



केन्द्रीय अप्रत्यक्ष कर और सीमा शुल्क बोर्ड

CENTRAL BOARD OF INDIRECT TAXES AND CUSTOMS मृख्य आयुक्त का कार्यालय

OFFICE OF THE CHIEF COMMISSIONER
केन्द्रीय कर, केन्द्रीय उत्पाद शुल्क और सीमा शुल्क
CENTRAL TAX, CENTRAL EXCISE & CUSTOMS
तिरुवनंतपुरम क्षेत्र, THIRUVANANTHAPURAM ZONE

केन्द्रीय राजस्व भवन, CENTRAL REVENUE BUILDING



आई. एस. प्रेस रोड, कोच्चि, I.S. PRESS ROAD, KOCHI-682 018

E-mail: cccochin@nic.in Fax: 0484-2397614 Phone: 0484-2394100/0404

## PENSION ADALAT - 2019

Central Tax, Central Excise & Customs, Thiruvananthapuram Zone will hold a Pension Adalat in C. R. Building, I.S Press Road, Cochin on 23<sup>rd</sup> August, 2019 at 10:30 am to redress the grievances relating to Pension/Settlement dues of Senior Citizens who retired from Central Tax, Central Excise & Customs, Thiruvananthapuram Zone (All Kerala). Grievances of Pensioners in the prescribed proforma should be sent directly to the Joint Commissioner, O/o The Principal Chief Commissioner, Central Tax, Central Excise & Customs, C. R. Building, I.S Press Road, Cochin 682 018 on or before 16.08.2019 duly super scribing "Pension Adalat 2019".

Grievances not connected with settlement dues such as Compassionate Appointments and cases involving purely legal issues viz., Succession Certificate etc., and policy matters cannot be taken up in the Adalat.

The grievants are requested to make their own arrangements for travel and stay.

The prescribed proforma in this regard is uploaded on website at 

www.cenexcisekochi.gov.in

(Dr. T Tiju)

Additional Commissioner (CCO)

## <u>PROFOMA</u>

1.	Name of the Pensioners:	
. 2.	Designation and Grade of the post last held:	
3.	Office/Station last worked:	
4.	Date of Retirement/Demitting the service:	
5.	P.P.O. No. or other details Viz. Provident Fund : Account Number, Employee Code (if any) etc. In case of non-sanction of Pension.	
6.	Name & address of the pension disbursing bank:	
7.	Grievances (Full details should be given. Also quote: If there are any previous references from the Department in this regard).	
Date:		Signature:
		Name:
		Address for Correspondence:
		Phone No: