Annexure: I

SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

Date____ To The Branch Manager

______ (Bank) ______ (Branch & address)

Dear Sir,

Payment of pension under P.P.O. No._______through your office. In consideration of your having, at my request, agreed to make payment of pension due to me every month by credit to my account with you. I the undersigned agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorize the

bank to recover the amount due by debit to my said account or any other account/ deposits belonging to me in the possession of the bank.

Yours faithfully,

Signature:

Name: _____

Address: _____

Witnesses:

Signature:

Name: _____

Address: _____

Date: _____

(2) Signature:

Name:

Address:_____

Date: _____

DRAFT AMENDMENT TO DPPL,2013

<u>Correction slip NO.01/2016 From NO.5 of Appendix 11 of DPPI 2013 is amended as</u> <u>under:</u>(Referred to in para 68 and 72.4(v)) Part-A(Every year)

LIFE CERTIFICATE

(To be submitted by Pensioner once a year in November)

Certified that I have seen the pensioner Shri/Smt./Ms._____

(Name of Pensioner) holder of Pension Payment Order No._____and that he/she is alive on this date.

1. Present address of the pensioner / Family pensioner.

2. Telephone / Mobile Number:

3. E-mail Address: _____

Designation of Authorized Officer Seal	
Name:	
Place:	
Date:	

ACKNOWLEDGEMENT

Life Certificate of Pensioner / Family Pensioner of Shri/Smt/Ms			
(Name of Pensioner)holder of Pension Payment Order			
No	has been received.		
Date:			

Signature.....

Name

Stamp of the receiving Bank Branch/PDA Address of Bank/PDA Tel.No.

NON-EMPLOYMENT / RE-EMPLOYMENT CERTIFICATE

(To be given by pensioner once a year in November)

(A) Existed Deleted*

(B) I declare t	I declare that I have been employed / re-employed in the Offices which is a part of /			
financed by	and was in receipt of the following	monthly		
rates of emolume	nents during the year ended November, 20 or during the month o	f within the		
said year:				

(a) Pay_____

(b) Special Pay_____

(c) Other Allowances / Fees / Honorarium_____

(it includes D.A., A.D.A., these to be shown clearly)

Further, that the orders of my re-employment do/do not stipulate my pension being held in abeyance during the re-employment period.

I declare that I have not accepted any commercial employment in India.

Or

I declare that I have accepted commercial employment in India, after obtaining previous sanction of the Central Government and none of the conditions, if any, attached thereto by Government has been violated.

Or

I declare that I have accepted Commercial Employment in India without obtaining the sanction of Central Govt.

NOTE: This declaration is required to be given for a period of two years from the date of retirement.

(C) I declare that I have not accepted any employment under a Govt. outside India /an International Organization of which Govt. of India is not a member.

Or

I declare that I have accepted employment under a Govt. outside India/an International Organisation of which Govt. of India is not a member after obtaining the previous sanction of the Central Government and none of the conditions attached thereto by the Govt. has been deviated from. I declare that I have accepted employment under a Govt. outside India/an International Organisation of which Govt. of India is not a member, without obtaining the previous sanction of the Central Govt. of which Govt. of India is not a member, without obtaining the previous sanction of the Central Govt.

Signature

Place: _____

Name of the Pensioner_____

Date: _____

P.P.O. No. :_____

Certificates at (B) and (C) are to be furnished by retired Group A Officers in May and November each year.

*CS No. 2 Authority. CGA s UO No 1(7)(1)2000/TA/377 dated 19-8-2002.

CERTIFICATE OF RE-MARRIAGE / MARRIAGE

I hereby declare that I have not got re-married and I undertake to report such any event promptly to the Pension Disbursing Authority / Bank.

(Applicable only for widow recipient of family pension and to be furnished only once)

or

I hereby declare that I am not married/I have not got married during the past six months. (To be submitted by widowers and unmarried daughters once every six months in May and November)

Signature :	
Name of the pensioner	

P.P.O. No._____

Place: _____

Date: _____

I certify to the best of my knowledge and belief that the above declaration is correct.

Signature of a responsible Officer or a well-known person

Place: _____ Date: _____ Name_____ Designation______

Details to be furnished by the Pensioner

Name	
Bank Account No	
Address for Corres	oondence:
Telephone :	
Aadhaar No :	
Email Id:	
Pan :	
Name of the Spou	
Spouse Date of Bi	h:

Signature of the Pensioner