

BERHAMPUR UNIVERSITY  
BHANJA BIHAR : BERHAMPUR-760007 : ODISHA

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No. 8809 Admn-I(TE)

Date. 10/12/2020

NOTIFICATION

This is for information of all retired teachers of this University that in pursuance of Notification No.U-20/2019/19241/SG(HE) dated 06.11.2019 of the office of the Hon'ble Chancellor, Raj Bhavan, Odisha, teachers who have retired after 01.01.2006 shall exercise their option in the prescribed format alongwith the undertaking form for revision of their salary/Pension/Family Pension under UGC Scale of Pay on the recommendation of 7<sup>th</sup> Central Pay Commission. They are required to apply in the format to the undersigned on or before 05.01.2021.

Memo No. 8809 Admn-I(TE)

Normal  
14.12.2020  
REGISTRAR

Date. 15/12/2020

Copy to :

1. Comptroller of Finance, Berhampur University for information and necessary action.
2. The Secretary to Vice-Chancellor // P.A to Registrar for information.
3. The S.O, Finance (Pension Unit) for information and necessary action.
4. The Webmaster, University Website, Berhampur for information and necessary action to upload the prescribed format (copy enclosed) for information of all retired teachers of this University.

Normal  
14.12.2020  
REGISTRAR

**FORM OF APPLICATION**

**ANNEXURE-'B'**

To

**The Vice-Chancellor**  
\_\_\_\_\_ **University.**

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.	Fathers / Husbands' / Spouse Name	
3.	Type of Pension admissible.	
4.	Pension Payment Order (PPO/ FPPO) No.____ (copy of 1st 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.

Date:  
Place:

**Signature / LTI of Pensioner/ Family Pensioner.**  
Name

PPO No. / FPPO No.