

UNDERTAKING

PPO No.

I hereby undertake that any excess payment that may be found to have made as a result of incorrect fixation of monthly pension/family pension or any excess payment detected in the light of discrepancies noticed subsequently will be refunded by me to the Delhi Development Authority either by adjustment against future payment due to me or other-wise.

मैं एतद्वारा वचन देता/देती हूँ कि मासिक पेंशन/पारिवारिक पेंशन निर्धारण के परिणामस्वरूप यदि पाया जाता है कि भुझे कुछ अधिक भुगतान कर दिया गया है अथवा तत्पश्चात पाई गई नई विसंगतियों के कारण किसी अधिक भुगतान का पता लग जाता है तो मैं इसे भविष्य में देय राशि के विरुद्ध समायोजित करके अथवा किसी अन्य तरीके से दिल्ली विकास प्राधिकरण को वापिस कर दूंगा/दूंगी।

Date:

Place:

Signature -----

Name of the pensioner-----

S/o W/o-----

Designation-----

Address-----

Mobile No-----

DELHI DEVELOPMENT AUTHORITY
PENSION BRANCH

Cashier (Main-Cash) D.D.A. may please accept a sum of Rs.10/- (Ten Only) from
Shri/Smt. Retired on holder of
P.P.O. No on account of issue of Identity Card. One copy of the
deposit slip may be retain and other copy sent back please.

A.A.O. (Pension) D.D.A.
Pension Branch

Cashier (Main-Cash)

DELHI DEVELOPMENT AUTHORITY
PENSION BRANCH

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A.A.O. (Pension) D.D.A.
Pension Branch

Cashier (Main-Cash)



PPO No.
Sr.No.

Application Form for Recovery of One Time Medical Contribution

To

AO (Medical Cell) &
AO (Pension)
Delhi Development Authority
Vikas Sadan, INA, New Delhi-110023

Subject: Application for Recovery of One Time Medical Contribution

Sir/Madam,

I have retired from service on/Retiring from service on

OR

My husband/wife expired on

I hereby give my consent for recovery of Rs. as one time medical contribution (equal to 10 years contribution) from gratuity.

OR

I hereby inform that I am not interested in DDA Medical Scheme & I will not raise any medical claims.

Yours faithfully

.....

Signature/Thumb Impression

Signature of respective Welfare Inspector

Name of the Employee/Family Pensioner

Designation of the Employee

Place of Posting of the Employee

Date of Retirement

Date

Mobile No.

(FOR OFFICE USE)

Amount of Rs.recovered from Gratuity.

Date:

Name:

Date of Retirement:

PPO No.

AO(Medical Cell)

Signature of AO (Pension)