

**Annexure-I**  
**FORM OF APPLICATION**

[Vide G.O.Ms.No.313, Finance (Pay Cell) Department, Dated: 25-10-2017]

To

Sir/Madam,

Sub: Application for revision of Pension / Family Pension notionally  
with effect from 1<sup>st</sup> January, 2016 and with monetary benefit  
from 1<sup>st</sup> October, 2017 - Request - Regarding.

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Kindly revise my pension / family pension in terms of para-5(2) of  
G.O.Ms.No.313, Finance (PC) Department, Dated: 25-10-2017.

Requisite particulars are given below:

1. Name of the Applicant :  
(in **BLOCK** letters)
  2. Postal Address :  
(in **BLOCK** Letters)  
(Duly furnish the District)  
PIN Code
  3. (a) Name of the Pensioner / Deceased :  
Government employee (Pensioner)  
in case of Family Pensioner.  
(in **BLOCK** letters)
  - (b) Relationship in case of Family :  
Pensioner.
  4. (a) Designation / Post held :  
(Selection Grade / Special Grade, if  
applicable prior to 31.5.2009)
  - (b) Office / Department from which  
retired.
  5. (a) Date of Retirement :
  - (b) Date of Death of Government  
employee in case of Family  
Pensioner.
  6. **Pension Payment Order (PPO) :**  
**No.**(Pensioners getting pension outside the  
State shall give their respective No.)
- [Copy of relevant pages containing  
pensioner / family pensioner details to  
be enclosed]

7. Scale of Pay/ Pay Band + G.P. at the :  
time of retirement.
8. (a) Original Pension at the time of :  
Retirement or Family Pension in  
case of Death of Govt. employees  
while in service.  
(b) Amount of pension commuted (if :  
any)  
(c) Date from which it was commuted. :
9. Pension Disbursing Authority [i.e. in :  
respect of Pilot Scheme - Name of the  
PPO, Chennai / Treasury / STO and in respect  
of PSB Scheme – Name of Bank, Branch  
Address from which pension / family pension  
is being drawn.]
10. Name of the Bank, Branch with :  
Account No. to which the pension /  
family pension is credited by the  
Pension Disbursing Authority.  
(a) Name of the Bank.  
(b) Branch Name.  
(c) Account No. with IFSC Code.
11. Documentary evidence, if any, in :  
support of the claim.

Place :

**Signature of the Pensioner /  
Family Pensioner**

Date :

**Name :****PPO No.**

Note: The requisite particulars shall be filled up by the applicant from the data available in the Authorization for Pension copy approved by the Principal Accountant General (A&E), Tamil Nadu, Chennai at the time of retirement / death.

[To be filled by the Pension Sanctioning Authority and sent to the concerned Pension Disbursing Authority]

**Particulars verified :**

1. Level in the Pay Matrix :  
corresponding to the pre-revised  
pay scale / pay band and grade  
pay from which the pensioner had  
retired.  
(a) Minimum of the Pay (or the first :  
cell) in the prescribed Level in  
the Pay Matrix.  
(b) 50 percent of the minimum of :  
the pay.  
(c) 30 percent of the minimum of :  
the pay.

2. (a) Net Qualifying Service. :
- (b) Minimum required Qualifying Service for full pension at the time retirement.
3. Authorisation for Payment on or after 1-1-2016. :
- (a) Original Pension. : Rs.
- (b) Amount Commuted, if any : Rs.  
and Date from which it was commuted.
- (c) Reduced Pension. : Rs.
- (d) Additional Pension, if any. : Rs.
- (e) Enhanced Family Pension : Rs.  
[50% of the Minimum of the Pay – Restricted to Original Pension] (if needed).
- (f) Normal Family Pension. : Rs.
- (g) Additional Family Pension, if any. : Rs.

The revision of pension, family pension and additional pension shall take notional effect from 1-1-2016 or date of entitlement to pension / family pension / enhanced family pension / additional pension / family pension, whichever is later, and shall have monetary effect only from 1-10-2017.

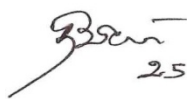
**Signature of the  
Pension Sanctioning Authority.**

**Name:**

**Designation :**

**Office Seal :**

**-/ Forwarded : By Order -/**

  
25/10/17  
**SECTION OFFICER.**