PCDA(P) ALLAHABAD DS NO. PHP-001/2017(7th CPC)

LPC-CUM-DATA SHEET FOR SANCTION OF PENSIONARY AWARDS TO PBORs SERVICE/INVALIDED OUT  Part-A (Service Details)
1.Record Office 2 2.Initial Rank 3.Rank Last Held 4.Whether ACP Granted 5.Pay Group 5A.Trade Code 2 3
5B.Whether AICTE Diploma Holder 6.Regimental No. 1 2 3 4 5 6 7 8 9 7.Old Regimental No. 1 2 3 4 5 6 7 8 9
8.Date of Enrolment 1 2 3 4 5 6 7 8 9.Date of Discharge 1 2 3 4 5 6 7 8
10.Clause of Discharge 1 11. Non Q.S. (including) disembodied service) 1 2 3 4 5 6 12.Former Service 1 2 3 4 5 6
13.Extension of Service 1 14.Service Condoned 1 2 3 4 15.Whether Discharged on completion of terms of engagement 1
Part - B ( Personal Details)
16.Individual's Name
18.Nationality 1 19.Aadhaar No. 1 2 3 4 5 6 7 8 9 10 11 12 20.PAN No. 1 2 3 4 5 6 7 8 9 10
21.E-mail ID 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35
22.Pensioner's Address 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 2 3 2 4 2 5 2 6 2 7 2 8 2 9 30 1 2 2 2 2 3 2 4 2 5 2 6 2 7 2 8 2 9 30 1 2 2 2 2 3 2 4 2 5 2 6 2 7 2 8 2 9 30 1 2 2 2 2 3 2 4 2 5 2 6 2 7 2 8 2 9 30 1 2 2 2 2 3 2 4 2 5 2 6 2 7 2 8 2 9 30 1 2 2 2 2 3 2 4 2 5 2 6 2 7 2 8 2 9 30 1 2 2 2 2 3 2 4 2 5 2 6 2 7 2 8 2 9 3 2 4 2 5 2 6 2 7 2 8 2 9 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3 2 4 2 5 2 6 2 7 2 8 2 2 3
23.State Code 1 2 24.Pin Code 1 2 3 4 5 6 25.Mobile No. 1 2 3 - 4 5 6 7 8 9 10 11 12 13
26.Whether Married 27.Spouse Alive 28.Spouse Nationality 29.Spouse Date of Birth 23 4 5 6 7 8
30.Spouse Name 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35
31.Spouse Aadhaar No. 1 2 3 4 5 6 7 8 9 10 11 12 32.Spouse PAN No. 1 2 3 4 5 6 7 8 9 10
Part-C (Disability Details )
33. Date of Medical Board held 1 2 3 4 5 6 7 8 34. Nature Code 1 35. Dis. Pen. Type 1 2 3 36. Category Dis.
37.1st I.D. 1 2 3 4 5 6 7 8 9 10 38. ATR/ AGR 1 2 3 39. Asses% 1 2 3 40. Compensation Paid 1 41. W.I.E. 1
42.2nd I.D. 1 2 3 4 5 6 7 8 9 10 43. ATR/ AGR 1 2 3 44. Asses% 1 2 3 45. Compensation Paid 1 46. W.I.E. 1
47.3rd I.D 1 2 3 4 5 6 7 8 9 10 48. ATR/ AGR 1 2 3 49. Asses% 1 2 3 50. Compensation Paid 1 51. W.I.E. 1
52.4th I.D. 1 2 3 4 5 6 7 8 9 10 53. ATR/ AGR 1 2 3 54. Asses% 1 2 3 55. Compensation Paid 1 56. W.I.E. 1
57.5th I.D. 1 2 3 4 5 6 7 8 9 10 58. ATR/ AGR 1 2 3 59. Asses% 1 2 3 60. Compensation Paid 1 61. W.I.E. 1
62. Permanent Composite Assessment % (For Life)  63. Final Composite Assessment % (including Temp. & Permanent)  64. Period of Assessment
65. Period Accepted from 4 2 3 4 5 6 7 8 66. Period Accepted upto 4 2 3 4 5 6 7 8
67. Ex. Gratia (as approved by Com. Auth.) 68. C.A.A. 69. C.A.A. (for life or temp.)
70. CAA payable from 4 2 3 4 5 6 7 8 71. C.A.A. payable upto 4 2 3 4 5 6 7 8
Part-D (PDA Details)
72. PDA Code 73. DPDO Code 74. PDA State Code 75. Bank Code
76. BSR Code of CPPC or Link Bank Address 77.CPPC/Link Bank
78. Bank Account No.
79. IFSC Code of Paying Br.  80. Bank Branch Address
81. PDA Station
82. CPPC/Link Bank Pin Code
For PCDA (P) Use Only
CDR No.   1   2   3   4   5   6   7   8   9   10   11   12   Date of Receipt   1   2   3   4   5   6   7   8

83(I). Name	Part-E (Details of Dependents)					
<del></del>						
Whether Handicapped Relation	with Ind. Date of Birth	Aadhaar No.				
83(II). Name						
Whether Handicapped Relation	with Ind. Date of Birth	Aadhaar No.				
83(III). Name						
Whether Handicapped Relation	with Ind. Date of Birth	Aadhaar No.				
83(IV). Name						
Whether Handicapped Relation	with Ind. Date of Birth	Aadhaar No.				
	Part-F (For DSC	/TA Personnel Only)				
84. Previous PPO No. if Any	3 4 5 6 7 8 9 10 11 1	12 13 14 15 16 17 18 19 20 21 22	2 23 24 25 85. Category of Pension 4			
86.Total period including weightage If any for Gratuity paid with 1st Pension (For Cat-2		87. Amount of Pension Comm 1st Pension(For Cat-3 On				
	Part-G (Pay and Pen	sion Related Details)				
	9.Pay in Pay Matrix	90. MS Pay 1 2 3 4 5	91.Group Pay (X only)			
92. Class Allowance 4 2 3 4	93. Average Pay	94.Provisional Pension	95.Pension Recommended Code			
96.Gratuity Recommended Code	97.Medical Allowance 98. E	ECHS Code 99. Gal. Award 1	100. Gal. Award 2 1 2			
101. Gal. Award 3 1 2 102. F	RDR Demand 1 2 3 4 5 6	7 103. Other Demand Includin	g PEA 1 2 3 4 5 6 7			
104.Commutation Percentage	105.Loading in Age 1 2 106.Abso	lute Date of Commutation 4 2 3 4	5 6 7 8 107. Note to be Printed, if any			
108. Any other remarks to be printed, if	any					
	Part - H (Detail	s of Non Qualifying Service)				
Date From	Part - H (Detail	s of Non Qualifying Service)  Period  YY MM DD				
Date From		Period	Record Office			
Date From		Period	Record Office			
Date From		Period	Record Office			
		Period YY MM DD	Record Office			
Date From  TOTAL		Period YY MM DD  I I I I I I I I No.	Record Office  Signature & Seal of R.O.			
	Date Upto	Period YY MM DD  I I I I I I I I No.				
TOTAL	Date Upto  PAY ACC	Period YY MM DD  No. Date	Signature & Seal of R.O.			
TOTAL  1. Certified that Col. Nos. 1 to Name	PAY ACC CER o 106 of LPC-Cum-Data Shee	Period YY MM DD	Signature & Seal of R.O.  Rank			
TOTAL  1. Certified that Col. Nos. 1 t Name	PAY ACC CER o 106 of LPC-Cum-Data Shee mal) etc. and found correct.	Period YY MM DD  No. Date  COUNTS OFFICE CTIFICATE  t in respect of Regt. No	Signature & Seal of R.O.  Rank to the entries in the Enrollment			
TOTAL  1. Certified that Col. Nos. 1 t Name	PAY ACC CER o 106 of LPC-Cum-Data Shee mal) etc. and found correct.	Period YY MM DD  No. Date  COUNTS OFFICE ETIFICATE  t in respect of Regt. No	Signature & Seal of R.O.  Rank to the entries in the Enrollment			
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TOTAL  1. Certified that Col. Nos. 1 t Name	PAY ACC CER o 106 of LPC-Cum-Data Shee mal) etc. and found correct.	Period YY MM DD  No. Date  COUNTS OFFICE CTIFICATE  t in respect of Regt. No	Signature & Seal of R.O.  Rank to the entries in the Enrollment			
1. Certified that Col. Nos. 1 t Name Form, Discharge Roll, (Original 2. Certified that qualifying see	PAY ACC CER o 106 of LPC-Cum-Data Shee have been inal) etc. and found correct. ervice has been checked with r	Period YY MM DD  No. Date  COUNTS OFFICE ETIFICATE  t in respect of Regt. No	Signature & Seal of R.O.  Rank  to the entries in the Enrollment nal).			
1. Certified that Col. Nos. 1 t Name Form, Discharge Roll, (Original 2. Certified that qualifying see	PAY ACC CER o 106 of LPC-Cum-Data Shee have been nal) etc. and found correct. ervice has been checked with r	Period YY MM DD  No. Date  COUNTS OFFICE RTIFICATE  It in respect of Regt. No	Signature & Seal of R.O.  Rank to the entries in the Enrollment			
TOTAL  TOTAL  TOTAL  Torm, Discharge Roll, (Original 2. Certified that qualifying see Name & Signature of Clk/Aud/SA	PAY ACC CER o 106 of LPC-Cum-Data Shee have been nal) etc. and found correct. ervice has been checked with r	Period YY MM DD  No. Date  COUNTS OFFICE ETIFICATE  It in respect of Regt. No	Signature & Seal of R.O.  Rank  to the entries in the Enrollment nal).			
1. Certified that Col. Nos. 1 to Name	PAY ACC CER o 106 of LPC-Cum-Data Shee have been nal) etc. and found correct. ervice has been checked with r	Period YY MM DD  No. Date  COUNTS OFFICE RTIFICATE  It in respect of Regt. No	Signature & Seal of R.O.  Rank  to the entries in the Enrollment nal).			
TOTAL  TOTAL  TOTAL  Torm, Discharge Roll, (Original 2. Certified that qualifying see Name & Signature of Clk/Aud/SA	PAY ACC CER o 106 of LPC-Cum-Data Shee have been nal) etc. and found correct. ervice has been checked with r	Period YY MM DD  No. Date  COUNTS OFFICE RTIFICATE  It in respect of Regt. No	Signature & Seal of R.O.  Rank  to the entries in the Enrollment nal).			

# Instructions for filling of Data sheet in r/o PBORS DISCHARGED / INVALIDED OUT from service on or after 01-01-2016 (fresh PPO required to be issued)

SI. No.	Field Name	σ	р J (	Description
1.	Record Office	Ν	2	Record Office as per code list
2.	Initial Rank	Χ	1	As per rank code list. It will be filled in case of JCOs
				who were appointed Direct in the rank of JCOs.
3.	Rank Last Held	Χ	1	As per rank code list
4.	Whether ACP granted	Α	1	A for 1st ACP, 'B' for 2nd ACP, 'C' for 3rd ACP & 'N"
				for NO ACP granted/ applicable.
5.	Pay Group	Α	1	Filled with 'X' or 'Y'
5A.	Trade Code	N	3	As per list of Trades.
5B.	Whether AICTE Diploma	Α	1	'Y' for YES or 'N' for NO to be filled
	Holder			
6.	Regimental No.	Χ	9	Current Regimental No.
7.	Old Regimental No.	Х	9	In case of JCOs who were appointed directly, it will not be filled.
8.	Date Of Enrolment	Ν	8	These Fields are to be filled as "YYYYMMDD"
9.	Date Of Discharge	N	8	These Fields are to be filled as "YYYYMMDD"
10.	Clause Of Discharge	Х	1	In Case of ORs it should be filled as1,2,3,4,5 or 6 and
				in case of JCOs it should be A,B,C,E,F or G as the
				case may be.
11.	Non-Qualifying Service	Ν	6	This Field is to be filled as "YYMMDD" and a detail
	(including Disembodied			showing all the spells of NQS should be filled in the
	Service)			col. Given on the reverse side of Data sheet. If spells are more than the space provided, separate sheet may
				be attached with the claim duly attested.
12.	Former Service	Ν	6	This Field is to be filled as "YYMMDD" if any.
13.	Extension Of Service	Α	1	'Y' for YES or 'N' for NO to be filled
14.	Service Condoned	Ν	4	This field is to be filled as "MMDD" and Maximum Limit
				is "1200"
15.	Whether Discharge on	Α	1	'Y' for 'Yes' OR 'N' for 'No' to be filled.
	Completion of terms of			
	engagement			
16.	Individual's Name	Α	35	Name of the individual
17.	Date Of Birth	Ν	8	These Fields are to be filled as "YYYYMMDD"
18.	Nationality	Α	1	'I' for Indian, 'N' for Nepali and 'B' for Bhutani as the
				case may be
19.	Aadhaar Number	N	12	12 Digit Aadhaar No. of the individual
20.	PAN No.	Χ	10	PAN No. of the individual
21.	E-mail id	Χ	35	E-mail id of the individual
22.	Pensioner's Address	Χ	60	Address of the individual
23.	State Code	Α	2	State Code of the state where Army personnel is
				residing
24.	Pin Code	N	6	Pin Code of the address of Army personnel
25.	Mobile Number	Ν	3+10	Mobile Number of the individual.
				First 3 digits for ISD Code.
26.	Whether Married	Α	1	'Y' for 'Yes' OR 'N' for 'No' to be filled.
27.	Spouse Alive	Α	1	'Y' in the case of wife alive and extension of ser. is not granted, 'E' in the case of wife Alive and extension of ser. is granted, 'N' in the case where wife is not Alive, 'D' for

				Divorced cases, 'P' for Plural Marriage Cases, 'U' for Disputed cases & Blank for Provisional Pen. Cases.
28.	Spouse Nationality	Α	1	IF Field no. 32 is filled as 'Y' or 'E' it will be filled 'I'/'N'/
20.	opodoc Nationality	/	'	'B' as the case may be.
29.	Spouse Date Of Birth	N	8	IF Field no. 32 is filled as 'Y' or 'E' this Field is to be
	•			filled as "YYYYMMDD".
30.	Spouse Name	Α	35	IF Field no. 32 is filled as 'Y' or 'E' this field will be
				filled. In Case name is having more than 35 characters
31.	Spouse Aadhaar Number	N	12	the same Will be abbreviated.  12 Digit Aadhaar No. of the spouse
32.	Spouse PAN No.	X	10	PAN No. of the spouse
33.	Date of Medical Board held	N	8	These Fields are to be filled as "YYYYMMDD"
34.	Nature Code	A	1	'I' for Invalided Out, 'D' for Deemed to be Invalided
54.	Nature Code		'	Out, otherwise <b>BLANK</b>
35.	Disability Pension Type	Α	3	It should be filled as 'DIS' for DISABILITY PENSION,
33.	Disability Ferision Type	<b>A</b>	3	'LIB' for LIBERALISED DISABILITY PENSION, 'WAR'
				for WAR INJURY PENSION, 'INV' for INVALID
				PENSION, 'DMS' for service Element alongwith
				Disability Element, 'DEO' for Disability Element only in
				the case of voluntary Discharge and 'SER' for
				SERVICE ELEMENT.
36.	Category Dis.	Α	1	Category of the Disability A, B, C, D or E as the case
00.	Category Dio.	/	'	may be.
37.	1 <sup>st</sup> I.D.	Α	20	Name of the Disease
38.	ATR/AGR	A	3	ATR- For Attributable, AGR- For Aggravation and NA-
00.	ATTORICITY	/		For Neither Attributable nor Aggravation.
39.	Asses %	N	3	0 to 100 %
40.	Compensation Paid	A	1	'Y' for Yes OR 'N' for No TO BE FILLED
41.	W.I.E	A	1	'Y' in case disability is categorised as war injury or
71.	***************************************	/	'	'N' in case disability is categorised as normal disability.
				Please enclose DO Part II Order in case it is W.I.E.
42.	2 <sup>nd</sup> I.D.	Α	20	Name of the Disease
43.	ATR/AGR	Α	3	ATR- For Attributable, AGR- For Aggravation and NA-
	7.11.07.101.1			For Neither Attributable nor Aggravation.
44.	Asses %	N	3	0 to 100 %
45.	Compensation Paid	Α	1	'Y' for Yes OR 'N' for No TO BE FILLED
46.	W.I.E	A	1	'Y' in case disability is categorised as war injury or
			'	'N' in case disability is categorised as normal disability.
				Please enclose DO Part II Order in case it is W.I.E.
47.	3 <sup>rd</sup> I.D.	Α	20	Name of the Disease
48.	ATR/AGR	Α	3	ATR- For Attributable, AGR- For Aggravation and NA-
				For Neither Attributable nor Aggravation.
49.	Asses %	N	3	0 to 100 %
50.	Compensation Paid	Α	1	'Y' for Yes OR 'N' for No TO BE FILLED
51.	W.I.E	Α	1	'Y' in case disability is categorised as war injury or
				'N' in case disability is categorised as normal disability.
				Please enclose DO Part II Order in case it is W.I.E.
52.	4 <sup>th</sup> I.D.	Α	20	Name of the Disease
53.	ATR/AGR	Α	3	ATR- For Attributable, AGR- For Aggravation and NA-
				For Neither Attributable nor Aggravation.
54.	Asses %	N	3	0 to 100 %
	<u> </u>			

55.	Compensation Paid	Α	1	'Y' for Yes OR 'N' for No TO BE FILLED
56.	W.I.E	Α	1	'Y' in case disability is categorised as war injury or
				'N' in case disability is categorised as normal disability.
				Please enclose DO Part II Order in case it is W.I.E.
57.	5 <sup>th</sup> I.D.	Α	20	Name of the Disease
58.	ATR/AGR	Α	3	ATR- For Attributable, AGR- For Aggravation and NA-
				For Neither Attributable nor Aggravation.
59.	Asses %	N	3	0 to 100 %
60.	Compensation Paid	Α	1	'Y' for Yes OR 'N' for No TO BE FILLED
61.	W.I.E	Α	1	'Y' in case disability is categorised as war injury or
				'N' in case disability is categorised as normal disability.
				Please enclose DO Part II Order in case it is W.I.E.
62.	Permanent Composite	N	3	Maximum limit is 100%
	Assessment % (For Life)			
63.	Final Composite Assessment	N	3	Maximum limit is 100%
	% (including Temp. &			
	Permanent)			
64.	Period of Assessment	Х	2	It should be filled between 1 to 10 or L- for Life.
65.	Period Accepted From	N	8	Disability Period Accepted From. These Fields are to
				be filled as "YYYYMMDD"
66.	Period Accepted upto	N	8	Disability Period Accepted upto. These Fields are to be
00.	T chou / toocpied upto	.,		filled as "YYYYMMDD"
67.	Ex Gratia (as approved by	Α	1	'Y' for Yes OR 'N' for No as the case may be to be
07.	Competent Authority)	, ,		filled.
68.	CAA	Α	1	'Y' for CAA payable and 'N' for CAA not payable
69.	CAA (for Life or Temp.)	Α	1	L for life and T for Temporary
70.	CAA Payable From	N	8	These Fields are to be filled as "YYYYMMDD"
71.	CAA Payable upto	N	8	These Fields are to be filled as "YYYYMMDD"
72.	PDA Code	Α	1	1 to 9 as per annexure.
72.	1 27 ( 3343	, ,		To a do por armoxare.
73.	DPDO Code	Α	2	As per annexure, if PDA CODE is '1' otherwise '00'
74.	PDA State Code	Α	2	AS per annexure
75.	Bank Code	Α	3	As per annexure
70.	Burin Gode	/ \		7.6 per dimexare
76.	BSR code of CPPC or Link	Α	7	The code allotted by RBI to each CPPC/Link Bank
	Bank		-	, , , , , , , , , , , , , , , , , , ,
77.	CPPC/Link Bank Address	Х	40	Address of CPPC/ link bank
78.	Bank A/c No.	X	25	Filled from left side only. If the character is < 25 the
7 0.	Bank / Conto			Right hand boxes may be kept blank.
79.	IFSC code of Paying Branch	Χ	11	The code allotted by RBI to each bank branch.
				Cancelled Cheque / Scanned copy of Cheque
				Should be attached with the claim.
80.	Bank Branch Address	Х	35	Address of Bank Branch
81.	PDA Station	Α	25	DISTRICT NAME OF PDA
82.	CPPC/Link Bank Pin Code	N	6	Pin Code of CPPC/Link Bank
	CDR No.	X	12	Filled by PCDA(P)
	Date Of Receipt	N	8	Filled with "YYYYMMDD" by PCDA(P)
83.	All instruction given blow	ļ · ·	1	
84.	Previous PPO No. if Any	Х	25	Previous PPO No. for category-2,3 and 5 pensioner
U <del>-1</del> .	1 TOVIOUS I I O INO. II Ally	^	20	1 Tovious 1 1 O 140. for outegory-2,0 and 5 perisioner

85.	Category Of Pension	N	1	Category no. as per code list
86.	Total period including Weight age if any for Which gratuity paid With 1st pension (for cate-2 & 6 only)	N	6	Filled with "YYMMDD"
87.	Amount of Pension commuted from 1st pension(for cat. 3 only)	N	5	
88.	Level In Pay Matrix	Х	3	According to 7th CPC
89.	Pay in Pay Matrix	N	6	Fixed under 7th CPC
90.	MS Pay	N	5	According to 7th CPC
91.	Group Pay (X only)	N	4	According to 7th CPC applicable to Group 'X' Only
92.	Class Allowance	N	4	According to 7th CPC
93.	Average Pay	N	6,2	IN case where Last Pay Drawn < Average Pay it will be filled and statement showing detail of Pay, Grade Pay Class pay for last 10 months may be filled on the
94.	Provisional Pension	Α	1	reverse of data sheets/enclosed duly Authenticated .  'Y' for Yes OR 'N' for No TO BE FILLED
	Pension Recommended Code	Α	1	'F' for full Pension, 'T' for 2/3rd of pension, H' for Half
95.				pension & 'P' for provisional pension Where gratuity and Family Pen. not to be sanctioned
96.	Gratuity Recommended Code	Α	1	'F' for full gratuity, 'T' for 2/3rd of gratuity, H' for Half gratuity & 'P' for provisional pension Where gratuity and Family Pen. not to be sanctioned
97.	Medical Allowance	Α	1	'Y' in the case of Nepalese pensioner Otherwise 'N' will be filled.
98.	ECHS Code	Α	1	'Y' OR 'N' as the case may be. In case erroneously Recovered the same will be refunded through corr. PPO by filling 'R' in the Data Sheet for Corr. PPO.
99.	Gal Award1	N	2	First character pertains to award code & second character pertain no. of bars. Annexure
100.	Gal Award2	N	2	First character pertains to award code & second character pertain no. of bars. Annexure
101.	Gal Award3	N	2	First character pertains to award code & second character pertain no. of bars. Annexure
102.	RDR Demand	N	7	S.I.G. Golden Tio. of Baro. 7 timoxuro
103.	Other Demand (including PEA)	N	7	It should include PENDING ENQUIRY AWARD AMOUNT.
104.	Commutation Percentage	N	2	Maximum limit is 50%
105.	Loading in Age	N	2	" <b>YY</b> "
106.	Absolute Date of Commutation	N	8	YYYYMMDD
107.	Note to be printed, if any	Α	2	To be used by office of the PCDA (P)

108.	Any other Remarks to	be A	200	To be used by office of the PCDA (P)
	printed, if any			

## Instruction for Column 83(I) to 83(IV) Name

The name of the dependant members of individual may be filled in these columns. One box may be left blank between first, middle and surname etc.

### Whether Handicapped

This column may be filled with "Y" if the individual is having a handicapped child otherwise it should always be filled with "N" and in no case it should be left blank.

#### **Relation with Individual**

This column may be filled as under.

RELATION	RELATIONSHIP	CODE
Son	S	
Daughter	D	
Divorced Daughter	R	
Unmarried Daughter	υ	
Widowed Daughter	V	
Mother	M	
Father	F	
Brother	В	
Sister	T	

#### Date of Birth,

The Date of Birth (in YYYYMMDD) of the dependant members of individual may be filled in these columns.

#### Aadhaar No.

This column may be filled with 12 Digit Aadhaar No. of the Dependants.

#### **FIELD CHARACTER**

 $\underline{\mathbf{A}}$  = Alphabet

**N** = Numeric

 $\mathbf{X}$  = Alpha-Numeric

Note: Name of Auditor, AAO, AO/SAO of Pay Account Office should be either legibly written in hand or stamp of name should be affixed