

**For Family Pensioner (Death-After-Retirement)**

**(Applicable for those who are not able to do online by himself/herself and online entry shall have to be done by the office of the Pension Sanctioning Authority)**  
**(As per order no. 48-F(MED)WB,Dated-26/03/2020)**

To  
The ..... (Designation of PSA)  
..... (Name of the Office)  
..... (Office Address of PSA)

Sir/Madam,

I am submitting a prayer of fresh enrolment under West Bengal Health Scheme disclosing the information in the following table to incorporate at the time of online entry from your end.

Sl. No.	Particulars	Details
1	Are you drawing family pension through Treasury (Tick one)	<input type="radio"/> Yes <input type="radio"/> No
2	Date of Birth of Deceased Pensioner (XX/XX/XXXX)	
<b>Personal Information</b>		
3	PPO ID (Treasury Code + 7 digit numeral) of Deceased Pensioner	
4	PPO No. of Deceased Pensioner	
5	Full name of Deceased Pensioner (As per PPO)	
6	Date of Retirement of Deceased Pensioner (XX/XX/XXXX)	
7	Gender/Sex of Deceased Pensioner	
8	Permanent Address of Family Pensioner	
9	Mobile No. of Family Pensioner	
10	E-Mail address of Family Pensioner	
11	Residence Phone No. of Family Pensioner	
12	Select any one category of Identity proof of Family Pensioner (Tick one)	<input type="radio"/> Voter Card <input type="radio"/> PAN Card
13	Card No. of Identity proof	
14	Aadhaar No. of Family Pensioner	
15	Are your spouse enrolled under WBHS-08? If yes, Date of enrolment (XX/XX/XXXX)	<input type="radio"/> Yes <input type="radio"/> No
16	Name of Family Pensioner	
17	Gender/Sex of Family Pensioner	
18	Date of Birth of Family Pensioner	
19	Relationship with Deceased Pensioner	
20	Name of District where last office of Deceased Pensioner located	
<b>Last Office Details</b>		
21	Last Office Address of Deceased Pensioner	

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22	Service Cadre of Deceased Pensioner at the time retirement (A/B/C/D)	
23	Designation of Deceased Pensioner at the time of retirement	
24	Basic Pay of Deceased Pensioner at the time of retirement	
25	Basic Pension of Deceased Pensioner	
26	Name of the District where DDO of Last Office of Pensioner is located	
27	Name of the Treasury where DDO of Last Office of Pensioner is linked	
28	DDO Code of Last Office	
29	Select Office location type (Tick one)	<input type="radio"/> Department(Secretariat-HQ) <input type="radio"/> Directorate (Directorate-HQ) <input type="radio"/> Attached Office under Department <input type="radio"/> Attached Office under Directorate <input type="radio"/> Regional Office under Department <input type="radio"/> Regional Office under Directorate <input type="radio"/> Other office
30	Name of Department	
31	Name of Directorate	
32	Type of Attached Office (Tick one)	<input type="radio"/> Section <input type="radio"/> Group <input type="radio"/> Branch <input type="radio"/> Cell <input type="radio"/> Wing <input type="radio"/> Board <input type="radio"/> Others
33	Name of Attached Office	
<b>Beneficiary Details</b>		
34	Total no. of beneficiaries (Family Pensioner)	
35	Total Income of Family Pensioner (Rs.)	
	Blood group of Family Pensioner	
	Photo of Family Pensioner (Paste photo within the box at the right)	
	Signature of Family Pensioner (Sign within the box at the right)	
36	Name of Dependent Beneficiary-1	
	Date of Birth of Dependent Beneficiary-1	
	Relation of Dependent Beneficiary-1 with Deceased Pensioner	
	Monthly income of Dependent Beneficiary-1 (Rs.)	

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	Aadhaar No. of Dependent Beneficiary-1	
	Mobile No. of Dependent Beneficiary-1	
	E-Mail address of Dependent Beneficiary-1	
	Blood Group of Dependent Beneficiary-1	
	Photo of Dependent Beneficiary-1(Paste photo within the box at the right)	
	Signature of Dependent Beneficiary-1(Sign within the box at the right)	
37	Name of Dependent Beneficiary-2	
	Date of Birth of Dependent Beneficiary-2	
	Relation of Dependent Beneficiary-2 with Deceased Pensioner	
	Monthly income of Dependent Beneficiary-2 (Rs.)	
	Aadhaar No. of Dependent Beneficiary-2	
	Mobile No. of Dependent Beneficiary-2	
	E-Mail address of Dependent Beneficiary-2	
	Blood Group of Dependent Beneficiary-2	
	Photo of Dependent Beneficiary-2 (Paste photo within the box at the right)	
Signature of Dependent Beneficiary-2(Sign within the box at the right)		
38	Name of Dependent Beneficiary-3	
	Date of Birth of Dependent Beneficiary-3	
	Relation of Dependent Beneficiary-3 with Deceased Pensioner	
	Monthly income of Dependent Beneficiary-3 (Rs.)	
	Aadhaar No. of Dependent Beneficiary-3	
	Mobile No. of Dependent Beneficiary-3	
	E-Mail address of Dependent Beneficiary-3	
	Blood Group of Dependent Beneficiary-3	
	Photo of Dependent Beneficiary-3(Paste photo within the box at the right)	

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	Signature of Dependent Beneficiary-3(Sign within the box at the right)	
39	Name of Dependent Beneficiary-4	
	Date of Birth of Dependent Beneficiary-4	
	Relation of Dependent Beneficiary-4 with Deceased Pensioner	
	Monthly income of Dependent Beneficiary-4 (Rs.)	
	Aadhaar No. of Dependent Beneficiary-4	
	Mobile No. of Dependent Beneficiary-4	
	E-Mail address of Dependent Beneficiary-4	
	Blood Group of Dependent Beneficiary-4	
	Photo of Dependent Beneficiary-4(Paste photo within the box at the right)	
	Signature of Dependent Beneficiary-4(Sign within the box at the right)	
<b>Detail of Pension Sanctioning Authority</b>		
40	Select Office location type (Tick one)	<input type="radio"/> Department(Secretariat-HQ) <input type="radio"/> Directorate (Directorate-HQ) <input type="radio"/> Attached Office under Department <input type="radio"/> Attached Office under Directorate <input type="radio"/> Regional Office under Department <input type="radio"/> Regional Office under Directorate <input type="radio"/> Other office
41	Name of Department	
42	Name of Directorate	
43	Type of Attached Office (Tick one)	<input type="radio"/> Section <input type="radio"/> Group <input type="radio"/> Branch <input type="radio"/> Cell <input type="radio"/> Wing <input type="radio"/> Board <input type="radio"/> Others
44	Name of Attached Office	
45	Group of Pension Sanctioning Authority	
46	Designation of Pension Sanctioning Authority	

Date:

Signature of Family Pensioner

:

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Name in Block letter :  
Last Designation Deceased Pensioner :

**Enclosures:**

1. 1(one) copy of instrument as mentioned in sl. No 12,14 and 15(if enrolled).
2. Copy of death certificate of Deceased Pensioner.
3. Proof of date of birth and/or aadhaar card (If aadhaar discloses) of all beneficiaries except employee.
4. Income declaration of dependents either from employer in case of employed dependents or self in other cases.
5. Any other instruments that require for eligibility of dependency.