

Government of Orissa Department of Public Grievances & Pension Administration

APPLICATION FORM FOR O. C. S. (COMMUTATION OF PENSION) FORM 7

FORM OF APPLICATION FOR RESTORATION OF COMMUTED PORTION OF PENSION ScheduleLIII-FormNo.383(New)

(See rule 7)

(Disbursing Authority)

Subject- Restoration of commuted portion of pension after 12 years

	rtion of pension in terms of rule 7 (2) of the Orissa Civil Services 92 Requisite particulars are given below:-
1. Name (in Block letters)	
2. Date of retirement	
3. P.P.O. No.	
4. Amount of pension commuted Rs	/-
5. Amount of pension commuted Rs	/-
Postal Address:	
	Signature of Pensioner
	Signature of Fensioner
Date	Denti college conifical Circust
	Particulars verified Signature
	Rubber Stamp of Pension Disbursing Authority