| Voucher | | | for | | | •••••• | | |
|-------------|---------------|---------|---------------------|-----------------|----------|---------|--------------------|---|
| | FAMILY | PENSION | N AND C | HILDREN A | | | | |
| | | | | | For the | month (| of | |
| | n from * | | | | | | | |
| | as the | | | | | | | |
| of the fate | | | • • • • • • • • • • | | | | | |
| | Children Allo | e | | | Rs. | Ps. | | |
| Serial | Name | Sex | | Age | | | | |
| No | - 1,1 | | Years | Month | | | | |
| | | | <u> </u> | 11101111 | | | | |
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| | | | | Total | | | | - |
| | | | | | | | | - |
| | | | | Gran | d Total | | | _ |
| | | | | Dedu | uct inco | me tax | | |
| | | | | Balan | nce Paya | ıble | | |
| | | | Rup | pees (in words) |) | | | |
| Residence:- | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | Sign | ature of Pensioner | • |

Note:- For children allce, the bill may be signed by the mother, or other guardian.

^{*} Pension paying officer Treasury / P O & Station.

[@] Relationship with the deceased i.e widow, mother, father etc. "S" for son and "D" for daughter.

DECLARATION 1- WIFE AND / OR CHILDREN

| I, | · · |
|--|---|
| sincerely declare that I was the lawful wife and that the cl | |
| late | |
| Estb that | • |
| other person since the death of my foresaid husband compassionate allce is claimed are alive and dependent upon paying wards in any Institution or Orphanage which is who | d, that the children for whom pension / n me for sp, and are not maintained as free or ally or partly maintained at govt expense, and |
| declare that I am / we are not in receipt of any other pens profit under the State except:- | sion, that I / we do not hold any situation of |
| I undertake that in case of any of the children of whis maint as free or paying Wards, in future, in any of communicate the fact to the pension paying officer and to the II-FATHER/MOT | nom pension / compassionate allce is claimed of the institution mentioned above, I shall ne Field Pay officer concerned. |
| I, | do solemnly declare that I |
| am the real father / mother of the late | |
| day the amount of pension which is intended to cover the | ne maintenance of both the parents is being |
| drawn by me, the other party namely mother / father is alive | e, and I |
| widowed mother have not contracted remarriage. III-BROTHER / SIS | STER |
| I, | do solemnly declare that |
| I am the real brother / sister of the late | and |
| was largely dependant upon him for support and maint and to IV-GEN (APPLICABLE) | |
| I undertake to refund to the Govt of Pakistan such a part thereof as the Govt of Pakistan may, after consideration require me to refund, if it shall appear that this declarate hereafter made by me, has been improperly made, and I make believing the same to be true. Declared and signed before me | on of the circumstances, at any time hereafter, tion or any declaration previously or to be |
| This day of | |
| · | The claimant to Sign |
| The Magistrate or *other competent authority to sign | Address |
| | |
| here, and his designation | |
| | |

* Other Competent Authority means A serving or pensioned gazetted / commissioned officer / Chairman Union Council / Committee