

From:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Mobile \_\_\_\_\_

Date:

To,  
**The Sr.Accounts Officer,**  
**ZAO(CBDT),**  
**2<sup>nd</sup> Floor, Vasupujya Building,**  
**Ashram Road**  
**Ahmedabad 380 009**

Sir,

**Sub: Application for Revision of Pension consequent to  
7 CPC OM No.38/37/2016-P&PW(A) dated 12.05.2017**

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Kindly refer to the above.

2. I retired on Superannuation / VRS on \_\_\_\_\_. I am enclosing herewith the application for revision of Pension in prescribed proforma, alongwith copy of my PPO Order/ Book, PAN Card and Aadhar Card etc. I retired in the post of \_\_\_\_\_. My last Pay at the time of retirement was \_\_\_\_\_.

You are requested to kindly revise my Pension at the earliest, in view of Department of Pension and Pensioners' Welfare's OM No.38/37/2016-P&PW(A) dated 12.05.2017, with respect to 7<sup>th</sup> Central Pay Commission.

Thanking you.

Yours faithfully,

( )

**Encl: As above**

Copy to: The ITO(HQ)(Personnel), O/o The Pr.Chief CIT, Gujarat, 2nd Floor,  
Aayakar Bhavan, Ashram Road, Ahmedabad 380 009.

APPLICATION FORM FOR REVISION OF PPO

(To be submitted w.r.t. instructions contained in DPPW Office Memo No. 38/37/2016-P&PW(A) dated 12-MAY-2017 – Pre-2016 Pensioners)

1. Name of Applicant (in block letters):
2. Full Postal Address with Tele./Mobile No.:
3. Name of the Pensioner & Designation at the time of Retirement/Death:
4. Date of Retirement/Death of Employee:
5. Name of the Spouse & DOB (with proof):
6. Relation with deceased pensioner:
7. i) Aadhaar No. of Pensioner:  
ii) Aadhaar No. of Family Pensioner:
8. PAN of the Pensioner:
9. E-mail ID:
10. Pay at the time of retirement with scale of pay:
11. PPO No.:
12. Name of the Authority which issued PPO (enclose copy):
13. Name of the Bank & Address:
14. Account No.:

15. Documents required:

- a. Copy of PPO at the time of retirement
- b. Revised PPO as on 1.1.96, 1.1.2006
- c. Proof of Date of Birth of Spouse & dependants
- d. Copy of PAN Card of Pensioner
- e. Copy of Aadhaar Card of Pensioner & Spouse

Place:

Signature

Date:

(Pensioner/Family Pensioner/Dependant)