LAKSHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION: GWALIOR (Deemed University)

PRO-FORMA [See Decision (2), Rule (10)]

To,				
SUB	RESTORATION OF COMMUYEARS-IMPLEMENTATION COURT.			
Sir,				
	Kindly restore my commuted	portion of ponci	on in towns of	Minighay
	onnel, Public Grievances and Per fare O.M. No. 34/2/86-P & PW, da	nsion, Departmen	t of Pension and	
	REQUISITE PARTICULARS AR	RE GIVEN BELOW	V:-	
1-	Name in Block letters			***************************************
2-	-Date of Retirement		8	
3-	PC/PPO No.		* *	
4-	Amount of Original Pension			
5-	Amount of Pension Commuted (if any)	5.1		/
6-	Name of the Account Officer viz, the authority who issued PC/PPO.			
7-	Name of the Treasury/Post Office/PPM/Other/Pension disbursing agency			
Date		Sig	gnature of Pensi	oner,
Postal Address:				
	Particulars verified.			

Signature Rubber Stamp of Pension