

भाकृअनुप-राष्ट्रीय प्राकृतिक रेशा अभियांत्रिकी एवं प्रौद्योगिकी संस्थान NATIONAL INSTITUTE OF NATURAL FIBRE ENGINEERING AND TECHNOLOG

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(P.T.O)

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Memo-It is requested that this form may be used for submission of next bill

Name of the Pensioner: (In block letter)

	PENSION ANI	D OTHER F	RETIRENT BEN	CANADA WINDS STREET	Voucher No.	THE RESERVE OF THE PROPERTY OF	
PROVINCE			retired allowances		Vodenci IVO.	list of pay	mer
	STATE				for	20	
8 9 2	# 7	W. C.				₹	F
Received the amoun	t of PENSION due to	me for the r	nonth of		Code grade		and contractions and co
21	0 а	s late					Market School Commission
(i) "I declare that capacity either in Govern	I have not received any ment Establishment or	remuneration f	or serving in any	1.	Pension :		
ocal Fund during the pe s due."	riod for which the amou	int of pension c	aimed in this bill	2.	Dearness Relief :		Management of the last
	Pensioner			3.	Medical Allowances :		
(ii) "I further decla	Or re that Ihave accepted of	commercial emp	ployment.	4.	Arrear D.R. :		
	Pensioner				TOTAL		
	Or				Deduction		
(iii) "I declare that	have been re-employe	d during the per	riod in the				
salary of ₹	Per m	nensem My pay					December of the Company of the Compa
tirement of pension was		a month			Manager and the state of the st		
	Pensioner				9 98		
(iv) "I further declar btaining/without obtaining cceptanc"	e that I have accepted	commercial emon of the I. C.	oloyment after A. R. to such				
	Pensioner						
aion		•			1 1		
	••••••						
et amount (to be written	by the pensioner in work	ds)					
Rupees		_	**********	_	NET ₹		
		Pay ₹	(Rupees				
				_	Received payment		
Pensioner's	residence)	₹	71/- REVENUE STAMP	Panal	
					FOR PAYMENT EXCEEDING Rs. 5000/-	Pensi	one
				-	(See Reverse)		
		Auditor	Accounts Officer		This is to cer	tify that I am ne	ot ir
		C	heque No.		Reimbursem	ent/Facility f emi. Govt. ai	rom
nual Attendance du	e on		. Identified		Agonoy.		
	Matteres		by me				
			Attested Signature		***************************************		
rtificate to be give in cas	e		Designation				

CERTIFIED that I have seen the pensioner	
	Thumb impressioned
	Signature
	Name
	Designation
The following endorsement should be signed by the Pensioner:	
Please make the cheque payable to (Banker)	Pensioner
Either of the following endorsements should be signed by the pensioner:- (1) Please make the cheque payable to (Banker)	
The control of the co	Pensioner
(2) Please Pay to deliver the cheque to Signature of Pensioner	*(State name of the pensioner. He should be Identified by some one known to the office of the Audit & Accounts wings. N.I.R.J.A.F.T.)

Name of the Pensioner : (In block letter)

P. P. O. No.

			THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	7	ne pensioner)	
		O OTHER RETIRENT B rannuation and retired allowance	Voucher No.	list of pay	list of payment	
	STATE			de l'issesse e le		15 - 171
			1924	for	20	
					₹	P.
Received the amoun	t of PENSION due to	me for the month of	••••••			
		-1-4				
2	0 a	s late				
(i) "I declare that	I have not received any	remuneration for serving in any	1. F	ension:		
apacity either in Govern	nment Establishment or i	n an Establishment paid from a nt of pension claimed in this bill	2.	earness Relief :		
due.	Pensioner		3. N	ledical Allowances :		
(ii) "I further decla	Or are that lhave accepted of	commercial employment.	4. A	rrear D.R. :		
No. 134*						1
	Pensioner			TOTAL		
	Or		i	Deduction		Laboration and the same of the
	8		,			
(iii) "I declare that	i have been re-employed	d during the period in the				
salary of ₹ tirement of pension wa	Per m	ensem My pay at the time of		2		
thement of pension wa	84	a month				
	Pensioner					
	Or					
btaining/without obtain	re that I have accepted on the previous sanction	commercial employment after on of the I. C. A. R. to such				
cceptanc"	Pensioner					
	i ensioner					
aion				819 1		
10	***************************************					
et amount (to be written	by the pensioner in word	ds)				
lunaes				NET 3		
upees				NET ₹		
		Pay ₹ (Rup	ees			
				Received payment		
					7	
Pensioner's	residence).	/- REVENUE STAMP		
				FOR PAYMENT	Pensi	oner
	***************************************	1	1 1 -			
	***************************************	- M	E	XCEEDING Rs. 5000/-		
			E	(See Reverse)		
		Auditor Accounts Offi		(See Reverse) This is to ce	rtify that I am n	ot in
				(See Reverse) This is to ce receipt of M	edical Assista	nce/
		Auditor Accounts Offi		(See Reverse) This is to ce receipt of M Reimburser any Govt./S	rtify that I am n ledical Assista nent/Facility 1 Semi. Govt. a	nce/ from
nual <u>Attendance</u> du	ie on	Cheque No.		(See Reverse) This is to ce receipt of M Reimburser	edical Assista nent/Facility f	nce/ from
nual <u>Attendance</u> du Life-certificate	e on			(See Reverse) This is to ce receipt of M Reimburser any Govt./S	edical Assista nent/Facility f	nce/ from
nual <u>Attendance</u> du Life-certificate	e on	Cheque No.		(See Reverse) This is to ce receipt of M Reimburser any Govt./S	edical Assista nent/Facility f	nce/ from
nual <u>Attendance</u> du Life-certificate	e on	Cheque No. Identified by me Attested	cer	(See Reverse) This is to ce receipt of M Reimburser any Govt./S Agency.	edical Assista nent/Facility (Seml. Govt. a	ince/ from ided
nual <u>Attendance</u> du Life-certificate	-	Cheque No. Identified by me Attested	cer	(See Reverse) This is to ce receipt of M Reimburser any Govt./S	edical Assista nent/Facility (Seml. Govt. a	ince/ from ided

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(1) Please make the cheque payable to (Banker)	Pensioner
deliver the cheque to	*(State name of the pensioner. He should be Identified by some one known to the office of the Audit &
Signature of Pensioner	Accounts wings. N.I.R.J.A.F.T.)