CHECKLIST FOR EXTENDED FAMILY PENSION CONVERSIONS									
				DISABLED SON/DAUGHTER,					
NAME OF THE CLAIMANT & RELATIONSHIP :-				UNMARRIED/WIDOW/DIVORCED DAUGHTER					
PENSIONER'S NAME, DESIGNATION				COMB/ONEW/DE DEONAD					
DATE OF RETIREMENT AND UNIT				CGMT/CNTX/TF DEONAR/					
DATE OF DEATH OF PENSIONER				WITH OWN DATE WITH VOND WARD OF					
SPOUSE NAME AND RELATIONSHIP STATUS				WIDOW/DIVORCED WIFE, VOID MARRIAGE					
DATE OF DEATH OF FAMILY PENSIONER			ATTESTED			<u> </u>			
Sr.No	COMMON DOCUMENTS REQUIRED	Sr.NO. (By DOT)	BY HEAD OF THE	DETAILS TO BE CHECKED		REMARK			
1	2nd stage Family Pension Application FORM 10		YES / NO	WHETHER ALL DETAILS ARE FILLED	YES / NO				
			YES / NO	WHETHER ADDRESS IS MATCHING WITH ADHAR CARD DETAILS WHETHER BANK DETAILS ARE MATCHING WITH BANK	YES / NO				
	Details of Family given by Employee FORM 03 as per PENSION		YES / NO	MADATE/CANCELLED CHEQUE/PASSBOOK COPY WHETHER DOB, MARITAL STATUS AND DISABILITY	YES / NO				
2	FILE/ SERVICE BOOK		YES / NO	STATUS IS MENTIONED	YES / NO				
				WHETHER NAME OF THE CLAIMANT IS MENTIONED WHETHER DOB, MARITAL STATUS AND DISABILITY	YES / NO				
	Details of Family given by CLAIMANT FORM 04		YES / NO	STATUS IS MENTIONED	YES / NO				
				WHETHER ATTESTED BY UNIT	YES / NO				
3	PPO Copy (Disburser's copy) form Bank/ Post Office			WHETHER CASE IS MIGRATED	YES / NO				
				LETTER ISSUED TO PDA FOR PENSION FILE	YES / NO				
				LETTER ISSUED TO RECORDKEEPAER FOR SERVICE BOOK AND PENSION FILE	YES / NO				
				DATE OF RECEIPT OF PENSION FILE/SERVICE BOOK					
				WHETHER EXCESS PENSION PAID HAS BEEN RECOVERED	•				
	Old PPO (Pensioner's Portion) Original Copy			WHETHER SUBMITTED OR NOT(ORIGINAL/XEROX)	YES / NO				
	Death Certificate of the Father	1	YES / NO	WHETHER SUBMITTED OR NOT(ORIGINAL/XEROX)	YES / NO				
	Death Certificate of the Mother	1	YES / NO	WHETHER SUBMITTED OR NOT(ORIGINAL/XEROX)	YES / NO				
7	Income Tax Return Copy of last three financial years	1	YES / NO		YES / NO				
		<u> </u>	YES / NO	ANNUAL INCOME OF THE CLAIMANT	RS.				
	Income Cartificate from Sub Divisional Magistrate (Not Deswind in	<u> </u>		WHETHER DECLARATION IS SUBMITTED	YES / NO				
Q	Income Certificate from Sub Divisional Magistrate (Not Required in Case of ITR Submission)		YES / NO	WHETHER SUBMITTED OR NOT(ORIGINAL/XEROX) F.Y.	YES / NO				
0	Case of The Bushington)	<u> </u>	YES / NO	ANNUAL INCOME OF THE CLAIMANT	RS.				
9	Affidavit for Family Member's Current Marital status and disability status		YES / NO	PAN CARD/ADHAR CARD	YES / NO				
10	Afidavit for NOC by other Family Members		YES / NO						
	Speciman Signature of the Claimant (3 Copies)		YES / NO	WHETHER SIGN MATCHING WITH FORM 10 SIGN AND PAN CARD SIGN	YES / NO				

12 Finger Print of the Claimant (3 Copies)	YES / NO	WHETHER ATTESTED, BY WHOM	T T
13 Identification marks of the Claimant (3 Copies)	YES / NO	WHETHER ATTESTED, BY WHOM WHETHER ATTESTED, BY WHOM	
14 Photographs of the Pensioner/ Claimant (4 Copies)		WHETHER ATTESTED, BY WHOM WHETHER ATTESTED, BY WHOM	+ +
	YES / NO	·	<u> </u>
15 Aadhar Cardcopy of the Claimant (2 Copies)	YES / NO	WHETHER ATTESTED, BY WHOM	
16 PAN Cardcopy of the Claimant (2 Copies) If PAN Card not available, Birth Certificate/ School leaving	YES / NO	WHETHER ATTESTED, BY WHOM	
17 Certificate of the Claimant	YES / NO	WHETHER DOB MATCHING WITH PAN CARD/ADHAR CARD/ PENSION PAPERS (ORIGINAL /XEROX)	YES / NO
2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2		CARD/ FENSION FAFERS (ORIGINAL / AEROX)	TES / NO
18 Bank Mandate form of the Claimant (2 Copies) Cancelled Cheque of the Claimant (2 Copies) / First page of passbook	YES / NO		
19 (2 Copies)	YES / NO		
20 Letter of undertaking for over payment (2 Copies) Format-9	YES / NO	WHETHER PROOF OF WITNESS IS SUBMITTED	
21 Pensioner's letter of Authority and undertaking	YES / NO		
Affidavit for being unmarried (Certificate of current marital status			1
from Tehsildar), unemployed, no any other family pension and no any			
income source, dependent on parents during their life time and			
current marital and disability status of all family members obtained	AMEG (MG	O': 1/WEDOW	
22 from Executive magistrate. In case of disabled son/daughter- Mention that the disability is such	YES / NO	Original / XEROX	<u> </u>
23 that not able to earn for livelihood			
24 FORMAT 13	YES / NO	WHETHER ALL DETAILS ARE FILLED	
		Whether family details of all living children are given	
Welfare Officer's Report (prepared by Welfare Officer in the presence of two neighbours amd twp Welfare Board Members and attested by 25 Head of the Office)	YES / NO	Whether following points are covered	
		Whether any family member is disabled	
		Whether any family pension is already being paid	
		Whether dependent on parents during their lifetime	
		Whether income from any other source is there	
		Whether medite from any other source is there	
		Details of Movable/Immovable property /Own House/Rented House	
		Genuinness of the case and recommendation.	
		DOB, Relationship with the late pensioner, Qualification, Address, Marital Status, Physical Status, Whether employed/unemployed, Monthly Income, Dependant on , Name of the guardian, Relationship of the guardian, date of visit	
MANDATED DOCUMENTS FOR DISABLED SON/DAUGHTER			
If Disability/ Disability Certificate certificate obtained from,-			† †
(A) an authority competent to issue disability certificate in		DATE OF DISABILITY	

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accordance with the Rights of Persons withDisabilities Act, 2016 (49		WHETHER AFFIDAVIT FROM THE CLAIMANT FROM		
of 2016), the Rights of Persons with Disabilities Rules, 2017 and the		EXECUTIVE MAGISTRATE REGARDING DISABILITY IS		
guidelines and notifications issued by the Central Government or a		SUCH THAT NOT ABLE TO EARN FOR LIVELIHOOD. DATE		
State Government or a Union territory		OF DISABILITY WHETHER SUBMITTED ORIGINAL/ZEROX		
administration; or (B) a Medical Board comprising of a Medical				
Superintendent or a Principal or a Director or Head of the Institution				
or his nominee as Chairman and two other members, out of which at				
least one shall be a Specialist in the particular area of disability,				
setting out, as far as possible, the exact mental or physical condition				
1 of the claimant	YES / NO			
If Disability (Blind) OR Mentally Retarded Legal Guardian				
Certificate, Photo ID, Address proof, Joint photo of Guardian and				
2 claimant, spicemen sign of Guardian/ Thumb impression	YES / NO			
MANDATED DOCUMENTS FOR DIVORCED /DAUGHTER				
1 If Divorced, Divorce Documents (Original Divorce Deed)	YES / NO	Date of divorce with spouse		
The second secon	TEST ING			
MANDATE DOCUMENTS FOR WIDOW DAUGHTER				
	AMERICANO	D-4		
1 Marriage Certificate and Death Certificate of Husband	YES / NO	Date of death of spouse		
FORM 10, FORM 4, FORMAT 13 & Welfare Officer's Report should b				
of Department/ Head of Office only.				
All Documents should be attested by Head of the Office only.			_	