

**ANNEXURE-I**

**FORM FOR EXERCISING OPTION UNDER THE TAMIL NADU REVISED  
PAY RULES, 2017.**

(Vide G.O.Ms.No.313, Finance (Pay Cell) Department, Dated 25.10.2017)

To

Sir/Madam,

**Sub: Application for revision of Pension / Family  
Pension notionally with effect from 1<sup>st</sup> January  
2016 and with monetary benefit from 1<sup>st</sup> October  
2017 – Request – Regarding.**

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Kindly revise my pension / family pension in terms of para-5 (2) of  
G.O.Ms.No.313, Finance (PC) Department, Dated 25.10.2017.

Requisite particulars are given below:

1.	Name of the Applicant (in Block Letters)	:	
2.	Postal Address (in Block Letters) (Duty furnish the District) PIN Code:	:	
3.	(a) Name of the Pensioner/Deceased Government employee (Pensioner) in case of Family Pensioner (in Block letters)	:	
	(b) Relationship in case of Family Pensioner.	:	
4.	(a) Designation / Post held (Selection Grade / Special Grade, if applicable prior to 31.05.2009)	:	
	(b) Office / Department from which retired.	:	
5.	(a) Date of Retirement	:	
	(b) Date of Death of Government employee in case of Family Pensioner.	:	
6.	Pension Payment Order (PPO) No.(Pensioners getting pension outside the State shall give their respective No.) (Copy of relevant pages containing pensioner / family pensioner details to be enclosed).	:	

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7.	Scale of Pay / Pay Band + C.P. at the time of retirement.	:	
8.	(a) Original Pension at the time of Retirement <u>or</u> Family Pension in case of Death of Government employees while in service.	:	
	(b) Amount of pension commuted (if any).	:	
	(c) Date from which it was commuted.	:	
9.	Pension Disbursing Authority (Name of Bank, Branch Address from which pension / Family Pension is being drawn).	:	
10.	Name of the Bank, Branch with Account No. to which the pension / family pension is credited by the Pension Disbursing Authority.  (a) Name of the Bank.  (b) Branch Name.  (c) Accounts No. with IFSC Code.	: : : :	
11.	Documentary evidence, if any in support of the claim.	:	

Place:

Signature of the Pensioner /  
Family Pensioner

Date:

Name :  
PPO No:

**UNDERTAKING**

I hereby undertake the any excess payment that may be found to have been made as a result of incorrect fixation detected in the light of discrepancies noticed subsequently will be refunded by me to the Government either by adjustment against future payments due to me or otherwise, as feasible (by lumpsum payment).

Dated: . .2017

Signature:

Signature  
(with date)

Signed before me:

**Head of the Office**  
**(In the case of Non-self drawing Officers)**  
**Accounts Officer**  
**( in the case of Self drawing Officers)**

Received the above declaration.

Dated: . .2017

Signature.

**Assistant Accountant – General /**  
**Pay and Accounts Officer,**  
**Head of Office.**