

**MAHANAGAR TELEPHONE NIGAM LIMITED
O/O GENERAL MANAGER (FIN) K.L.BHAWAN
NEW DELHI-110050**

No. DGM(pen) Comb.pen/MTNL/2014-15

Dated 26-12-2014


NOTICE

Pr.CCA DOT Prashad Nagar New Delhi has decided to take over the liability of disbursement of Govt pension to all the combined pension optees of MTNL w.e.f. January 2015. Hence all the Pensioners and family pensioners of MTNL Combined pension optees who have been retired from MTNL during the period w.e.f. 01-11- 1998 to 31-03-2014 are hereby requested to submit the following documents on or before 10-01-2015 by post or in person to the Account Officer(Pen.Disb) MTNL HQ, STD Hall, Eastern court, New Delhi. These documents are required by Pension Disbursing Authority CCA DOT New Delhi.

- 1.An Undertaking issued by the pensioner as well as by the Bank regarding refund of over/Excess payment of Pension/Family pension in the prescribed form(Click here to download the form)
- 2.ECS mandate form in the prescribed form((Click here to download the form)
- 3.Specimen signature and thumb impression of the pensioner in the prescribed form. (Click here to download the form)
- 4.Two slip showing the particulars of height and identification mark of the pensioner in the prescribed form (Click here to download the form)
- 5.Three passport size joint photograph.
- 6.Address proof duly attested by competent authority.
- 7.Mobile No. and E-mail ID of the pensioner.
- 8Photocopy of PAN Card.
- 9Photocopy of Aadhar Card.

Documents listed at Sl.no. 5 to 8 if already submitted need not to be resubmit.

In case of any query please contact Accounts Officer (Pen.Disb)on his office telephone No.
011-23738656


DGM(Pen) 26-12-14
MTNL HQ
New Delhi

Pensioner's letter of Authority and Undertaking

To

The Principal Controller of Communication Accounts,
Delhi Region, Prasad Nagar,
New Delhi-110005.

Sir,

I hereby opt to draw my pension through a Bank Account under the New Banking Scheme. I hereby authorise the bank to receptive my monthly pension on my behalf and credit the same to my account as per particulars given as follows:

2. I have to draw my pension/family pension through the bank as per detail given below.

Name of the Bank
Branch
Account No.
IFSC Code

4. I hereby undertake that any amount of excess/wrong payment of pension, if credited to my Bank Account will be refunded on your instructions.
5. This authority undertake and agree to bind myself and my heirs, successors, to indemnify the Bank/PDA in so crediting my pension to my account under the scheme and to forthwith pay the same to the Bank/PDA and also irrevocably authorised the Bank/PDA to recover the amount due by debit to my said account or any other account/deposits belonging to me in possession of the bank.

Place
Date

.....
Signature of pensioner

Witness:

1.....
(Signature)
Name
Address
Date

2.
(Signature)
Name
Address
Date

I. Personal detail.

1. Name of the Pensioner.....
2. Designation.....
3. Date of retirement.....
4. Address of the Pensioner.....
.....
.....

Family Pensioners only

5. Relationship with deceased.....
6. Name of the deceased government Servant pensioner.....

II Bank Details

1. Saving/Current Account No.....
2. Name of the Bank.....
3. Name of the Branch.....

III Bank Certificate:

Certified that the Bank details (II above) are correct. The account of pensioner and his/her signature given overleaf agrees with the specimen signature held in our records. Any excess amount credited in the account of the pensioner will be refunded immediately as and when called for by the PDA(i.e. O/o Pr.CCA, Delhi Region, Prasad Nagar, New Delhi) or its successor.

Place
Date

Signature of the Bank Manager
(Bank Address seal)

Note: Part I & II to be filled in by the pensioner and Part III by Bank.

MANDATE FORM

BENEFICIARY/CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-PAYMENT

1.	Beneficiary name	
2.	Beneficiary address & Telephone No.	
3.	Beneficiary Account No.	
4.	Account Type (Savings/current for cash credit) with code IO/11/13	
5. j	Nine digit code number of the bank & branch appearing on the MICR cheque issued by the bank (if available).	
6.	Bank Name	
7.	Branch name & address with telephone Number	
8.	IFSC (Indian Financial Services code)	
9	Photo copy of the cancelled cheque to confirm correctness of IFSC code and	

Account No. given ..- H

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 incompleteness or incorrectness of information given by me as above, I would not hold the user institution responsible.

Dated _____

(_____)

Signature of the Beneficiary

Certified that the particulars furnished above are correct as per the record.

Bank Stamp

Dated _____

Signature of the Authorized Officer

Descriptive Roll.....

श्री / श्रीमती / कुमारी..... वितरणात्मक ब्योरा

Detailed Statement of Shri./Smt. Kumari.....

पदनाम कार्यालय.....

Designation Office

पिता / पति का नाम.....

Father /Husband Name

जन्म तिथि..... कद.....

Date of Birth..... Height

व्यक्तिगत पहचान चिन्ह.....

Personal Identification Marks

अनुप्रमाणित
Attested.

हस्ताक्षर
Signature

Descriptive Roll.....

श्री / श्रीमती / कुमारी..... वितरणात्मक ब्योरा

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अनुप्रमाणित
Attested.

हस्ताक्षर
Signature

श्री / श्रीमती / कुमारी..... पदनाम.....

Specimen Signature of Shri./Smt. Kumari

.....के नमूना हस्ताक्षर

Designation..... Office

1.

2.

3.

4.

अनुप्रमाणित
Attested.



श्री / श्रीमती / कुमारी..... पदनाम.....

Specimen Signature of Shri./Smt. Kumari

.....के नमूना हस्ताक्षर

Designation..... Office

1.

2.

3.

4.

अनुप्रमाणित
Attested.