



ENDORSEMENT OF NAME OF NEW BORN CHILD AND ADOPTED CHILD



The ESM/ Veernari is required to submit an application along with requisite documentary proof to Naval Pension office (NAVPEN) duly attested by concerned Zila Sainik Board (ZSB). Post Verification, ZSB is required to forward the application to NAVPEN.

Documentary Proof to be Submitted along with Application through Concerned ZSB/RSB:

| <u>SER</u> | <u>NAME OF DOCUMENTS</u> |
|-------------------|---|
| 1 | Attested copy of Birth Certificate issued by Municipal Authority/ Registrar of Births and Deaths. |
| 2 | Adoption Deed Certificate for Adopted Son/Daughter issued by competent Court of Law. |
| 3 | Original Court Affidavit declaring Date of Birth of Child attested by First Class Magistrate/Notary. (Sample Affidavit enclosed) |
| 4 | Copy of Discharge Book/IN-271 |

Note: - For Adoption cases, attested copy of amended birth certificate required.

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| The Logistics Officer-in-Charge {for Staff Officer (GB)} Naval Pension Office c/o INS Tanaji Sion -Trombay Road Mankhurd Mumbai – 400 088 | Tele: - 022 -25075620/5600 Email:- navpen-navy@nic.in |
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**SELF DECLARATION FOR ENDORSEMENT OF NEW BORN/ ADOPTED
CHILD NAME IN RECORDS**

1. I, (name of ESM)
Rank: Service Number:, was
enrolled in the Indian Navy on (date of enrollment) and discharged from
service on (date of discharge) as a Pensioner/Non-Pensioner.

2. I, (Name of ESM)
S/o residing at (address)
.....
.....

do hereby solemnly affirm and state on oath as follows: -

(a) That, post retirement, a child (male/female) was born to me and my wife
(wife name)
on (DOB of child) at (place of birth)
(OR)

That, post retirement, I adopted a child (male/female) from (name of institute/
natural parents)
on (date of adoption)

(b) That, his/her name is
and date of birth is

(c) That, I am providing this Affidavit for the purpose of evidence of my child
birth/adoption.

3. That, the facts stated above is true and correct to the best of my knowledge, information
and belief. No information in this aspect has been concealed knowingly.

Date:

Place:

Signature of Deponent

VERIFICATION

I, the deponent above named, do hereby solemnly declare and verify that the contents of
the above Affidavit are true to the best of my knowledge and belief and nothing has been
concealed or suppressed there from.

Date:

Place:

Signature of Deponent
(Magistrate/Notary)