

Part-E (Details of Dependents)

83(I). Name																											
Whether Handicapped	<input type="checkbox"/>	Relation with Ind.	<input type="checkbox"/>	Date of Birth	<input type="text"/>	Aadhaar No.	<input type="text"/>																				
83(II). Name																											
Whether Handicapped	<input type="checkbox"/>	Relation with Ind.	<input type="checkbox"/>	Date of Birth	<input type="text"/>	Aadhaar No.	<input type="text"/>																				
83(III). Name																											
Whether Handicapped	<input type="checkbox"/>	Relation with Ind.	<input type="checkbox"/>	Date of Birth	<input type="text"/>	Aadhaar No.	<input type="text"/>																				
83(IV). Name																											
Whether Handicapped	<input type="checkbox"/>	Relation with Ind.	<input type="checkbox"/>	Date of Birth	<input type="text"/>	Aadhaar No.	<input type="text"/>																				

Part-F (For DSC/TA Personnel Only)	
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84. Previous PPO No. if Any	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td> </tr> </table>	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	85. Category of Pension	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>1</td> </tr> </table>	1
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					
1																													
86.Total period including weightage If any for which Gratuity paid with 1st Pension (For Cat-2 & 6 only)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> </table>	1	2	3	4	5	6	87. Amount of Pension Commuted from 1st Pension(For Cat-3 Only)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </table>	1	2	3	4	5															
1	2	3	4	5	6																								
1	2	3	4	5																									

Part-G (Pay and Pension Related Details)	
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88. Level In Pay Matrix	<input type="text"/>	89. Pay in Pay Matrix	<input type="text"/>	90. MS Pay	<input type="text"/>	91. Group Pay (X only)	<input type="text"/>
92. Class Allowance	<input type="text"/>	93. Average Pay	<input type="text"/>	94. Provisional Pension	<input type="text"/>	95. Pension Recommended Code	<input type="text"/>
96. Gratuity Recommended Code	<input type="text"/>	97. Medical Allowance	<input type="text"/>	98. ECHS Code	<input type="text"/>	99. Gal. Award 1	<input type="text"/>
						100. Gal. Award 2	<input type="text"/>
101. Gal. Award 3	<input type="text"/>	102. RDR Demand	<input type="text"/>	103. Other Demand Including PEA	<input type="text"/>		
104. Commutation Percentage	<input type="text"/>	105. Loading in Age	<input type="text"/>	106. Absolute Date of Commutation	<input type="text"/>	107. Note to be Printed, if any	<input type="text"/>
108. Any other remarks to be printed, if any							

Part - H (Details of Non Qualifying Service)	
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Date From										Date Upto										Period						<div style="text-align: right;">Record Office</div> <div style="text-align: right;">Signature & Seal of R.O.</div>	
																				YY		MM		DD			
<div></div>										<div></div>										<div></div>		<div></div>		<div></div>		<div>No.</div> <div>Date</div>	
<div></div>										<div></div>										<div></div>		<div></div>		<div></div>			
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<div></div>										<div></div>										<div></div>		<div></div>		<div></div>			
TOTAL																											
<div></div>																											

PAY ACCOUNTS OFFICE
CERTIFICATE

1. Certified that Col. Nos. 1 to 106 of LPC-Cum-Data Sheet in respect of Regt. No. Rank.....
Name..... have been properly checked with reference to the entries in the Enrollment
Form, Discharge Roll, (Original) etc. and found correct.

2. Certified that qualifying service has been checked with reference to the Sheet Roll (Original).

Name & Signature of Cik/Aud/SA	Name & Signature of SO/AAO	Name & Signature of AO/SAO	P.A.O. SEAL
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OFFICE OF THE P.C.D.A.(P), ALLAHABAD

Claim Notified	Vide	PPO No.	
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Adr/Sr.Adr.	SO(A)/AAO	AO/SAO (P)
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Adr/Sr.Adr.	SO(A)/AAO	AO/SAO (P)
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Adr/Sr.Adr.	SO(A)/AAO	AO/SAO (P)
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**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)**

Sl. No.	Field Name	क	ख	ग	Description
1.	Record Office	N	2		Record Office as per code list
2.	Initial Rank	X	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	X	1		As per rank code list
4.	Whether ACP granted	A	1		A for 1st ACP, 'B' for 2nd ACP, 'C' for 3rd ACP & 'N' for NO ACP granted/ applicable.
5.	Pay Group	A	1		Filled with 'X' or 'Y'
5A.	Trade Code	N	3		As per list of Trades.
5B.	Whether AICTE Diploma Holder	A	1		'Y' for YES or 'N' for NO to be filled
6.	Regimental No.	X	9		Current Regimental No.
7.	Old Regimental No.	X	9		In case of JCOs who were appointed directly, it will not be filled.
8.	Date Of Enrolment	N	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	X	1		In Case of ORs it should be filled as 1,2,3,4,5 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 (including Disembodied Service)	N	6		This Field is to be filled as "YYMMDD" and a detail showing all the spells of NQS should be filled in the 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	N	6		This Field is to be filled as "YYMMDD" if any.
13.	Extension Of Service	A	1		'Y' for YES or 'N' for NO to be filled
14.	Service Condoned	N	4		This field is to be filled as "MMDD" and Maximum Limit is "1200"
15.	Whether Discharge on Completion of terms of engagement	A	1		'Y' for 'Yes' OR 'N' for 'No' to be filled.
16.	Individual's Name	A	35		Name of the individual
17.	Date Of Birth	N	8		These Fields are to be filled as "YYYYMMDD"
18.	Nationality	A	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.	X	10		PAN No. of the individual
21.	E-mail id	X	35		E-mail id of the individual
22.	Pensioner's Address	X	60		Address of the individual
23.	State Code	A	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	N	3+10		Mobile Number of the individual. First 3 digits for ISD Code.
26.	Whether Married	A	1		'Y' for 'Yes' OR 'N' for 'No' to be filled.
27.	Spouse Alive	A	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	A	1	IF Field no. 32 is filled as 'Y' or 'E' it will be filled 'I'/'N'/'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	A	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 the same Will be abbreviated.
31.	Spouse Aadhaar Number	N	12	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 Invalidated Out, 'D' for Deemed to be Invalidated Out, otherwise BLANK
35.	Disability Pension Type	A	3	It should be filled as 'DIS' for DISABILITY PENSION, '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.	A	1	Category of the Disability A, B, C, D or E as the case may be.
37.	1 st I.D.	A	20	Name of the Disease
38.	ATR/AGR	A	3	ATR- For Attributable, AGR- For Aggravation and NA- 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 'N' in case disability is categorised as normal disability. Please enclose DO Part II Order in case it is W.I.E.
42.	2 nd I.D.	A	20	Name of the Disease
43.	ATR/AGR	A	3	ATR- For Attributable, AGR- For Aggravation and NA- For Neither Attributable nor Aggravation.
44.	Asses %	N	3	0 to 100 %
45.	Compensation Paid	A	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 rd I.D.	A	20	Name of the Disease
48.	ATR/AGR	A	3	ATR- For Attributable, AGR- For Aggravation and NA- For Neither Attributable nor Aggravation.
49.	Asses %	N	3	0 to 100 %
50.	Compensation Paid	A	1	'Y' for Yes OR 'N' for No TO BE FILLED
51.	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.
52.	4 th I.D.	A	20	Name of the Disease
53.	ATR/AGR	A	3	ATR- For Attributable, AGR- For Aggravation and NA- For Neither Attributable nor Aggravation.
54.	Asses %	N	3	0 to 100 %

55.	Compensation Paid	A	1	'Y' for Yes OR 'N' for No TO BE FILLED
56.	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.
57.	5 th I.D.	A	20	Name of the Disease
58.	ATR/AGR	A	3	ATR- For Attributable, AGR- For Aggravation and NA- For Neither Attributable nor Aggravation.
59.	Asses %	N	3	0 to 100 %
60.	Compensation Paid	A	1	'Y' for Yes OR 'N' for No TO BE FILLED
61.	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.
62.	Permanent Composite Assessment % (For Life)	N	3	Maximum limit is 100%
63.	Final Composite Assessment % (including Temp. & Permanent)	N	3	Maximum limit is 100%
64.	Period of Assessment	X	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 filled as "YYYYMMDD"
67.	Ex Gratia (as approved by Competent Authority)	A	1	'Y' for Yes OR 'N' for No as the case may be to be filled.
68.	CAA	A	1	'Y' for CAA payable and 'N' for CAA not payable
69.	CAA (for Life or Temp.)	A	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	A	1	1 to 9 as per annexure.
73.	DPDO Code	A	2	As per annexure, if PDA CODE is '1' otherwise '00'
74.	PDA State Code	A	2	AS per annexure
75.	Bank Code	A	3	As per annexure
76.	BSR code of CPPC or Link Bank	A	7	The code allotted by RBI to each CPPC/Link Bank
77.	CPPC/Link Bank Address	X	40	Address of CPPC/ link bank
78.	Bank A/c No.	X	25	Filled from left side only. If the character is < 25 the Right hand boxes may be kept blank.
79.	IFSC code of Paying Branch	X	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	X	35	Address of Bank Branch
81.	PDA Station	A	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			
84.	Previous PPO No. if Any	X	25	Previous PPO No. for category-2,3 and 5 pensioner

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	X	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 reverse of data sheets/enclosed duly Authenticated .
94.	Provisional Pension	A	1	'Y' for Yes OR 'N' for No TO BE FILLED
95.	Pension Recommended Code	A	1	'F' for full Pension, 'T' for 2/3rd of pension, H' for Half pension & 'P' for provisional pension Where gratuity and Family Pen. not to be sanctioned
96.	Gratuity Recommended Code	A	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	A	1	'Y' in the case of Nepalese pensioner Otherwise 'N' will be filled.
98.	ECHS Code	A	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	
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	"YY"
106.	Absolute Date of Commutation	N	8	YYYYMMDD
107.	Note to be printed, if any	A	2	To be used by office of the PCDA (P)

108.	Any other Remarks to be printed, if any	A	200	To be used by office of the PCDA (P)
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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	U
Widowed Daughter	V
Mother	M
Father	F
Brother	B
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

A = Alphabet

N = Numeric

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