## Govt. of Andhra Pradesh ANNUAL VERIFICATION CERTIFICATE

(As per Govt. Memo.No.28407-A/239/PSC/2007, Dated:04-01-2008)

1. Type of Pension : Service	Pension / Family Pension	
Name of Individual:	Photo of the	
(S/o,D/o,W/o,H/o)		Individual
(3/0,D/0,W/0,H/0)		(To be attested by
2. Date of Birth/Age :		the Gazetted
_		Officer/Bank
3. P.P.O.No. :		Manager or Notary.
4. Name of Bank and Branch:		rvotai y.
5. Bank Account No. :	OLD:	
	NEW:	
6. Employee Particulars :	(Applicable if Re-Employe after retire Appointed on Compassionate Grou	
a. Name of Office :		
b. Date of Employment / Re-Emp	oloyment:	
c. What is the D.A. being drawn		
d. Date from which D.A. is drawn	n	
7. Re-Marriage Particulars if any :		
a. Date of Re-marriage :		
b. Name of the spouse:		
8. Present Residential address with Phone	a No.	
	= 1 <b>10</b>	
9. PAN No. if any :		
<b>DECL</b> A	ARATION OF THE PENSIONE	<u>R</u>
I hereby declare that:		
i. I am not drawing any other pensio		
ii. I am drawing other pension throug iii. I am not drawing any D.R. on that		
iv. The particulars mentioned above a		d belief
v. If the above particulars proved wr	ong at any time, I am liable for discipli	nary / criminal action as per rules.
	(OR)	
Date:	(OR)	
Place:		
Left hand Thumb Impression of the Pension	oner (Signature of the Pens	ioner)
	CKNOWLEDGEMENT	
Received the Annual Verific	ation Certificate dated	of Sri/Smt
Holder	of PPO No	

## CERTIFICATE-I

(To be issued by the Drawing & Disbursing Other)

Certified that Sri/Smt		·	W/o of	H/o o	of I	Late
	_ was appointed as _		on	compa	ssio	nate
grounds in this office with effect f	from	She/He is being paid	the Dear	ness Al	lowa	ınce
eligible to her at the rates sanction	ed by the government	from time to time.				
As per the declaration file	d by the individual, sh	e/he is not drawing any D.l	R. on the	family	pens	sion
beign drawn vide PPO No	f	rom the Sub Treasury/Pens	sion Payn	ıent Of	fice.	
		Si	gnature	& Offi	ce S	eal.
Station: Date:						
	CERTIFIC	CATE-II				
Certified that I have seen t	he pensioner as on	and he/she i	s alive on	this da	ıte.	
Date:						
Place:		Signature of the Ga Bank Manager / (wit				
Signature of the Treasury Officer, i.e. STO/ATO/APPO (with name and seal)						
Note:	ion on sign the Cout	figate if the nengioner appear	wa nawaan	ality b	ofono	the

- 1. The Pension Disbursing Officer can sign the Certificate if the pensioner appears personality before the Pension Disbursing Officer.
- 2. If pensioner does not appear personally before the Pension Disbursing Officer, the Certificate shll be signed by any Gazetted Officer / Bank Manager.
- 3. The Annual Verification certificates are obtained form 1st November on wards.
- 4. The Non-receipt of the Annual Verification Certificate the pension shall be stopped form 1<sup>st</sup> April on wards (i.e.) March payable on 1<sup>st</sup> April.