

**ANNEXURE –III (A)**  
**(CERTIFICATE TO BE SUBMITTED BY THE PENSIONER)**

PPO NO: \_\_\_\_\_ Service / Family Pensioner \_\_\_\_\_

DOB : \_\_\_\_\_

PAN NO: \_\_\_\_\_

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**1. LIFE CERTIFICATE:**

Certified that I have seen the Pensioner (Name of the Pensioner)  
Sri/Smt \_\_\_\_\_ Retired as \_\_\_\_\_  
holder of Pension Payment Order No. (P.P.O No.) \_\_\_\_\_ Saving Bank  
A/c. No. \_\_\_\_\_ Bank Name \_\_\_\_\_  
Branch \_\_\_\_\_ and that He/She is alive on this Date \_\_\_\_\_.

Station : Hyderabad

Date :

Name :

Designation of the

Authorised Officer :

Seal :

**ANNEXURE – III(B)**

( ) I declare that I have not received any remuneration for serving in any capacity in any establishment of the State / Central Government or a Government undertaking or from a local fund during the period from November to December.

( ) I declare that I have been employed / re- employed in the office \_\_\_\_\_  
\_\_\_\_\_ and was in receipt of  
the following employment during the period (X) \_\_\_\_\_.

( ) I declare that I have accepted commercial employment (X) after obtaining / without obtaining sanction of Board (to be furnished by officers during first two years from the date of retirement).

( ) I declare that I have/have not accepted any employment under any Government outside India after obtaining / without obtaining sanction of the Board (to be furnished by officers only).

( ) Delete whichever is not applicable.

(X) to be specified.

Place :

Date :

Address :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pincode \_\_\_\_\_

Phone No: \_\_\_\_\_, Mobile No: \_\_\_\_\_.

Signature:

Name of the Pensioner:

P.P.O No:

Whether do you have two pensions (Yes/No). \_\_\_\_\_

If "Yes" Details: \_\_\_\_\_

**ANNEXURE – III(C)**

**III CERTIFICATE OF RE – MARRIAGE**

Yearly declaration of the family pensioners whose pensions are to be terminated on their remarriage (This certificate is to be furnished to the pension payment officer in the month of November).

I here by declare that I am not married and that I have not been married during the year.

Date: \_\_\_\_\_

**Signature / LTI of the Pensioner**  
**P.P.O No:**

Name of the Family Pensioner \_\_\_\_\_

Widow/Widower of the Late \_\_\_\_\_

I certify that best of my knowledge and belief that above declaration is correct.

**Signature**               :  
**Name**                     :  
**Designation**           :  
**SEAL**                     :

**Note:- To be attested by the Gazetted Officer in service over his Official Seal.**

Now you can download Pensioners & Family Pensioners proformas / forms from APTRANSCO Website

Life certificate form / Identity Card form / Medical Reimbursement form etc.

**PATH**

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