

PAY AND ACCOUNTS OFFICE OFFICE OF THE ACCOUNTANT GENERAL (A&E), ODISHA, BHUBANESWAR

No. 2/PAO-III/PenMigraion/ 29

NOTICE

All pension payments from this PAO will be discontinued from October 2024. It is therefore requested that all such pensioners, who have not yet applied for transfer of their pension, should download the Proforma (Annexure-A, application Form, Annexure-B undertaking by the pensioner to Bank, & Annexure-C, undertaking regarding excess payment) attached with this notice, fill in and forward the same in triplicate along with 3 Nos. of recent photograph, specimen signature, identification slip, (duly attested by a Gazetted Officer), first page of bank passbook and PPO Booklet (Pensioner's half) by the end of May 2024, so that necessary steps would be taken to complete the process smoothly.

The applications may be sent to Pay & Accounts Officer, O/o the Accountant General (A&E), Odisha, Bhubaneswar by SPEED POST only. The envelope may also be superscribed 'CENTRAL PENSION TRANSFER APPLICATION'

(Akshaya Kumar Sahani) Pay & Accounts Officer

Date: 01.05.2024

Encl: 1) Annexure-A

2) Annexure -B

3) Annexure –C

То					
	The Pay & Accounts Officer,				
	O/o the A.G.(A&E)Odisha, Bhubaneswar.				
Sir,					
necess	I opt to draw my pension through public sector bank w. e. fary particulars to enable to make arrangements in this regard.		_ and	give	below
	PARTICULARS OF PENSION	NER			
A.	Name :				
	P.P.O. No.				
	Postal Address :				
D.	Mobile No				
	PARTICULARS OF THE AUTHORIS	SED P.S.B.			
1.	Name of Bank				
	Branch				
	Location and IFS Code No				
4.	Account No				
	District				
6.	State				
Date:		Yours Faithfully,			
Place:					
The					

Annexure - "B"

SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

		Date	
То			
	The Branch Manager,		
Dear	r Sir,		
Pay	ment of pension under A/C No	through your Bank .	
amo amo succ incu	unt of which I am not entitled or any unt to which I am or would be entitled cessor, executors and administrations rred by the bank in so crediting my pe e to the bank and also irrevocably aut	the undersigned agree and undertake to refund or make good any amount which may be credited to my account in excess of the further hereby undertake and agree to bind myself and my heirs to indemnify the bank from and against any loss suffered on a nsion to my account under the scheme and to forthwith pay the norize the bank to recover the amount due by debit to my said ging to me in the possession of the bank.	e s r
		Yours faithfully	,
		Signature	
		Name	
		Address	
	Witnesses:		
1	.Signature:	2.Signature:	
	Name:	Name:	
	Address:	Address:	
	Date:	Date:	

UNDERTAKING

I do hereby undertake that any excess payment that may be found to have been made as a result of incorrect pension fixation or any excess payment detected in the light of discrepancies noticed subsequently will be refunded by me to the Government by adjustment against future relief of pension due to me.

Signature	
Name	
Designation	