

**FORMAT FOR INTEREST FREE ADVANCE TO PENSIONER**

EC No : Name of the Spouse/ :  
Name of the Pensioner : Son/Daughter  
Pension Type : Self/Family  
Date:

Respected Sir/Madam,

I request you to grant me an interest free advance of one month pension to meet procurement of medicines and essential supplies due to COVID 19 during lockdown period.

I hereby irrevocably authorize the Pension Trust to deduct -10- equated instalment from June 2020 to March 2021.

I undertake to submit hard copy of this application after lockdown to the pension paying branch.

Pensioner Signature

**I undertake to make repayment in case of any unfortunate demise of the Pensioner.**

**Signature of Spouse/Son/Daughter**

Name :  
Address :  
Mobile Number :  
Email ID :

Self Pensioner : Undertaking from Spouse or if spouse is not available signature from Son/  
Daughter.

Family pensioner : undertaking to be obtained from Son/Daughter