

CONSENT LETTER

From:

To

The Pension Pay Officer,
The Pension Pay Office,
571, Annasalai, Nandanam,
Chennai-600 035.

I, residing at state that I am one of
the Legal heirs of our deceased Father/Mother,

Thiru/Tmt..... received pension from Pension
Pay Office holder of PPO. No..... Who expired on.....

I have no objection and give my full consent to our brother/sister, Thiru/Thirumathi
..... to receive entire benefits due to
Our deceased Father/Mother like Pension Life Time Arrears, Family Security Fund and G.O. 579
Arrears.

In this regard, I will not make any claim in future.

Yours faithfully,

()

Signed before me:

(Signature of a Gazetted Officer with
Designation and office Seals)

**APPLICATIONFOR THE PAYMENT OF PENSION DUE TO THE
DECEASED PENSIONER**

To

The Pension Pay Office
Chennai – 600 035

Sir,

Government Pensioner (Holder of PPO No.....) having died on

I am / We are to apply for the payment to me / us of the Life Time Arrears of Pension from.....to.....due to the said Deceased Pensioner amounting to Rs.....

I am/we are related to the Deceased Pensioner asand I am / we are legal heir / heirs / to the above Deceased Pensioner.

The Deceased Pensioner has left no will, the probate of which is herewith forwarded for Inspection and return.

1. Pension Payment Order in Original
2. Pension bill duly filled, stamped and signed.
3. Death Certificate of the Pensioner
4. Heirship Certificate

Yours faithfully,

(Applicant Signature)

(Strike out entries not required)

FORM
DESCRIPTIVE ROLL

1. Name of the Pensioner/Applicant : _____
2. PPO No.: _____
3. Present Resident Address : _____

4. Date of Birth : _____
5. Name of the Bank and Branch : _____
6. SB Account Number : _____

FORM

IDENTIFICATION MARKS

- 1.
- 2.

SPECIMEN SIGNATURE

- 1.
- 2.

Recent Passport Size
Photo attested by
Gazetted Officer
With Seal

BANK DETAILS

1	NAME OF THE PENSIONER/ CLAIMANT	
2	ADDRESS WITH MOBILE OR LANDLINE NUMBER	
3	PENSION PAYMENT ORDER NUMBER	
4	NAME OF THE BANK AND BRANCH TO WHICH PENSION IS CREDITED	
5	BANK ACCOUNT NUMBER	
6	TYPE OF ACCOUNT	
7	BANK IFSC CODE	
8	BANK BRANCH MICR CODE	
9	CORE BANKING SYSTEM	YES / NO
10	NEFT	
11	BANK PHONE NO WITH STD CODE.	
12	AMOUNT CLAIMED	
13	NAME OF THE DISTRICT/ SUB TREASURY.	PENSION PAY OFFICE,CH-35

SIGNATURE OF THE PENSIONER/FAMILY PENSIONER/LEGAL HEIR

COMPUTER SHEET – PENSIONER DATA BASE

(To be furnished by the Pension Disbursing Officer and enclosed with sanction of Tamil Nadu Government Pensioners' Family Security Fund Scheme)

- 1. Pension Payment Order No.**

- 2. Pensioner Name (in Capital (English))**

Table 1. Summary of the main characteristics of the four groups of patients.

3. Address for communication (in Capital (English)) – for issues of Cheque)

- 4. Date of Retirement**

4 a) CLAIM (B) REFUND

Date of Settlement _____

- 5. If claim, Date of Death of the Pensioner**

- #### **6. Category of Pensioner**

(Civil / Teacher / AIS (T. N. Cadre))

Table 1. Summary of the main characteristics of the four groups of patients.

- ## **7. Details of Pension Disbursing Officer**

- 8. Details of Spouse / Nominee (Name, Age, Relationship & Address for issue of Cheque)**

- 9. Date of Admittance**

- ## 10. Recovery made upto