कार्यालय महालेखाकार (लेखा एवं हकदारी), तमिलनाडु
361, अण्णा सालै, तेनामपेट, चेन्नै-600018
OFFICE OF THE
ACCOUNTANT GENERAL (ACCOUNTS & ENTITLEMENTS), TAMIL NADU
361, Anna Salai, Teynampet, Chennai – 600 018
Website : www.agae.tn.nic.in *Email :* agae@dataone.in
Phone : 044-24324500 IVRS Phone : 24314477 Fax : 24320562

As per Headquarters orders dt 17/03/2021 and orders of AG (A&E), Chennai dated 10/11/2025. PAO/IAD, Chennai Counter Pensioners / Family Pensioners are requested to submit the option form to PAO/IAD for migration of counter pension cases to CPAO, New Delhi.

-sd-

PAO/IAD

APPLICATION FOR SWITCH OVER OF PENSION PAYMENT THROUGH PUBLIC SECTOR BANK
(TO BE SUBMITTED IN TRIPLICATE)

To,
The Pay and Accounts Officer,
Office of the Accountant General (A&E), Tamilnadu
Chennai – 18.

Sir,

I opt to draw my pension through Public Sector Bank from the month of .....and, I have given below necessary particulars to enable you to make arrangement in this regard.

1. **PARTICULARS OF PENSIONER:-**

(a) Name:
(b) PPO No:
(c) Present Address:

(d) Date of birth:
(e) DOR/DOD/VR:

2. **PARTICULARS OF THE AUTHORISED PSB WHERE PAYMENT IS DESIRED:-**

(a) Name of Bank:-
(b) Branch and address where payment is desired:-

(c) My SB A/C No:-
(d) Bank **BSR/IFSC Code**:-
Place & Date:

Yours faithfully,

Pensioner's Signature

FOR USE IN THE OFFICE OF THE PENSION DISBURSING AUTHORITY

Forwarded to the Central Pension Accounting Office for transmission to the Link Branch of PSB.....(Name of the Link Branch).
The Disburser's half of PPO of .....bearing PPO No.....is sent herewith. The pensioner has been paid Pension @ Rs.....PM and Dearness Relief thereon @ Rs .....up to the month of .....

The pension payment from the month of .....is to be arranged by the Bank.

Station:
Date:

PENSION DISBURSING AUTHORITY
(With Name and Seal)

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Station:
Date:

PENSION DISBURSING AUTHORITY
(With Name and Seal)

ATTESTED SLIP OF SPECIMEN SIGNATURE, HEIGHT AND TWO MARKS OF INDENTIFICATION OF PENSIONER / FAMILY PENSIONER

P. P. O. No.:-

Name of the pensioner/family pensioner:-

Specimen Signature:-

1.

2.

3.

Height:-

Two Marks of Identification:-

1.

2.

MANDATE FORM

Electronic Clearing Service (Credit Clearing)/Real Time Gross Settlement (RTGS)

Facility for receiving payments.

A. Details of Account Holder: -

Name of the Account Holder	
Complete Contact Address	
Telephone Number/Fax/E-Mail	

B. Bank Account Details: -

Bank Name	
Branch Name with Complete Address, Telephone No. and E-Mail	
Whether the Branch is Computerized?	
Whether the Branch is RTGS enabled? If yes then what is the Branch IFSC Code	
Is the Branch also NEFT enabled?	
Type of Bank Account (SB/Current/Cash Credit)	
Complete Bank Account No. (Latest)	
MICR Code of Bank	

Date of effect:-

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the scheme.

Date: Signature of Customer

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

Date:

Signature of the Manager

1.Please attach a photocopy of cheque along with verification obtained from the bank.

2.In case your Bank branch is presently not "RTGS enabled", then upon its up gradation to "RTGS enabled" branch, please submit the information again in the above proforma to the Department at the earliest.

SPECIMEN LETTER OF UNDERTAKING

To

The Branch Manager,
.....(Bank's Name)
.....
.....

Dear Sir,

Payment of pension under PPO No.....(through proper channel)

In consideration of your having, at my request, agreed to make payment of pension due to me every month by credit to my SB account bearing No..... with you, I the undersigned agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify the bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the bank and also authorize the bank to recover the amount due by debit to my said account or any other account/ deposits belonging to me in the possession of the bank.

Yours faithfully,

Signature

Neme

Address .....

.....

.....

Place:
Date:

Witness:

1. Signature
   Name
   Address

2. Signature
   Name
   Address

LIST OF DOCUMENTS TO BE SUBMITTED.

a) Pensioners portion of PPO(Photo copies)) Pg 1-18

b) Application for switch over of pension payment through public sector bank (in triplicate)

c) Specimen.signature & Identification marks of pensioner.

d) Bank Mandate Form.

e) Specimen Letter of Undertaking

f) Aadhaar copy

g) PAN Card Copy

h) Bank PassBook 1st Page