

PENSION BILL – MILITARY OFFICERS

Army No. _____ Rank. _____ Name. _____

Name of Bank _____

A/C No. _____

Residential Address. _____

For the Month of _____

	Rs.	Rs.
Pension for		
(1) Income Tax		
(2) Other Income		
* Net amount payable Rupees		

* To be entered in words as well as in figures

I declare that I have not received any remuneration for serving in any capacity, either in Govt. Estb or any Estb paid from a local fund during the period for which the amount of pension claimed in this bill is due.

Certified that I am not employed any where or I am employed in Private concern, but not in receipt of dearness increases from any employer.

Space for Revenue
Stamp

 Received Payment
Signature

Dated: _____

Cell #. _____

 Life Certificate:- certify that _____ is alive
on the _____ day / of _____.

Seal

 Civil or Military officer
Designation Stamp
 COUNTERSIGNED

Address: _____

NOTE: CHANGE OF BANK / ADDRESS MAY BE COMMUNITED THROUGH SEPRATE LETTER
 OFFICE ADDRESS: CMA (OP), CMA COMPLEX BLOCK # 3, BAKERY ROAD SADDAR RAWALPINDI CANTT
051-9270738, EXCHANGE # 051-9270721-28 EXTENSION: 273
 www.pmad.gov.pk