

VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA, ODISHA

No.VSSUT/Pen/1463/2020

Dated: 09.05.2020

NOTICE

All the Pensioner and Family Pensioners (Teachers) of Pre-2016 and Post-2016 are requested to submit the application forms as Annexure-B (available in the University website i.e. www.vssut.ac.in) with the Undertaking to the undersigned by 31.05.2020 (through post/courier/E-mail- registrar@vssut.ac.in) in order to fix their pension in 7th revision of pension as per the notification issued by SD&TE Dept., Govt of Odisha.

Encl: Form of Application

By order of Vice Chancellor

Sd-
REGISTRAR
Dated: 09.05.2020

Memo. No.VSSUT/Pen/1464/2020

Copy to:

1. University notice board.
2. Dean, F&P with a request to place the notice in the VSSUT website.
3. Registrar for information.
4. PA to Vice Chancellor for information of the Hon'ble Vice Chancellor.

Sd-
REGISTRAR

ANNEXURE-'B'

FORM OF APPLICATION

To

The Vice Chancellor/ Director,

Sub:- Revision of Pension/ Family Pension in respect of Pre-2016 Pensioners/ Family Pensioners.

PARTICULARS

1.	Name of the Pensioner/ Family Pensioner: (In Capital Letters)	
2.	Father's/ Husband's/ Spouse's Name	
3.	Type of Pension admissible	
4.	Pension Payment Order (PPO/FPPO) No. ____ (copy of 1 st page of PPO/ FPPO to be attached)	
5.	Name of the Treasury/ banks from which pension/ family pension is being drawn	
6.	Date of commencement of pension/ family pension	
7.	Amount of pension at the time of retirement	
8.	Additional pension/ personal pension/ ex-gratia drawn, if any	
9.	Whether the pensioner/ family pensioner is in receipt of any other pension, if so its particulars and source from where being drawn. (copy of the PPO to be furnished)	

I declare that the information furnished above are true and correct.

Signature/ LTI of Pensioner/ Family Pensioner

UNDERTAKING

I hereby undertake that any excess payment that found to have been made due to incorrect revision of pension/ family pension or any excess payment detected subsequently will be refunded by me to the concerned pension disbursing authority either by adjustment against future pension/ family pension due to me or otherwise.

Signature/ LTI of Pensioner/ Family Pensioner

Date:

Name:

Place:

PPO No./ FPPO No.