<u>APPENDIX III</u>

| I, hereby declare that I am the widow of Lat | eholder of |
|---|------------|
| PPO No and not remarried till date. If I get remarried I will intimate the same | |
| to the Pension Disbursing Authority for the stoppage of the pension. | |
| | |
| | |
| Place: | Signature: |
| Date: | Name : |
| | |

Counter Signature (by Gazetted Officer/Revenue Authority)