http://explosives.nic.in Email: explosives@explosives.gov.in

दुरभाष/ Telephone : 0712-2510248

फैक्स/ FAX: 2510577

कार्यालयीन उद्देश्य के सभी पत्रादि "मुख्य विस्फोटक नियंत्रक" के पदनाम'से भेजे जाएं, उनके व्यक्तिगत नाग से नहीं ।

All communications intended for this Office should be addressed to the 'Chief Controller of Explosives' and NOT to him by



भारत सरकार

GOVERNMENT OF INDIA

पेट्रोलियम तथा विस्फोटक सुरक्षा संगठन

PETROLEUM AND EXPLOSIVES SAFETY ORGANISATION

(पूर्व नाम- विस्फोटक विभाग)

(Formerly- Department of Explosives)

"ए" ब्लाक, पाँचवा तल, केन्द्रीय कार्यालय परिसर,

"A" Block, 5th Floor, CGO Complex. सेमीनरी हिल्स, नागपुर-440 006 (महा.)

Seminary Hills, Nagpur- 440006

संख्या/No. A-38016/20/201//Pension Revision/PLSO नागपर, दिनांक/Nagpur, date 23.08.2017

To,

All Pensioners/Family Pensioners of PESO

Pension Paper for Pensioners/Family Pensioners who retired/died

between 01.01.1986 to 31.12.2015.

Sir,

Subject:

In pursuance of Ministry of Personnel, Public Grievances & Pensions, DPPW's OM No. 38/37/2016-P&PW(A), dated. 12.05.2017 pension has to be revised as per the implementation of 7th CPC.

You are therefore requested to kindly fill up the prescribed form and forward to respective office from where the pensioner had retired/superannuated for revision of pension as per the 7th CPC.

Yours faithfully

Dy. Chief Controller of Explosives (Admin) For Chief Controller of Explosives

Form for revision of pension of Pre-2016 retirees

1.	Full Name of Pensioner	
2.	PPO No. (copy to be enclosed)	
3.	Date of Birth	Section 1
4.	Date of Retirement	
5.	Date of death of Pensioner (If applicable, copy to be enclosed)	
6.	n o In	Maria Control Control
7.	Aadhar Card No. (copy to be enclosed)	
8.	Class of Pension	The state of the s
9.	Phone/Mobile No.	
10.	Email Id	L 15 11 11 11 11 11 11 11 11 11 11 11 11
11.	a) Name of Family Pensioner	Y TROAK
	b) Date of Birth of Family Pensioner (supporting documents for birth proof), PAN Card, Board Certificate, Pass Port, Driving Licence, Aadhar Card etc. (copy to be enclosed)	
12.	Bank Details: a) Name of Bank: b) Account No.: c) BSR Code of Branch: d) Address:	
	(copy of first page of bank pass book to be enclosed)	AND WALLS
13.	Address for correspondence	