

## UNDERTAKING

I hereby undertake that any excess payment that may be found to have been made as a result of incorrect fixation of pay or any excess payment detected in the light of discrepancies noticed subsequently will be refunded by me to the Government either by adjustment against future payments due to me or otherwise through MRO deposited in to Treasury in favour of PCDA (N), Mumbai.

Signature

Place:

Name

Date :

Designation

Address

## DETAILS OF RETIRED OFFICERS

	Particulars	Remarks
Personal Number		
Rank & Name of the Officer		
Date of Commission		
PAN of the Officer/NOK*		
Date of Retirement / Release/ Death/Invalidment/ Desertion etc.		
PPO No. and Date		
Name of NOK in case of death*		
Permanent Address of Officer/NOK*		
Postal Address of Officer/NOK*		
E-mail Address of Officer/NOK*		
Telephone no of Officer/NOK*		
Details of Leave Encashment paid at the time of retirement (No of Days and Amount paid)		

I declare that the details submitted above are correct to the best of my knowledge.

Signature of the officer

Name:

Last Rank held:

P No:

**BANK DETAILS(To be certified by the Bank)**

Name of the bank of Officer/NOK*		
Name of the Officer/NOK as appearing in the bank account		
Detailed Address of the Bank		
Bank Account Number		
Bank MICR code Number		
Bank IFS code Number		

Signature of the officer

Name:  
Last Rank held:  
P No:

**COUNTERSIGNED**

\* Please attach a copy(ies) of

- (a) PPO attested by bank
- (b) PAN Card
- (c) Cancelled cheque / photocopy of cheque