	Applica	tion Form for			one to retired Order No. 2					e or his . 1	/ her Spouse
	N.B.: F	Please ma								ce by	TICK MARK.
APPLICANT IS	Spouse of retired & deceased Employee					Spouse of employee who died in harness					
1. Applicant	`s Option	(Tick one)									
a) Con	version of	Service Pho	ne. Giv	ve Phone N	0						
b) Con	version of	Service Emp	oloyee I	Phone No							
c) Conversion of Private Capacity Phone No											
d) First	connection	n on conces	sional c	category . G	ive nearest f	Phone No.	. ——			_	
2. Details of the A	Applicant .										
Shri /Smt/ Md.											1
FULL NAME											Ass.
SEX • MALE • FEMALE											Affix a self attested photograph
3. Address of the Applicant											(1.6 "x 1") of the Applicant
Block / Premises No.											
Street/ Village Name											
P.O. / District						PIN:					
4. Particulars	of Servi	ce of the co	ncerne	ed retired I	Employee.]					
Full name of con	cerned re	tired employe	ее								
Employee`s Father / Husband`s Name											
Date of		1 1		If Deputation in DOT/DTS/MTN			, F	rom -	1	/	(dd/ mm/ yyyyy)
Retirement / Death	dd	mm y	уууу	TCIL / BSNL etc.		To - / /			1	(dd /mm/ yyyyy)	
Length of continuous service in DOT /D			T /DTS	TS / MTNL / BSNL						(completed years)	
Staff No. (If any): Type of R					of Retirement Supperannuation				ation /	Volun	tary / Invalidation / Death
Grade of Last Post held by the Retired				employee			Group - A / Group - B / Group - C / Group - D				
Designation at the time of Retirement			nt				Unit attached last.				
Retired from Telecom Circle / District											
Designation of Co											
Pension Paymen	t Order (F	P.P.O.) No.									
Name & Address of PPO Issuing Authority											
Name & Address Authority.	of Pensio	n Disbursing									
5. Employmer	nt on Com	oassionate G	round	.	YES	NO	,				
f YES, whether the								reased Fi	mnlovee	2	
			0110033	nonai prioric	, racinty as sp	pouse or ti	ic acc	Jeasea E	прюусс	Y	/ES NO
6. DECLARAT hereby declare that		_l mation furnis	hed ab	ove is corre	ct to the bes	t of mv kn	owled	ae. I shal	l abide b	v the Inc	dian Telegraph Act,1885 and
The Indian Telegrap further declare tha	oh Rules, 1	1951 as ame	nded fr	om time to t	time.	-		-		-	,
		,				F.75.76		,		<i>,</i>	
Date :											
							(Signature of the Contact No.				oplicant)
7. List of Supporting Documents Attached: a) Attested copy of the PPO Book in favour of the Applicant with Bank F											
a) Attested	copy of the	PPO Book	ın tavol	ur of the App	plicant with E	sank Pass	Rook	ıt pensioi	n drawn i	rom any	y Bank.

- Attested copy of Document (Service Certificate) in support of length of service & Group in DOT / DTS / MTNL / BSNL of the concerned retired employee.
 c) Attested copy of the last phone bill – only in case of item 1(b) & 1 (c) , For 1 (a) I) AGM(c)'s retention order & ii) CO's Private Work Order.
 ln case of spouse applying after the Employee having died in harness, please submit affidavit that the spouse has not re-married.
 e) "No phone bills dues certificate" Issued by Concern AOTR (Area). **And** attested copy of Last Telephone Bill.