FORMAT OF APPLICATION

S.No.	Particulars	Details
1.	Name of Applicant (Pensioner)	
2.	For Family Pensioners only (a) Name of Husband (b) Date of death of Husband (c) Date of commencement of family pension	 (a) (b) (c)
3	PPO No.	
4.	Designation/Department/Station (at the time of retirement)	
5.	Designation in which pensioner retired	
6.	Date of Birth	
7.	Date of Enrolment /Appointment	
8.	Date of discharge/retirement	
9.	Total service in Department	
10.	Last Basic Pay & Scale of Pay at the time of retirement	
11.	Amount of original Pension sanctioned	
12.	Present Pension/Family Pension	Basic Pension: Disability Element: (If any) Dearness Relief: Medical Allowance: ..... TOTAL: Less Commutation: If any ..... Net pension
13.	Name of your Pension disbursing Agency (1) Name of the Bank, Branch & Address of the bank with pincode (2) Saving Bank Account Number (3) Name of PAO	
14.	What is your Complaint/ grievance (Enclose a separate sheet if necessary)	
15.	Complete Postal Address with Pin code	
16.	Telephone & Mobile Number	
17.	E-mail Id (if any)	
18.	Signature	
19.	Date and Place	

Please enclose the following documents:

(1) Copy of Discharge Certificate/ Book
(2) Copy of first two pages of your Pension Certificate/ Book
(3) Copy of all PPO and Corr. PPOs issued in your case
(4) Copy of updated Bank Pass Book last Four pages
(5) Copy of pension paid statement issued by your Bankers/DPDO/Treasury office
(6) Any other information/ documents related to your representation.

To be sent to:

_____ (Nominated officer)