

TAMIL NADU MARITIME BOARD, CHENNAI – 600 028.

Annexure-I

FORM OF APPLICATION

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

To

THE VICE CHAIRMAN AND CHIEF EXECUTIVE OFFICER,
TAMIL NADU MARITIME BOARD,
3RD & 4th FLOOR,
171, SOUTH KESAVAPERUMALPURAM,
OFF GREENWAYS ROAD,
RAJA ANNAMALAIPURAM,
CHENNAI – 600 028.

Sir/Madam,

Sub: Application for revision of Pension / Family Pension notionally
with effect from 1st January, 2016 and with monetary benefit
from 1st 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.

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- Note:** 1. The requisite particulars shall be filled up by the applicant from the data available in the Pension Payment Order (Pension Book) issued at the time of retirement / death.
2. The above Option Form should reach Tamil Nadu Maritime Board, Head office at Chennai **on or before 25.11.2017.**
3. For obtaining clarifications, you may contact Tamil Nadu Maritime Board, Head office at Chennai **till 25.11.2017.**