

EX-GRATIA PAYMENT
PART - I

Service No _____ Rank _____ Name _____
Branch/Trade _____ Unit _____
Date of Birth _____ Date of Commission / Enrolment _____.

I have been permanently grounded wef _____ as per Air HQ letter No Air HQ/21901/_____/PO3(D) dated _____. Copy of POR No _____ dated _____ is hereby enclosed.

The Ex-gratia amount is to be credited to my bank account given below:

Name of A/c Holder as per Bank	
Bank Account No	
Name of Bank	
Branch Address	
IFSC Code	

(Please attach cancelled cheque and copy of front page of pass book of same account showing Account No, Name & IFSC Code of above bank).

Telephone / Mobile No _____ Signature _____

PRE-RECEIPT

Received Rs. _____ (Rupees _____) being the EX-GRATIA payment admissible under Air Force Group Insurance Scheme.

Affix Rs.
One
Revenue
Stamp

Date : _____

PART II

REMARKS OF UNIT ADJUTANT

The above mentioned Aircrew Officer/Airmen is not in receipt of flying pay wef _____ as mentioned in POR No _____ dated _____ and retained in IAF in _____ branch vide letter No _____ dated _____.

Date : _____ Adjutant _____

REMARKS OF SMO

The cause for permanently unfit for flying duties as stated above by the Officer/ Airmen is due to medical reasons. The present medical category of the Officer/Airman is _____ and declared permanently medically unfit for flying duties wef _____.

Date : _____ SMO _____

RECOMMENDATION OF STATION COMMANDER

Recommended / Not Recommended

Date :

Signature

REMARKS OF DGMS (Air) AT AIR HEAD QUARTERS
AFRO (Medical Wing) for Airmen

Date :

Signature

