## PROFORMA

То

The Ministry/Department/Office, etc., (Pension Sanctioning Authority)

Subject: - Restoration of one-third commuted portion of pension after 15 years from the date of commutation or 1-4-1985 whichever is later, in respect of Government servants who had drawn lumpsum payment on absorption in PSU/Autonomous Body – Implementation of Supreme Court judgment dated 15-12-1995 in W.P © No. 11855/85 as well as Supreme Court Order, dated 1-5-1998 in C.P. No. 530/97 in W.P. © No. 11855/85.

Sir,

Requisite particulars along with supporting documents are given below

- 1. Name in Block Letters
- 2. Date of Birth
- 3. Name of Ministry/Department/Office where employed prior to absorption
- 4. Details of qualifying service ----
  - a. Date of joining Government service
  - b. Date of leaving Government service on account of absorption
  - c. Total qualifying service rendered under Government which was taken into account for grant of pro rata pension on absorption.
- 5. Date of absorption in the PSU/AB(A copy of the terms and conditions of absorption to be attached)
- 6. Designation/Basic Pay/Pay Scale of the post held under Government at the time of absorption
- 7. Age at the time of absorption
- 8. Amount of pro rata pension sanctioned
- 9. Amount of pension commuted and date of payment
- 10. Name of the Accounts Officer, viz., the authority which issued the cheque for lumpsum payment.

## DECLARATION

I hereby declare that the information furnished in this application true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect detected at a later stage, I am bound to refund the entire restored amount commuted portion of pension, DR, if any received on such pension, etc. Government in one lumpsum along with interest at the rates applicable GPF from the date of receipt to the date of refund to Government.

2. I am fully aware that I have been asked to furnish the above intimation as my service documents are not readily available.

Date:

Postal Address:

Signature of Applicant