

APPLICATION FOR REVISION OF PENSION
(To be filled by the applicant)
(Refer G.O.(P) No. 9/2016/Fin Dated 20/01/2016)

1	Name of pensioner (in capital letters)	
2	Name of family pensioner (in capital letter)	
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	Department at the time of retirement/death while in service	
11	Date of death (in case death is after retirement)	
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	
17	Last pay drawn	
18	Scale of pay at the time of retirement	
19	Corresponding revised scale	
20	Pension sanctioning Authority	
21	Other information	

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 :