## FOR CPF PENSIONER

## FORMAT - I to ANNEXURE - B

10		
The Registrar,		
	University	
Cala Amilia Carl		

Sub: Application for Revision of Pension, Family Pension, Gratuity and Commuted Value of Pension

	(a)	Name of the Pensioner/Family Pensioner (in Block Letters)	
1	(b)	Name of deceased Employee (in case of family pension)	
	(c)	Relationship (in case of family pension)	
2	Residential Address with PIN Code (in Block Letters)		
3	Pension Payment Order (PPO) No		
4	Date	of birth of the Pensioner/Family Pensioner	DD/MM/YYYY
5	Date of Option to come under Revised Pay Structure		DD/MM/YYYY
	(a)	Date of Retirement of the Pensioner	akas integralisma aigitima ara semantikokikokikokikokin aramban ya yannya inga nyang nyang nang majang nang ma
6	(b)	Date of death of employee in case of Family Pension	
	(a)	Band Pay Scale and Grade Pay of the post held at the time of retirement/ death	
7	(b)	Last Basic Pay (Band Pay + Grade Pay) at the time of retirement/ death	omeen tala kii ka ta
	(c)	HRMS ID (if available) of the employee	
8	(a)	Amount of Pre-revised Pension sanctioned	
	(b)	Amount of portion of pension already commuted	
	(c)	Amount of Retiring/ Death Gratuity sanctioned	
9		Designation of the post at the time of retirement	
10	(a)	Additional Commutation of Pension is required	YES/NO
	(b)	If YES, Please mention the revised commuted amount or Percentage (maximum 40%)	
11	Mobi	e No. & e-mail id.	

Date:

Signature of the retired employee/Family Pensioner

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