

CORRIGENDUM LPC-CUM-DATA SHEET FOR SANCTION OF PENSIONARY AWARDS TO PBORs SERVICE/INVALIDED OUT

Basic Particulars

A. Original PPO No.	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	B. New original PPO With suffix	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
C. Regimental No.	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> </div>	D. Action Code <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	

Part - A (Service Details)

1. Record Office	<input type="text"/>	2. Initial Rank	<input type="text"/>	3. Rank Last Held	<input type="text"/>	4. Whether ACP Granted	<input type="text"/>	5. Pay Group	<input type="text"/>	5A. Trade Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
5B. Whether AICTE Diploma Holder	<input type="text"/>	6. Regimental No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7. Old Regimental No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Date of Enrolment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Date of Discharge	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Clause of Discharge	<input type="text"/>	11. Non Q.S. (including disembodied service)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Former Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Extension of Service	<input type="text"/>	14. Service Condoned	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	15. Whether Discharged on completion of terms of engagement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part - B (Personal Details)

16. Individual's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	17. Date of Birth	1	2	3	4	5	6	7	8								
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35																		
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					
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	1	27. Spouse Alive	1	28. Spouse Nationality	1	29. Spouse Date of Birth	1	2	3	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	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/>	34. Nature Code	<input type="text" value="1"/>	35. Dis. Pen. Type	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	36. Category Dis.	<input type="text" value="1"/>
37.1st I.D.	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	38. ATR/ AGR	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	39. Asses%	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	40. Compensation Paid	<input type="text" value="1"/>
42.2nd I.D.	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	43. ATR/ AGR	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	44. Asses%	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	45. Compensation Paid	<input type="text" value="1"/>
47.3rd I.D.	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	48. ATR/ AGR	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	49. Asses%	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	50. Compensation Paid	<input type="text" value="1"/>
52.4th I.D.	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	53. ATR/ AGR	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	54. Asses%	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	55. Compensation Paid	<input type="text" value="1"/>
57.5th I.D.	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	58. ATR/ AGR	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	59. Asses%	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	60. Compensation Paid	<input type="text" value="1"/>
62. Permanent Composite Assessment % (For Life)	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	63. Final Composite Assessment % (including Temp. & Permanent)	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>	64. Period of Assessment	<input type="text" value="1"/> <input type="text" value="2"/>		
65. Period Accepted from	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/>	66. Period Accepted upto	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/>				
67. Ex. Gratia (as approved by Com. Auth.)	<input type="text" value="1"/>	68. C.A.A.	<input type="text" value="1"/>	69. C.A.A. (for life or temp.)	<input type="text" value="1"/>		
70. CAA payable from	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/>	71. C.A.A. payable upto	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/>				

Part-D (PDA Details)

72. PDA Code	<input type="text"/>	73. DPDO Code	<input type="text"/>	74. PDA State Code	<input type="text"/>	75. Bank Code	<input type="text"/>
76. BSR Code of CPPC or Link Bank	<input type="text"/>	77. CPCC/Link Bank Address	<input type="text"/>				
78. Bank Account No.	<input type="text"/>						
79. IFSC Code of Paying Br.	<input type="text"/>	80. Bank Branch Address	<input type="text"/>				
81. PDA Station	<input type="text"/>						
82. CPCC/Link Bank Pin Code	<input type="text"/>						

For PCDA (P) Use Only

CDR No.

1	2	3	4	5	6	7	8	9	10	11	12
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 Date of Receipt

1	2	3	4	5	6	7	8
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Part-E (Details of Dependents)																													
83(I). Name <div style="border: 1px solid black; width: 260px; height: 25px; display: inline-block;"></div>																													
<div style="display: flex; justify-content: space-between;"> <div>Whether Handicapped <input type="checkbox"/></div> <div>Relation with Ind. <input type="checkbox"/></div> <div>Date of Birth <div style="border: 1px solid black; width: 100px; height: 25px; display: inline-block;"></div></div> <div>Aadhaar No. <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div></div> </div>																													
83(II). Name <div style="border: 1px solid black; width: 260px; height: 25px; display: inline-block;"></div>																													
<div style="display: flex; justify-content: space-between;"> <div>Whether Handicapped <input type="checkbox"/></div> <div>Relation with Ind. <input type="checkbox"/></div> <div>Date of Birth <div style="border: 1px solid black; width: 100px; height: 25px; display: inline-block;"></div></div> <div>Aadhaar No. <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div></div> </div>																													
83(III). Name <div style="border: 1px solid black; width: 260px; height: 25px; display: inline-block;"></div>																													
<div style="display: flex; justify-content: space-between;"> <div>Whether Handicapped <input type="checkbox"/></div> <div>Relation with Ind. <input type="checkbox"/></div> <div>Date of Birth <div style="border: 1px solid black; width: 100px; height: 25px; display: inline-block;"></div></div> <div>Aadhaar No. <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div></div> </div>																													
83(IV). Name <div style="border: 1px solid black; width: 260px; height: 25px; display: inline-block;"></div>																													
<div style="display: flex; justify-content: space-between;"> <div>Whether Handicapped <input type="checkbox"/></div> <div>Relation with Ind. <input type="checkbox"/></div> <div>Date of Birth <div style="border: 1px solid black; width: 100px; height: 25px; display: inline-block;"></div></div> <div>Aadhaar No. <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div></div> </div>																													

Part-F (For DSC/TA Personnel Only)																											
84. Previous PPO No. if Any	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	1
86. Total period including weightage If any for which Gratuity paid with 1st Pension (For Cat-2 & 6 only)	1	2	3	4	5	6	87. Amount of Pension Commuted from 1st Pension (For Cat-3 Only)	1	2	3	4	5															

Part-G (Pay and Pension Related Details)									
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)																													
Date From								Date Upto								Period				<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>No.</p> <p>Date</p> </div> <div style="text-align: center;"> <p>Record Office</p> <p>Signature & Seal of R.O.</p> </div> </div>									
																YY MM DD													
[][][][][][][][]								[][][][][][][][]								[][][][][][][][]													
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TOTAL																													
[][][][][][][][]																													

<u>PAY ACCOUNTS OFFICE</u> <u>CERTIFICATE</u>			
<p>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.</p> <p>2. Certified that qualifying service has been checked with reference to the Sheet Roll (Original).</p>			
Name & Signature of Clk/Aud/SA	Name & Signature of SO/AAO	Name & Signature of AO/SAO	P.A.O. SEAL

<u>OFFICE OF THE P.C.D.A.(P), ALLAHABAD</u>		
Claim Notified	Vide	PPO No.
Adr/Sr.Adr.	SO(A)/AAO	AO/SAO (P)

**Instructions for filling of Data sheet in r/o PBORS SERVICE CORRIGENDUM /
INVALIDED OUT from service on or after 01-01-2006 (fresh PPO required to be
issued)**

Sl. No.	Field Name	Field Type	Field Length	Description
A.	Original PPO No.	x	13	Initial PPO No. of the individual of which this corrigendum has been floated
B.	New Original PPO No. with suffix	N	16	New original PPO No. contains 12 digit numeric and 4 digit numeric suffix no. This no. may be quoted Wherever available.
C.	Regimental No	X	9	Regimental No. of the Army Personnel
D.	Action Code	A	3	If Original PPO has to be cancelled, it will be filled as 'CAN' Otherwise left blank
1 to 108	All fields of the original Data Sheet			Only those fields along with their connected fields should be filled as per instruction given for filling the LPC Cum Data Sheet No.001/2017for sanction of Pensionery Awards to PBORs

FIELD CHARACTER

A = Alphabet

N = Numeric

X = Alpha-Numeric

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