PRO FORMA [see Decision(2), Rule 10]

Subject :- Restoration of commuted Implementation of the jud				ırs -	
Sir,					
Kindly restore my commuted portion of Grievances and Pensions, Department of P. & P.W., dated the 5th March, 1987.	-		-		
Requisite particulars are given below	· _				
1. Name in Block letters		•••	•••	•••	
2. Date of retirement		•••	•••	•••	
3. PC/PPO No.		•••	•••	•••	
4. Amount of original pension				•••	
5. Amount of pension commuted (if any	y)			•••	
6. Name of the Accounts Officer, viz., tissued PC/PPO					
7. Name of the Treasury/Post Office/PF disbursing agency	PM/other pension	•••			
			Sig	nature of Pensi	ioner
Date :					
Postal address :					
Particular	s verified.				
				Signature	
				Rubber Stamp ension Disburs Authority	