



UPDATION OF DEPENDENT/ NOK'S DEATH OR MARRIAGE IN RECORDS



The ESM 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 Death certificate of dependent (if applicable).
2	Attested copy of Marriage certificate of dependent (as applicable).
3	Original Affidavit having details of ESM dependent. (Sample Affidavit enclosed)
4	Attested copy of ID proof (Aadhaar/PAN/Voter ID)
5	Copy of Discharge Book/IN-271

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 Email:- navpen-navy@nic.in
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**SELF DECLARATION FOR UPDATION OF DEPENDENTS/NOK DETAIL
IN RECORDS INCASE OF DEATH/ MARRIAGE**

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, my wife/son/daughter/mother/father/any other dependents whose name, as per
service records, is (name),
was expired/married on (date of demise/marriage)

(b) That, my wife/son/daughter/mother/father/any other dependent's name is /are to be
deleted from all my service records.

(c) That, my next NOK named as (name of new NOK)is to be
endorsed in all service records.

(d) That, I am providing this Affidavit for the purpose of evidence of updating my NOK
details in Naval Records.

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)