

पेंशन सारांशीकरण भुगतान प्राप्ति तिथी से 15 वर्ष पूर्ण होने पर पेंशन पुनःस्थापन हेतु आवेदन पत्र

Application for Restoration of Pension on Completion of 15 years from the date of receipt commutation amount.

To,

The Director
N.I.T.T.T.R.
Bhopal-462 002.

विषय : पेंशन पुनःस्थापन हेतु आवेदन पत्र ।

Sub : Restoration of Commuted Portion of Pension – reg.

संदर्भ : पेंशन सारांशीकरण भुगतान आदेश क्र. तिथी.....

Ref : My commutation of pension order No. -----date-----.

महोदय,

उपरोक्त संदर्भ में, मेरे द्वारा दिनांक को पेंशन सारांशीकरण भुगतान प्राप्ति तिथी से 15 वर्ष पूर्ण किये गए हैं अतः कृपया नियमानुसार मेरी पेंशन पुनःस्थापित करने का कष्ट करें।

पेंशनर का नाम एवं हस्ताक्षर

नामिनी का नाम एवं हस्ताक्षर

पेंशनर का पहचान क्रमांक

Sir,

With reference to above, I have completed fifteen years from the date of receiving the commutation amount of my pension on -----

You are, therefore, requested to kindly restore my pension as per norms.

Thanking you,

Name and Signature of Pensioner-----

Nominee's Name and Signature -----

Pensioner ID -----

पेंशनर की जानकारी हेतु प्रपत्र Pensioner's Information Form

Personal Information व्यक्तिगत जानकारी

Name/Designation at the time of Retirement नाम / सेवानिवृत्ति के समय पदनाम		Remarks(if any) अभियुक्ति
Mailing Address पता		
Email Address ईमेल		
Emergency contact details (Mobile/address) आकस्मिक संपर्क विवरण (पता/मोबाइल इत्यादि)		

Nominee's Information नामिनी की जानकारी

Name of Nominee/Family Pensioner नामिनी/फैमिली पेंशनर का नाम		Remarks(if any) अभियुक्ति
Date of Birth With KYC of the Nominee/Family Pensioner showing relationship with the Pensioner फैमिली पेंशनर/नामिनी की जन्मतिथी तथा KYC विवरण जिसमें पेंशनर के साथ नामिनी का संबंध वर्णित हो।		
Bank Account Details of Nominee/Family Pensioner नामिनी/फैमिली पेंशनर का बैंक अकाउंट विवरण		
Email and Contact No. of Nominee नामिनी/फैमिली पेंशनर का ईमेल एवं फोन नं.		
Aadhaar Card No. आधार नं. & एवं PAN Card No. पैन नं.		

Suggestions, if any, सुझाव, यदि कोई हों तो,

Signature-----

Thumb Impression()

Date-----

Place-----

राष्ट्रीय तकनीकी शिक्षक प्रशिक्षण एवं अनुसंधान संस्थान, भोपाल

पेंशनर्स पहचान पत्र (I-Card) हेतु ऑनलाईन आवेदन पत्र

1.	नाम	
2.	जन्म तिथि	
3.	घर का पता	
4.	फोन नम्बर	
5.	ब्लड ग्रुप	
6.	सेवानिवृत्ति दिनांक	
7.	सेवानिवृत्ति के समय पे-स्केल	
8.	सेवानिवृत्ति के समय पद	
9.	सेवानिवृत्ति मूलवेतन	
10.	पी.पी.ओ. नं.	
11.	आधार कार्ड नं.	
12.	आकस्मिक संपर्क नं. (उपरोक्त फोन नं. के अतिरिक्त)	
13.	कार्डधारी के हस्ताक्षर	

FAMILY PENSIONER MAY KINDLY NOTE THE FOLLOWING INSTRUCTIONS:

Along-with the Form 5 of NITTTR Bhopal, kindly provide the following documents in duplicate –

- 1- Original Death Certificate of the Pensioner.
- 2- Family Pensioners Bank Account details such as Bank Name/Account no./IFSC Code
- 3- Passport size four photograph
- 4- Copy of your age proof.
- 5- Copy of Aadhar Card/Pan Card

For any further clarification please dial 0755-2661600/2661601-02.

**National Institute of Technical Teachers' Training & Research,
Bhopal**

FORM - 5

1. Name of the Applicant
(i) Widow/Widower _____

(ii) Guardian if the deceased person
is survived by child of children. _____

2. Names and age of surviving widow/widower and children of the deceased
employee/pensioner

S.No.	Name	Relationship with the deceased person	Date of birth Christian Era
1.			
2.			
3.			
4.			
5.			

3. Date of death of the Employee/Pensioner _____

4. If the applicant is guardian, his date of birth
and relationship with the deceased
employee/person. _____

5. Full Address of the applicant

6. Enclosures:

- (i) Two specimen signature of the applicant duly attested (to be furnished in two separate sheets).
- (ii) Two copies of passport size photographs of the applicant duly attested.

- (iii) Two slips each bearing left hand thumb and finger impressions of the applicant, duly attested.
- (iv) Descriptive roll of the applicant duly attested indicating height and personal mark if any on the hand, face etc. (to be furnished in duplicate).
- (v) Certificates of age (In original with two attested copies) showing the dates of the children. The certificate should be from Municipal Authorities or from Local Panchayat or from the head of recognized school if the child is studying in such school. This information should be furnished in respect of such child or children, the particulars of whose date of birth are not available with the institute.

7. Signature or left hand thumb impression of the applicant.

8. Attested by Name Full Address Signature

i)

ii)

9. Witness

i)

ii)

Mark of Identification and Height of _____

1. Mark of identification _____

2 Height _____

Attested

Left hand thumb and finger impression of _____

1. Thumb _____

2. Fore Finger _____

3. Middle Finger _____

4. Ring Finger _____

5. Little Finger _____

Attested

Specimen Signatures of _____

1. _____

2. _____

Attested

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