

e-PPO CORRECTION FORM

SER NO	RANK	NAME	GROUP
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ORG e-PPO NO	DOD
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*** SELECT ONLY CORRECTION REQUIRED FIELD**

CONTACT NO:

CORRECTION IN e-PPO		
PERSONAL DETAILS	CORRECTION REQUIRED AS	DOCUMENT PROOF
SELF NAME		
SELF DOB		
LAST RANK		
RANK PENSIONED		
DATE OF BIRTH		
DATE OF ENROLEMENT		
DATE OF DISCHARGE		
NET QUALIFYING SERVICE GROUP		
SPOUSE NAME		
SPOUSE DATE OF BIRTH		
ACP		
ORG PPO NO		
CORR PPO NO		
DISABILITY ELEMENT		
WAR INJURY ELEMENT		
MISC., IF ANY		
PDA DETAILS	CORRECTION REQUIRED AS	DOCUMENT PROOF
NAME OF BANK		
BANK ACCOUNT No		
BANK BRANCH		
PDA STATE		
CPPC ADDRESS		
PDA STATION		
CPPC CODE		
LAST PAY DETAILS	CORRECTION REQUIRED AS	DOCUMENT PROOF
LAST BASIC PAY		
GRADE PAY		
MSP		
CLASSIFICATION PAY		
GROUP PAY		
PDA STATION		
CPPC CODE		

MISC IF ANY / BRIEF OF CORRECTION

NOTE : CORRECTION W.R.T PERSONAL & LAST PAY ELEMENTS : SUBMIT ORG PPO / CORR PPO IN WHICH CORRECTION REQUIRED FILED MENTIONED , IF NOT AVAILABLE THE SAME KINDLY TAKE UP FRESH CASE WITH PRE -2006 / SERVICE PENSION
 CORRECTION RELATED WITH PDA DETAILS: KINDLY SUBMIT MANDATE FROM / PASS BOOK COPY DULY CERTIFIED BY PDA

DATE :

SIGNATURE OF PENSIONER