| | וכפ ממוווא ו פווסוטוו עממומנ | |
|--|---|-----------|
| Name of the Pensioner Claimant (in case of (Shri./Smt./Kum.) (Shri./Smt./Kum.) Name of the Pensioner Claimant (in case of Designation Office Served of Death | Date of LPS NO. /Pension Retirement/ Date Payment Order of Death No./File No. | Grievance |
| | | |

Note: Mode of Submission (in writing / E-mail)