

## CHECK LIST OF DOCUMENTS FOR NEW PENSION CASES

### SELF RETIRED

(Set of documents available at concerned PTCL unit / region)

1	Retirement Notification
2	Medical Board Proceedings (In case of invalid pension)
3	Form A (Medical Board, in case of submission of case after one year of retirement notification )
4	Bank Information Details as per Performa (attached below)
5	EST-54 (specimen Signature)
6	Un-Qualified Consent (Affidavit)
7	Declaration for Recovery
8	Three (3) Photographs
9	Copy of CNIC
10	List of Family Members (NADRA - Form B ,showing relation, Date of Birth and Marital Status)

### **During Service Death (In addition to above)**

1	Application* for Family Pension (* Format attached below)
2	Non Separation Certificate (In case of widow / widower)
3	Non Remarriage Certificate (In case of widow / widower)
4	Single Widow Certificate (In case of widow)
5	Non Marriage Certificate (In case of daughter)
6	List of Family members with Relation, Age / Date of Birth and Marital Status
7	Death Certificate
8	Specimen Signature of applicant (Widow / Widower)

Note: For any clarification Please contact Dy. Director (Pension). Off: 042-37239438, email: [ddp@ptet.com.pk](mailto:ddp@ptet.com.pk)

## BANK INFORMATION PROFORMA

1. Name \_\_\_\_\_
2. Father's Name / Husband Name \_\_\_\_\_
3. Complete Mailing Address \_\_\_\_\_  
\_\_\_\_\_
4. Phone No \_\_\_\_\_
5. Mobile No \_\_\_\_\_
6. Bank Name \_\_\_\_\_
7. Bank Account No \_\_\_\_\_
8. Branch Code No \_\_\_\_\_
9. Branch Location \_\_\_\_\_
10. Signature \_\_\_\_\_

The

\_\_\_\_\_  
\_\_\_\_\_

PTCL.

**Dated:**

**Subject: New Family Pension (During Service death).**

I Mr. / Miss. / Mst. \_\_\_\_\_

Father / Mother / Husband / Wife / Son / Daughter of (Employee Name) \_\_\_\_\_

who was PTCL Employee having Employee # \_\_\_\_\_ died during service and

qualify for Pension , request to issue Family Pension Payment Orders of my deceased Father /

Mother / Husband / Wife / Son / Daughter and authorize me to draw the family Pension from Bank

\_\_\_\_\_.

Yours truly,

Applicant:

Signature / Thumb Impression \_\_\_\_\_

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

Contact # \_\_\_\_\_