

APPENDIX - 1

Use both sides of the paper. Submit in triplicate.

PPO NO.

APPLICATION FOR REVISION OF PENSION

(To be filled by the applicant)

(Refer GO(P)No.9/2016/Fin dated 20.01.2016)

1.	Name of pensioner (in capital letters)	
2.	Name of family pensioner (in capital letters)	
3.	Postal address with PIN	
4.	Phone No with STD Code	
5.	Date of birth of pensioner/ family pensioner	
6.	Date of Joining service	
7.	Date of retirement/death while in service	
8.	Date of superannuation (for teaching staff)	
9.	No. of years of Qualifying Service	
10.	Date of death (in case death is after retirement)	
11.	Department at the time of retirement/death while in service	
12.	Office/Institution from which retired	
13.	Date of commencement of pension/family pension	
14.	Date of restoration of commuted pension	
15.	Name of Treasury/Bank from where pension/ family pension is being received.	
16.	Designation at the time of retirement (give Time Bound Higher Scale-if applicable & available).	
17.	Last pay drawn	
18.	Scale of pay at the time of retirement	
19.	Corresponding revised scale	
20.	Pension Sanctioning Authority	
21.	Other Information that the pensioner may like to give	

Certified that the information furnished above are true and correct to the best of my knowledge and belief. I also agree to recover any amount found to be in excess from my future pension/family pension.

Place:

Signature of the pensioner/family pensioner

Date:

Name of applicant:

APPENDIX - 1

Use both sides of the paper. Submit in quadruplicate

PPO NO.

APPLICATION FOR REVISION OF PENSION/FAMILY PENSION

(To be filled by the applicant)

(Refer GO(P)No. 35/2016/Fin dated 05.03.2016)

1	Name of pensioner (in capital letters)	
2	Name of family pensioner (in capital letters)	
3	Postal address with PIN	
4	Phone No with STD Code	
5	Date of birth of pensioner/ family pensioner	
6	Date of Joining service	
7	Date of retirement/death while in service	
8	No. of years of Qualifying Service	
9	Date of death (in case death is after retirement)	
10	Department at the time of retirement/death while in service	
11	Office/Institution from which retired	
12	Date of commencement of pension/family pension	
13	Name of Treasury/Bank from where pension/ family pension is being received.	
14	Last pay drawn	
15	Revised scale	
16	Pension Sanctioning Authority	
17	Other Information that the pensioner may like to give	

Certified that the information furnished above are true and correct to the best of my knowledge and belief. I also agree to recover any amount found to be in excess from my future pension/family pension.

Place:

Signature of the pensioner/family pensioner

Date:

Name of applicant: