

FORM – E

**Form of Application for Restoration of Commuted
Portion of Pension**

[see clause (1) of Part D of Appendix-X]

1. Name of the Pensioner with address
2. Pension payment order number:
3. Date of Retirement
4. Date of commencement of Pension
5. Amount of original Pension
6. a) Amount commuted
b) Date of effect of reduction in pension
c) Amount of reduced pension
7. Date of completion of 15 years after commutation.
8. *Date of restoration of original pension
9. Amount of pension after restoration
10. Name of Treasury/Sub Treasury from which pension is now drawn.

Signature of the applicant.

Note:- Life Certificate should be appended along with the application

This should be from 1-4-1983 even in cases where 15 years had elapsed prior to that date.

[It shall be deemed to have come into force with effect from the 1st day of April 1983].