

## APPENDIX-1

Use both sides of the paper. Submit in triplicate

PPO NO	
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### APPLICATION FOR REVISION OF PENSION

(To be filled by the applicant)

(Refer GO(P)No.....)

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	Date of commencement of pension/family pension	
12	Date of restoration of commuted pension	
13	Designation at the time of retirement	
14	Last pay drawn	
15	Scale of pay at the time of retirement	
16	Corresponding revised scale	

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.

Signature of the pensioner/family pensioner

Name of applicant:

Place:

Date: