

NATIONAL INSTITUTE OF RESEARCH ON JUTE & ALLIED FIBRE TECHNOLOGY (ICAR)
12, REGENT PARK • KOLKATA - 700 040

Memo-It is requested that this form may
be used for submission of next bill

Name of the Pensioner :
(In block letter)

P. P. O. No. _____

on20

(The number of P.P.O. Should be inserted above by the pensioner)

PROVINCE	PENSION AND OTHER RETIREMENT BENEFIT Superannuation and retired allowances	Voucher No. _____ of _____ list of payments
STATE		for 20

Received the amount of PENSION due to me for the month of
 20 as late

A (i) "I declare that I have not received any remuneration for serving in any capacity either in Government Establishment or in an Establishment paid from a Local Fund during the period for which the amount of pension claimed in this bill is due."

Pensioner

Or

(ii) "I further declare that I have accepted commercial employment.

Pensioner

Or

(iii) "I declare that I have been re-employed during the period in the office of the
 so salary of ₹ Per mensem My pay at the time of
 retirement of pension was ₹ a month

Pensioner

Or

(iv) "I further declare that I have accepted commercial employment after obtaining/without obtaining the previous sanction of the I. C. A. R. to such acceptanc"

Pensioner

Station

The

Net amount (to be written by the pensioner in words)

(Rupees

1. Pension :
2. Dearness Relief :
3. Medical Allowances :
4. Arrear D.R. :

TOTAL

Deduction

NET ₹

₹

P.

Pensioner's residence

Pay ₹	(Rupees
)	
Auditor	Accounts Officer

Cheque No.

Received payment

**₹1/- REVENUE STAMP
FOR PAYMENT
EXCEEDING Rs. 5000/-**

(See Reverse)

Pensioner

This is to certify that I am not in receipt of Medical Assistance/ Reimbursement/Facility from any Govt./Semi. Govt. aided Agency.

Annual Attendance due on Identified
Life-certificate

by me

Attested

Signature

Designation

or Address

Certificate to be give in case
of non-attendance in person

(P.T.O)

CERTIFIED that I have seen the pensioner
and that he/she is alive on this date and that the bill has been signed by him/her.

Thumb impressed

.....
.....
.....

Signature

Name

Designation

The following endorsement should be signed by the Pensioner :

Please make the cheque payable to (Banker)

Pensioner

Either of the following endorsements should be signed by the pensioner :-

(1) Please make the cheque payable to (Banker)

(2) Please Pay to
deliver the cheque to

Pensioner

***(State name of the pensioner. He should be identified by some one known to the office of the Audit & Accounts wings. N.I.R.J.A.F.T.)**

Signature of Pensioner
