees, in words) _____
cash Voucher No _____ of _____ Treasury, the amount of deduction being Rs _____
and recovery on account of refund of advances Rs _____
4. Certified that he/she was neither sanctioned any temporary advance nor any final withdrawals from his/her DSOP/AFPP Fund Account during the 9 months immediately preceding the date of which the last fund deduction has been made from his/her salary or thereafter.

Certified that the following temporary advances/final withdrawals were sanctioned to him/her and drawn from his/her DSOP/AFPP Fund Account during the 9 months immediately preceding the date on which the last fund deduction has been made from his/her salary or thereafter.

	<u>Amount of Advance/Withdrawals</u>	<u>Date</u>	<u>Voucher No</u>
(a)	<u> NIL </u>	<u> NIL </u>	<u> NIL </u>
(b)	<u> NIL </u>	<u> NIL </u>	<u> NIL </u>
(c)	<u> NIL </u>	<u> NIL </u>	<u> NIL </u>

5. Certified that no amount was withdrawn/the following amounts were withdrawn from his/her DSOP/AFPP Fund Account during the nine months immediately preceding the date on which the last fund deduction was made from his/her salary preceding on leave preparatory to retirement or thereafter for payment of Insurance premium purchase.

	<u>Amount</u>	<u>Date</u>	<u>Voucher No</u>
(a)	<u> NIL </u>	<u> NIL </u>	<u> NIL </u>
(b)	<u> NIL </u>	<u> NIL </u>	<u> NIL </u>
(c)	<u> NIL </u>	<u> NIL </u>	<u> NIL </u>

6. Certified that he/she has not resigned from Government service with prior permission of the Central Government to take up an appointment in another Department of the Central government or under a State Government or under a Body Corporate Owned or controlled by the state.

Station:

(Signature of IO alongwith Appt)

Dated:

CDA (O) A/C No _____

Voucher No: 00000X/XXX/Retirement dt _____ For Rs----- /-
(_____)

CONTINGENT BILL

Expenditure on account of Final Settlement of DSOP Fund in respect of _____ Rank _____ Name _____, of unit _____, Pin _____ IC-
_____ APO. C/o

Auth : IHQ of MoD (Army), MS Branch (MS-7A) letter No _____ dated _____.

Ser No	Date	Details of Expenditure	Amount
		Amount claimed on account of final withdrawal of DSOP Fund balance alongwith interest accrued till date in respect of IC-_____Rank_____ Name_____, CDA (O) A/c No XX/XXX/____L retiring on superannuation on_____ (AN) vide IHQ of MoD (Army), MS Branch (MS-7A) letter No _____ dated _____.. <u>Bankers Details</u> Joint A/C: SBI, _____, PIN- _____ A/C No _____ Bank Code No- _____	

Net Amount due (in words):

RECEIVED PAYMENT

Station : c/o 56 APO

Dated:

Personal No :
Rank :
Name :
Unit :

COUNTERSIGNED

Station: c/o 56 APO

Dated:

Appx G

(Refers to Para 3 (b) (iii)
of this office letter No
12032/SPARSH/ORO/MP-6
dt _____ 2022)

(TO BE INITIATED 4 MONTHS PRIOR TO RETIREMENT)
(TO BE FWD TO AGI DTE)

APPLICABLE FOR OFFICERS

Combined Appendix 'G' (Revised) Offrs only incorporated Appendix 'O'

(Form should be typed on both side on one sheet only)

AGI CLAIM-MATURITY AND EXTENDED INSURANCE BENEFITS

PART I

		<u>FOR AGI USE ONLY</u>	
1.	Pers No :	Mail ID _____	
2.	Gentlemen Cadet No :	Claim ID _____	
3.	Rank & Name :	Entered on _____	
4.	Regt/Corps :	Verified on _____	
5.	Unit last served With address :	Approved on _____	
6.	CDA A/C No :	PAL No _____	
7.	Date of:-	PAL amount _____	
(a)	Birth :	Addl Interest _____	
(b)	Commission :	Cheque No & date _____	
(c)	Joining IMA/OTA :	EIO No & date _____	
(d)	SOS (Army) :	MBS No _____	
8.	(a) Medical Category :	DID No _____	
	(b) Percentage of disability, if any :		
	(c) Reasons for discharge/SOS : Extreme Compassionate ground		
9.	<u>AGI Membership Period</u>	<u>From</u>	<u>To</u> <u>Year & Month</u>
(a)	As OR		
(b)	As JCO		
(c)	As Officer		
(d)	As Gentlemen		
(e)	On Deputation		
(f)	As AOP		
10.	<u>Bankers</u>		
	Name :		
	Branch :		
	Bank code No :		
	Account No :		
	Address :		
	State :		
	Pin :		
	Tele No :		

(To avoid delay, please DO NOT change this bank account until you received amount).

11. Treasury/Bank through which individual will draw his pension :

12. Address after retirement Permanent Home address

13. LOANS Date Taken Amount Refunded Amount Balance Amount Remarks

(a) Bank

(b) HBA (AGI/Govt)

(c) Conveyance Advance (AGI)

(d) Any other loan

14. Family Details Name Age

(a) Father

(b) Mother

(c) Husband/Wife

(d) Children

15. Name, Relationship and address of

First Nominee

Contingent Nominee

Name:

Name:

Relationship:

Relationship:

Address:

Address:

16. In case discharge /retirement order are cancelled, I undertake to refund the maturity benefits disbursed to me within 45 days failing which I hereby undertake to pay penal interest on the said amount at the rate of 15 percentage per annum till the amount is received back by AGIF.

17. Certified that the particulars given above are correct and the claim for these benefits has not been submitted previously.

(Signature of the Offr)

Countersigned by OC Unit

Signature
Rank
Name
Date

Note : On completion two copies will be forwarded to CDA (O) Golibar Maidan Pune-I and two copies alongwith two copies of single photographs of first nominee duly attested will be forwarded to AGIF. Please write No, Name and date of SOS on reverse of the photographs.

PART II

(To be filled by CDA (O) Pune)

Certified that sum of Rs (Figures _____) (Rs in words _____)
_____ has been deducted from the pay of No Rank _____
Name _____ for the period from _____ to _____ as monthly
subscription towards AGIF.

Date _____ Office Seal _____ (Signature of Account Officer)
CDA (O), Pune

On completion, the CDA (O) will send one copy to AGIF.

PART III

Certified that the above data is correct/amended and under:-

Place :

Date : _____ (Office Seal)

(To be verified by DAAG Org 3 & 9 (Org Dte)/ MPRS (O) Med Dte)

Appx H

(Refers to Para 3 (b) (iv)
of this office letter No
12032/SPARSH/ORO/MP-6
dt _____ 2022)

**(SEE RULE 264, FINANCIAL REGULATION (ARMY & AIR FORCE PART I)
(TO BE FWD TO ORO/ MP-6 AND PCDA (O), PUNE)**

Certificate of Officer Commanding of the unit, legal head of the Department of Administrative Officer concerned).

PROVISIONAL NO DEMAND CERTIFICATE

Certified that to the best of my knowledge and belief there are no public, regimental or other claims outstanding against IC-_____ with exceptions noted below:-

Station: c/o 56 APO

(Signature)

Rank

Dated:

Appt

(This certificate is valid for three months and must be shown to the relieving officer and attached to the Transfer Certificate IAFZ-2081).

Certified that on an examination of the Public account in the Defence Accounts Department and after on enquiry there appear to be no demands against IC-_____ Rank
_____ Name _____ with the exceptions noted as above.

Station: c/o 56 APO

(Signature)

Rank

Dated:

Appt

Note: 1. The above certificate having been given on an examination of the Public Accounts upto the latest period found practicable does not preclude Government from claiming any sum of which the above named officer may thereafter be found to be justly liable.

2. In all cases is whether any claim is noted on a 'NO DEMAND CERTIFICATE' or no copy of the certificate should without delay be sent by the controller concerned to the Accounts General Common Wealth Regulations Office to the war office, as the case may be. Delete wherever is applicable.

Appx J

(Refers to Para 3 (b) (v)
of this office letter No
12032/SPARSH/ORO/MP-6
dt _____ 2022)

CONTINGENT BILL FOR TERMINAL GRATUITY CLAIM
(FOR SSC ONLY)
(TO BE FWD TO PCDA (O), PUNE)

Voucher No: _____ dt _____

BANKERS

Name of Bank

A/C No

Address

Expenditure on account of **Terminal Gratuity** claim r/o Personal NO-_____ Rank _____
Name _____ of Unit _____ who is proceeding on release wef _____ (A/N) with
_____ days Annual Leave wef _____ to _____ and _____ days Terminal Leave wef _____ to
_____ and will be SOS from Service on _____ (FN).

Auth : IHQ of MoD (Army), MS Branch (MS-7A) letter No _____ dated _____.

Ser No	Date	Details of Expenditure	Amount in Rs.
1.		Amount claimed on account of Terminal Gratuity claim in respect of Personal No _____ Rank _____ Name _____, of Unit _____ on release on vide IHQ of MoD (Army), MS Branch (MS-7A) letter No _____ dated _____. Date of Commission - Date of release - Date of SOS -	
Amount in words (Rupees _____ _____			

Certificate :-

“Certified that I was not a subscriber to any Terminal Gratuity claim prior to in the Army Service”

Received Payment

(Personal No, Rank & Name)

COUNTERSIGNED

Station: c/o _____ APO

Dated:

CERTIFICATE IN TERMS OF ANNEXURE-I TO AI 6/S/65

Certified that the Terminal Gratuity has been claimed for the service rendered by me as a Short Service Commissioned Officer during the period from_____ to _____ (A/N).

Station: c/o____ APO

Dated:

(Signature of the Officer)

Personal No

Rank, Name

Appx K

(Refers to Para 3 (b) (vi)
of this office letter No
12032/SPARSH/ORO/MP-6
dt _____ 2022)

NON EMPLOYMENT CERTIFICATE
(TO BE FWD TO ORO/ MP-6A)

1. I, Personal No _____ Rank _____ Name _____ of
unit _____ will be released on _____ (A/N) on completion of 10 years Short Service
contractual period vide of IHQ of MoD (Army), MS Branch (MS-7A) letter No
_____ dated _____.

2. I certify that during my _____ **days Terminal Leave wef** _____ **to** _____, I will neither
join any Govt Service nor will have any private practice.

Station: c/o _____ APO

(Personal No Rank, Name)

Dated:

COUNTERSIGNED

Station: c/o _____ APO

Dated:

Appx L

(Refers to Para 3 (c) (i)
of this office letter No
12032/SPARSH/ORO/MP-6
dt _____ 2022)

APPLICATION FOR ISSUE OF INDIAN ARMY VETERAN CARD
(TO BE FWD TO ORO/ MP-5/ PENSION CELL)

1. Pers/IC No & Rank :
2. Name in Full (in Block capital) :
alongwith Decoration
3. Permanent Home Address :
4. Date of Birth :
5. Date of Commission/ Enrolment :
6. Date of retirement :
7. Unit / Arm of Service :
8. Gallantry Award (if any) :
9. Aadhar No :
10. Pensioner ID No :
(Attach copy of PPO)
11. Details of cheque/DD/NEFT :
(for Rs 200/- in favour of Micro
System Products)

Paste
Photograph in
Uniform

Paste
Photograph in
Civil Dress

Signature of the Applicant
(Inside the box)

Date :

COUNTERSIGNED

1. It is certified that IC _____ Rank _____ Name (full) _____ is entitled for IAVC under the provision of AO 01/2017/MP.

2. Certified that IC _____ Rank _____ Name _____ has not been terminated under provision of AA Section 18 as alos the offr has not been released/ Retd on grnds of security/moral turpitude. Ref para 6 of AO 01/2017/MP.

Station : _____ (Signature of Col Veteran/Adm Comdt/
CO/OC unit)

Date : _____ Appt Seal
Office Round Stamp

Appx M

(Refers to Para 3 (c) (iii)
of this office letter No
12032/SPARSH/ORO/MP-6
dt _____ 2022)

IDENTITY CARD DESTRUCTION CERT : OFFR
(TO BE FWD TO ISSUING AUTH WITH COPY TO ORO/ MP-6)

It is certified that the identity card bearing machine No _____ issued by _____
on _____ in respect of _____ of _____ (unit/Regt) has been destroyed by
burning on _____ due to officer being released from Army after completion of ____ years of
physical service on _____ vide MS Branch, Integrated HQ of MoD (Army) release order No
_____.

Iden Card Ser No -

Station :

Dated :

APPLICATION FORM FOR INITIAL RE-EMPLOYMENT
(TO BE FWD TO MS BRANCH)

1. Personal No :
2. Name in full (Block letters) :
3. Unit from which retired/ retiring :
4. Cause of becoming non effective : Superannuation.
5. Date of retirement (Must attach :
copy of retirement orders)
6. Date of birth :
7. Married or single : Married
8. Rank at the time of retirement : Rank Date Auth
(a) Substantive with date
(b) Acting with date -
9. Details of previous commissioned : Not applicable
service (Mention name of station also)
10. Post matriculation education :
(Civil qualification)
11. Examination passed :
12. Courses attended with grading: -

<u>Name of Course</u>	<u>Period</u>		<u>Institution and location</u>	<u>Grading</u>
	<u>From</u>	<u>To</u>		

13. Appointment held before retirement in the rank of _____ and above be included:-

Appt	Unit			

14. CDA(O) Account Number : _____/_____/_____

15. Post retirement address :

16. Permanent Home Station :

17. Present address :

18. Details of PPO NO : Not yet received

19. Bankers with A/C No :

Place : c/o ____ APO

Dated :

(Signature of the Officer)

Personal No

Rank

Name

**APPLICATION FORM FOR INITIAL RE-EMPLOYMENT
IN R/O IC-**

RECOMMENDATION OF IO

Recommended / Not Recommended

Station : c/o _____ APO

(Signature)
Rank

Date :

RECOMMENDATION OF RO (BRIG AND ABOVE)

Recommended / Not Recommended

Station : c/o _____ APO

(Signature)
Rank

Date :

RECOMMENDATIONS OF SRO (IF APPLICABLE)

Recommended / Not Recommended

Station : c/o _____ APO

(Signature)
Rank

Date :

RECOMMENDATION OF NSRO (IF APPLICABLE)

Recommended / Not Recommended

Station : c/o _____ APO

(Signature)
Rank

Date :

MEDICAL CERTIFICATE

(The certificate given below to be filled by an Army Medical Officer).

I have this day examined No IC-_____ Rank _____ Name:
_____ Arms / Corps : _____ and have formed the
opinion that he is fit for service in medical category _____ (if war wounded,
make a special mention in this certificate).

Disability Profile

Name of Hospital :

(Signature of Medical Officer)

Name :

Date :

Rank :

Appt :

Notes :-

1. Offr will fwd two Medical Certificates to MS-3A (MS Branch) i.e one along with their application and second one will be fwd within one month of the date of retirement.
2. All LMC Officer will fwd their latest medical board proceedings (Photo copy) along with their application forms.
3. Retired Officers will obtain latest medical certificate from Military Hospital only.

CERTIFICATE/UNDERTAKING

1. Certified that I, IC-_____ Rank _____ Name: _____
Arms / Corps : _____ have read and understood the contents of Army
Headquarters letter No 04580/MS Policy dt 30 May 2000 and will abide by the same.

2. I have also given my willingness to serve on re-employment at two stations with
min tenure of one year six months at each station in accordance with Para 40(a) of policy
letter stated *ibid*.

Place : c/o _____ APO

Dated :

(Signature of the Offr)

Personal No :

Rank :

Name :

COUNTERSIGNED BY IO

Place : c/o _____ APO

Dated :

(Signature)

Rank

To

The President of India,

Sir,

I, **IC-**_____, do hereby agree to be re-employed by the Government of India, under the provision of SAI 1/S/80 subject to the following additional specific conditions :-

(a) No disability pension, special family pensionary awards or other compensation shall be admissible to me or my family in the event of any deterioration / re-lapse, or any other new disease supervening due to the effects of the existing disability directly or indirectly at any time during the period of my re-employment or thereafter, unless after re-employment. I am again upgraded to medical category S1H1A2 (permt) P1E1 and remain in that grading for a period of five years during service and / or after release from service in case my period of re-employment expires earlier.

(b) In the case of any form of disability other than S1H1A1P1E1 and that which is not due to the effects of S1H1A1P1E1 as stated under (a) above which I may contract during the period of my re-employment I shall be governed by the provisions of Para 25 of AI 24/58.

Yours faithfully

Station : c/o 56 APO

Dated :

Signature
Personal No :
Rank :
Name :
Unit :

CERTIFICATE FROM OFFICERS SEEKING RE-EMPLOYMENT

1. I, IC- Rank: Name hereby certify that I am willing to be re-employed as per terms and conditions of SAI 1/S/80 as amended from time to time against an appointment tenable in the rank of Capt/Major. I am prepared to serve in any appointment anywhere in India.

2. I have understood that my pay on re-employment will be fixed in the rank against which re-employed irrespective of substantive/acting rank held at the time of retirement.

3. I also do give my willingness to accept the provisions of pay fixation as shall be finalized by the Government of India in pursuance with the recommendations of Sixth Central Pay Commission and subsequent decisions by the Government on the subject from time to time.

Station : c/o ____ APO

Signature _____
Name :
Rank :
Personal No :
Unit :

Dated :

COUNTERSIGNED BY NEXT SUPERIOR OFFICER

Station : c/o ____ APO

(Signature)
Rank

Dated :

**QUESTIONNAIRE : FOR PLACEMENT OF OFFICERS SEEKING
RE-EMPLOYMENT IN THE ARMY**

Personal No :
Rank :
Name :
Army/Corps :
Unit :
Mailing address after retirement :

Preference of posting to choice stns on grant of extn of re-employment alongwith brief reasons (Please ensure that you give only one station per state, indicate total three stations only)	Ser No	Station	State	Brief reason
	01.			
	02.			

Questions

1. Do you own a house? If so, where? Is it rented? :
Monthly rent
2. Where do you plan to resettle after retirement :
3. How many children have you? Their age, Sex :
preparing for Class studying, School/College term.
If any of them is employed? Please state all briefly.
4. Is your wife employed, if so where? :
5. Number of dependents with their :
Relationship and age.
6. Any financial liability :
7. Any other details you wish to furnish:-
with respect to:-
 - (a) Any special qualification :
 - (b) Special aptitude :
 - (c) Type of job that you wish to do :
 - (d) Any other relevant details :

Station : c/o ___ APO

Date : (Signature of the Offr)
(Personal No-)

SELF ASSESSMENT FORM FOR POSTING ON INITIAL RE-EMP

1. **Guidelines** :-

(a) The choice mentioned by the officer at Appx 'Q' are likely to be considered for the second leg of re-emp.

(b) An offr will be posted on initial re-emp as per the following criteria :-

(i) **Org Requirement.** The choices mentioned in this form will be met if they coincide with Offr's profile /org requirement. Posting to an org interest station will not affect an officer's privilege to waitlist for choice of second leg posting.

(ii) Command Profile.

(iii) Vacancies.

(iv) Peace/Field profile (An Officer may volunteer for field)

(c) Officer may carry out a self assessment of their profile and provide options for first leg re-emp. it is clarified that these choice are not binding and org requirement will be supreme. Officer may waitlist for second leg posting as per MS Br letter No 04580/MS Policy dt 30 May 2000.

2. Posting over last 10 yrs/last three tenures (whichever is more).

Appt	Unit	Place	Peace/ Fd	Comd	From	To

3. **Self Assessment.** An offr may assess the command and his Peace/Fd profile to provide choices for first leg of re-emp as under:-

Ser No	Comd	1 st Choice	2 nd Choice	3 rd Choice	Remarks
(a)	Southern				
(b)	Western				
(c)	Central				

Station : c/o ___ APO

Dated :

Signature of the Officer

Personal No :

Rank :

Name :

COUNTERSIGNED BY IO

Station : c/o ___ APO

Dated :

(Signature)

Rank

CLEARANCE CERTIFICATE

Certified that IC- _____ Rank _____ Name _____
who is on the posted strength of _____ has :-

- (a) No money outstanding against him towards Public, Regimental or Private Funds.
- (b) No disciplinary/ vigilance case pending against him.
- (c) Not involved in any Court of Inquiry/ GCM.

Station : c/o _____ APO

(Signature of the Officer)
(IC- _____)

Dated :

COUNTERSIGNED

(By an offr not below the rank of Brigadier or equivalent)

Station : c/o _____ APO

Dated :

- Note:-
1. Officer will forward the clearance certificates along with their application forms, if they are applying for re-emp prior to the date of superannuation.
 2. MS Branch (MS-3A) will obtain DV clearance from D&V Dte(DV-2) in respect of those offr who apply for re-emp after the date of superannuation.

CHECK LIST OF APPLICATION FOR INITIAL RE-EMPLOYMENT

(To be affixed on top of each application)

		<u>PART-I</u>	
1.	IC- Rank : Name :	Unit : <u>Officer</u> <u>Applying</u> (Yes/No)	<u>IO</u> (Yes/No)
2.	Is the officer applying eligible for re-employment in the Army as follows :-	Yes	Yes
	(a) Is he superannuating within the next 6 months/superannuated?	Yes	Yes
	(b) Will he be under 55 years of age when he takes up re-employment? (Allowing for approximately six months time for movement of application and for its processing)	Yes	Yes
	(c) Is he in acceptable medical category (Permanent) as per Para 7 of SAI 1/S/80 as amended vide corrigendum 36/81 (also reproduced at para 27 of Army HQ letter No 04580/ MS Policy dt 30 May 2000)	Yes S1H1A1P1E1	Yes S1H1A1P1E1
3.	Is the application as per format given in Appendix 'A' Annexure I to IV and Appendices B and C of Army HQ letter No 04580/MS Policy dt 30 May 2000	Yes	Yes
4.	Is the date of retirement (superannuation) entered correctly at Para 5 of Appendix A (last date of calendar month) and is a copy of retirement order attached)?	Yes	Yes
5.	Does column period from/to at paragraph 13 of Appendix 'A' includes months and years?	Yes	Yes
6.	Is Annexure I to Appx A (Medical Certificate) attached to the application duly filled in correctly and signed by an Armed Forces Medical Officer?	Yes	Yes
7.	If officer is below medical category SHAPE-1, is a copy of latest medical board proceedings attached to the application?	Yes*	Yes*
8.	Are at least three stations mentioned in column 'preference of posting in Appendix 'B'?	Yes	Yes
9.	Is every details to each question in Appendix 'B' mentioned, with special reference to Question 1 and 3?	Yes	Yes

- | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 10. | Are copies of certificate of special qualification as mentioned at question 7(a) in Appendix 'B' attached to the application? | NA | NA |
| 11. | Have the details of Bankers and PPO number been mentioned at Paras 18 and 19 of Appendix 'A'? | Yes(PPO not yet recd) | Yes(PPO not yet recd) |

S1H1A1P1E1

Signature of :	_____	_____
	(Officer Applying)	(Officer's IO)
	(Rank & Name)	(Rank & Name)

PART- II

For use by MS/Pers/HRD Branch/Department at Comd/Corps HQ /DG Office level)

Certified that:-

- (a) The checklist has been verified and application is correct in all respects.
- (b) The officer is eligible for re-employment in the Army (As per SAI 1/S/80 as amended)

Place:

(Signature of officer-in-Charge)
MS/HRD/Pers Branch/Dept

Dated:

RETIRED SERVICE PARTICULAR BOOKLET

1. Personal No. :
2. Rank at the time of Retirement/Release :
3. Name in full :
4. Regt of Corps :
5. Date and Place of Birth :
6. Date of grant of commission with Authority :
 - (a) **Initial**
 - (i) Type -
 - (ii) Authority & Date -
 - (b) **PRC**
 - (i) Authority -
 - (ii) Date -
7. Date of Release/Retirement with authority :
8. Reason of release :
9. Medical Category at the time of Release/Retirement :
10. Battle Casualty :
11. Gallantry Award :
12. Nationality :
13. Profession prior to commission in the Army :
14. Qualification
 - (a) Academic :
 - (b) Professional/Tech :
 - (c) Experience in Civil Trade/Professional :
15. Army Courses Attended/Special qualification acquired:-

<u>Name of Course</u>	-	<u>Grading</u>

16. Important appointment held:-

(a) Command		
(b) Instr		
(c) Staff		

17. Operation /War Service :

18. Decorations/ Awards:-

--

19. Foreign Countries visited:-

Country	Period	Purpose of visit

20. Languages with degree of Proficiency:-

Language	Read	Speak	Write

21. Permanent Home Address :

22. Next of Kin :
Full name & relationship

23. Details of Parents:-

(a) Father's Name :

(b) Mother's Name :

24. Dependents Declared :

25. Details of Family:-

(a) Details of Spouse:-

(i) Name :

(ii) DOB :

(iii) DOM :

(iv) Auth :

(b) Details of divorce, if applicable:-

Name & Present address of divorced Spouse	Date of marriage	Date of divorce	Authority

(c) If the officer has any legitimate child (including validly adopted children specify):-

Name	Sex	Date of Birth	Place of Birth	Mother's Name

26. Character:-

Appx O

(Refers to Para 3 (d)
of this office letter No
12032/SPARSH/ORO/MP-6
dt _____ 2022)

UNDERTAKING CERTIFICATE

It is certified that I, _____ have not received any disability claim or foregoing lump compensation in lieu of the fwg disabilities:-

(a)

(b)

Dated: 2022

Signature of the Officer)

(_____)

COUNTERSIGNED

Station:

Dated:

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 _____

2

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.