ANNEXURE-IX

(See para 9.1 page 5)

APPLICATION FOR SWITCHOVER OF PENSION PAYMENT THROUGH AUTHORISED BANK

(To be submitted in duplicate)

To The	PAO/	Treasury/Pension Disbursing Officer	
		(Addre	ess)
Sir,			
		aw my pension through Authorised Bank an make arrangements in this regard.	d give below necessary particulars
1.	PARTICULARS OF PENSIONER		
	(a) (b) (c)	Name PPO No. Present address	
2.	PARTICULARS OF THE AUTHORISED BANKS WHERE PAYMENT IS DESIRED		
	(a) (b) *(c)	Name Branch and Address where payment is of My S.B./Current Account No	
			Yours faithfully,. (Pensioner) (Sd)
Place: Date:			, ,
*('Joint' or e	either oi	r survivor' account is not permissible).	ania Cassiman Cianatura
	OD 11	SE IN THE OFFICE OF THE PENSION D	er's Specimen Signature
of AB		to the Central Pension Accounting Office(Name of Link Branbearing No	ch). The Disburser's half of PPO of
		oner has been paid pension @ Rs upto the month of	
Pen	sion dı	ue from the month of	is to be arranged by the Bank.
Station: Date:			(Pension Disbursing Authority) (With Name & Seal)