**PAKISTAN WATER AND POWER DEVELOPMENT AUTHORITY**

***SOP-2023 ANNEX-I***

**Check list of documents required for submission of Conversion Into Family or Re-grant of Family Pension cases**

1. Simplified Application Form for Family Pension (revised) signed by Claimant and duly countersigned by Incharge of Wapda Pension Facilitation Center (WPFC).
2. Non-Judicially Separated Certificate, Non Re-Married Certificate and One-Widow Certificate, duly countersigned by Chairman/Secretary Union Council (as per specimen attached)
3. Family list as per date of birth in Christian era +marital status dully countersigned by Chairman/ Secretary Union Council .
4. Death Certificate issued by NADRA and duly countersigned by Chairman/Secretary Union Council.
5. Family Registration Certificate (FRC) issued by NADRA and dully countersigned by Chairman/Secretary Union Council.
6. DCS Option Form for Online Pension Disbursement duly attested by schedule bank (as per specimen in Annex-V of SOP-2023).
7. Indemnity Bond on judicial paper of Rs.50 (Fifty rupees) duly attested by Oath Commissioners (as per specimen in Annex-VI of SOP-2023).
8. 03 sets of attested photographs of Claimant attested by Incharge of WAPDA Pensioners Facilitation Center
9. One Copy of CINC of Claimant (attested)
10. Original Pension Book (completed) or Pension Payment Ledger
11. Free Supply Discontinuation Certificate (for Widowed/Divorced Daughters only)
12. Guardianship Certificate issued by court (for Guardian of minor or disabled pensioner)
13. Disability certificate issued by DGMS WAPDA in case of permanent disabled dependent child/children
14. Undertaking duly completed for family pension claimant under the age of 60 years only
15. Dependency certificate (in case of widow/divorced daughter)

Note: Specimen of complete pension papers along with required certificates are available at **https://pension.wapda.gov.pk/FrmImpDownloads.aspx**

NON JUDICIALLY SEPARATION CERTIFICATE

 I Mst.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that I have not been judicially separated during the life time of my late husband\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Mst.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Countersignature Secretary/Chairman Union Council

NON RE-MARRIED CERTIFICATE

 I, Mst.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that I have not re-married after the death of my husband \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and residing as widow with my children.

(Mst.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Countersignature by Secretary/Chairman Union Council

ONE WIDOW CERTIFICATE

 It is solemnly declared that I, Mst. widow of am the only one lawful widow and there is no any other wife/family of my late husband.

(Mst.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Countersignature Secretary/Chairman Union Council

LIST OF FAMILY MEMBERS

Name of deceased Employee:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No. | Name of Member | Relationship | Date of Birth (DD/MM/YY) | Married/Un-married |
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Signature

COUNTERSIGNATURE Secretary/Chairman Union Council

UN-MARRIED CERTIFICATE (for re-grant of family cases only)

 I Miss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/O having PPO No. \_\_\_\_\_\_\_\_\_\_\_\_ retired from WAPDA as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY) hereby declare that I am still un-married.

Signature of Claimant

Countersignature Secretary/Chairman Union Council

**UNDERTAKING FOR FAMILY PENSION UNDER THE AGE OF 60 YEARS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Widow/ Un-married-Daughter/ Widow-Daughter/ Divorced-Daughter of late Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Husband/ Father solemnly declare and undertake that I have not yet married/remarried after the death/divorce of my husband on \_\_\_\_\_\_\_\_\_\_ and hereby eligible for grant of family pension as admissible to Widow/ Un-married-Daughter/ Widow-Daughter/ Divorced-Daughter for Pension drawn under PPO \_\_\_\_\_\_\_\_\_\_. I further undertake to immediately inform to pension office as and when my marriage take place anywhere in Pakistan/AJ&K or in any other country.

Failure to provide the above information and continuing to draw pension shall invoke legal proceeding under applicable laws of the land against me and my guarantors and legal heirs besides recovery of undue drawn pension.

Deponent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deponent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Undertaking by Guarantors / witness**

We hereby undertake to affirm that that Ms./Mst. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is widow/ unmarried-daughter/ widow-daughter /divorced-daughter of Mr. (late) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and still unmarried/ not remarried after the death/divorce of/from her husband/father on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In case of any false information we would be liable for refund of pensionary benefits /claims drawn by her in addition to criminal proceeding under applicable laws. We further undertake to intimate to Pension Directorate immediately about the marriage if take place of the above named claimant.

**Guarantor 1(From blood relation)** **Guarantor 2 (From blood relation)**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation with claimant: \_\_\_\_\_\_\_\_\_\_ Relation with Claimant: \_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness (Gazetted Officer BPS-17 & Above)** **Attestation**:**(Secretary/Chairman UC)**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OPTION (D.C.S) FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT**

Kind of Pension:

Date of Commencement of Pension:

Chargeable To:

Where Payable:

Date of Retirement:

BPS:

Date of Birth:

Appointment Date:

**Centralized Pension Disbursement Section, WAPDA Pension Directorate, Lahore**

Claimant:

Name of Employee:

Designation:

S/O, W/O:

Retiring Office & IOT Code:

Claimant's Signature/ Thumb Impression

Dated:‑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby opt to draw pension through Direct Credit System (DCS) and have also submitted \*Indemnity Bond to the WAPDA.**

\*The Pensioner shall produce an indemnity Bond to keep the WAPDA indemnified about liabilities with all sums of money whatsoever including mark‑up of his/her Pension Account. The Pensioner would further undertake that his her legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to his her Pension Account either in full or in installments (as agreed mutually) equal to such excess amount.

Mobile No.:

Res. Telephone #:

Email :

New Postal Address (if diff. than above):

Postal Address:

Claimant CNIC Number:

**Bank Account Details (to be verified by the Bank after marking as Pension Account in the light of Instructions issued by State Bank of Pakistan)**

Account Title(in Capital):

Account Number (Full):

Bank Name & Address:

Branch Code:

Authorized Signature

(With Bank Stamp)

Dated:‑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAPDA Online Pension System (WOPS) v-2.00

**PAKISTAN WATER AND POWER DEVELOPMENT AUTHORITY**

**INDEMNITY BOND**

**The,**

**MANAGER (A&F) PENSION WAPDA,\_\_**

**LAHORE. ,**

In compliance with the WAPDA Pension SOP-2023 instructions for payment of pension through your Bank Account, I agree to indemnify you and keep you indemnified about liabilities with all sums of money whatsoever including mark-up of my Pension Account. I further undertake that my legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to my Pension Account either in full or in installments equal to such excess amount.

Co-Indemnifier/Nominee/Successor/ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of Kin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Pensioner\_\_\_\_\_\_\_\_\_\_\_\_

CNIC#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Retirement\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPO No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Account No.\_\_\_\_\_\_\_\_\_\_\_\_\_

 CNIC#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Witness-I Witness-2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_