

GOVERNMENT OF KERALA

Abstract

Pension- Revision of Pension/Family pension of the pensioners of Corporations /Municipalities-orders issued.

FINANCE(PENSION-B) DEPARTMENT

G.O.(P) No. 160/08/Fin. Dated, Thiruvananthapuram, 8th April 2008.

Read – 1) G.O (P) No. 180/06/Fin. dated, 18/04/06.
2) G.O (P) No. 359/06/Fin. dated, 01/09/06.

ORDER

As per the Government Order read as 2nd paper above, the work on revision of Pension/Family Pension of the State Government Pensioners/ Family Pensioners sanctioned in the Government Order 1st read above were entrusted with the Accountant General (A&E), Thiruvananthapuram. However, no such arrangement is seen made in the case of revision of Pension/Family Pension of the Pensioners of Corporations/ Municipalities.

In the circumstance, Government are pleased to order that the revision of Pension/Family Pension as sanctioned in the Government Order read as 2nd above, in respect of the Pensioners/ Family Pensioners of the Corporations/ Municipalities will be done by the Director of Local Fund Audit. The Pensioners/Family Pensioners are required to submit application in the Appendix attached to this order to the Secretaries of the Corporation/ Municipality concerned. The Secretaries after verifying the records and filling up the required columns shall certify the same and forward it to the Director of Local Fund Audit for fixing the revised Pension/ Family Pension. The Director of Urban Affairs will issue formal orders on the basis of the Pension/ Family Pension fixed by the Director of Local Fund Audit.

A remuneration of Rs.40/- per pension case will be sanctioned to the Local Fund Audit Department. Expenditure on account of this will be met by the Corporation/ Municipality concerned.

By Order of Governor

Ashwini Kumar Rai
Secretary(Finance Expenditure)

To

The Accountant General (A&E), Kerala, Thiruvananthapuram.
The Principal Accountant General (Audit), Kerala, Thiruvananthapuram.
The Director of Urban Affairs, Thiruvananthapuram.
The Director of Local Fund Audit, Thiruvananthapuram.
The Secretaries of Municipalities/Corporations.
The Local Self Government Department.
The Stock File/ Office Copy.

✓ www.finance.kerala.gov.in

Forward/By Order



Section Officer

APPENDIX

Use both sides of same paper. Submit in duplicate. Write PPO number in Box 1

1.PPO No.	2	3
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APPLICATION FOR REVISION OF PENSION/FAMILY PENSION

[Refer G.O.(P) No.359/2006/Fin,dated 1st September,2006]

(Columns 1 to 12 must be filled in by Applicant)

1.Name of the Pensioner (Capital Letters)		
2.Name of Family Pensioner (Capital Letters)		
3.Postal Address with PIN		
4.Phone No. with STD Code		
	By Applicant	By Secretary/Director of Local Fund Audit
5.Date of Birth(a) of Pensioner		
(b) of Family Pensioner		
6.Department at time of retirement		
7.Office/Institution from which retired		
8.Date of Retirement/death while in service		
9.Date of Superannuation		
10.Date of death of pensioner (in case of death after retirement)		
11.Name of Treasury/Bank branch from which pension is being received		
12.Rules applicable		

(Columns 13 to 23 may be filled in by Applicant, if information is available)

13.Designation at time of retirement (give Time Bound Higher Grade- TBHG-if applicable& available)	
14.Last pay drawn	
15.Scale of pay at time of retirement	

15. Scale of pay at time of retirement		
16. Corresponding revised scale		
17. No of years of Qualifying Service		
	By Applicant	By Secretary/Director of Local Fund Audit
18. Pension Sanctioning Authority		
19. Date of joining service		
20. Date(s) of restoration of commuted portion		
21. Date of commencement of pension		
22. Date of commencement of family pension		
23. Other Information that the Petitioner may like to give:		

Certified that the information furnished above are true and correct to the best of my knowledge and belief. Also certified that the details of columns (from Sl.Nos.13 to 23) are left blank as they are not known to me and hence, the decision of the Secretary/ Director of Local Fund Audit and the Director of Urban Affairs thereon shall be binding on me. I also agree to recovery of any amount found to be in excess, from my future pension.

Place:

Date:

Signature of Pensioner/Family Pensioner

Name of Applicant:

INSTRUCTIONS TO PENSIONER/FAMILY PENSIONER

1. Pension Payment Order(PPO) No. which is most crucial, must be written in Box No.1 at the top. Leave Box Nos.2&3 as blank.
2. Use blue or black ink. Red & Green ink will be used by the Secretary/ Director of Local Fund Audit and the Director of Urban Affairs. Columns at Sl.Nos1 to 12 are mandatory i.e., these will have to be filled in by the applicant.
3. Columns at Sl.Nos.13 to 23 are not mandatory. If these columns are left blank by the applicant, these will be supplied by the Secretary/ Director of Local Fund Audit and the Director of Urban Affairs whose decision will then be final and binding on the Pensioner/Family Pensioner.
4. Please use forms printed/copied on a single sheet i.e. page 2 should be on the reverse of page 1. Avoid multiple sheets.
5. The application form has to be submitted to the Secretary in duplicate.

**FOR USE BY SECRETARY /DIRECTOR OF LOCAL FUND AUDIT/
PENSION DISBURSING AUTHORITY**

24. Information available from Pension Documents(Write "N.A", if information is not available in Pension Documents)

(a) Designation at time of retirement including TBHG, if applicable & available	
(b) Scale of pay at time of retirement	
(c) Last drawn Basic Pay	
(d) No. of years of Qualifying Service	

25. Pre-revised pension for March 2005[Pension/Family Pension captured based on G.O.(P) No. 3001/1998/Fin. dated 25-11-1998 in respect of pre-1-3-1997 retirement/death and Pension at the time of retirement/death in respect of post 1-3-1997 retirement/death].

(a) Pension	
(b) Family Pension at higher rate	
(c) Family Pension at lower rate	

26. Provisionally Revised Pension as on 1-4-2005

(a) Pension	
(b) Family Pension at higher rate	
(c) Family Pension at lower rate	
(d) Arrears paid	

27. Other relevant information, if any

Certified that the information at Sl. Nos.24,25&26 are as per records available in this office. Also certified that details furnished by Pensioner at Sl. Nos. 5,6,7,8,9,10,11,18,19,20,21,22,23 (Strike off Sl. Nos. where information cannot be certified as correct) are correct. Also certified that the details furnished by Pensioner at Sl. Nos. 5,6,7,8,9,10,11,18,19,20,21,22,23 (Strike off Sl. Nos. where information is known to be correct) are not correct; the correct details are written in red ink in the appropriate Column against the Sl. No. Information in the remaining Columns are not known to the Secretary.

Place:
Date:

(Seal)

Signature of Secretary
Designation & Name of Office
Phone Number with STD Code
Postal Address