



**Office of the Pr. Accountant General (G & S.S.A.), W.B**

Local Audit Department, 1<sup>th</sup> Floor, Treasury Buildings,  
2, Govt. Place (West), Kolkata-700001

No:- LA/Adm(cc)/Pen/Rev. of Pension/1909/vol-v/2277

DATE-21.08.2019

**Circular**

**Subject:- Pension Adalat Notice to be held on 23.08.2019**

A Pension Adalat is scheduled to be held at 11.30 AM on 23.08.2019 at the chamber of Senior Audit Officer (Administration) of this office premises to consider and redress grievances of the pensioners and family pensioners of this Office. Grievances pertaining to Pensionary benefits would be considered in the Adalat. Grievances already settled/under litigation or involving purely legal points e.g. succession and policy matters will not be considered. The pensioners and family pensioners may send their grievances if any in the prescribed format (enclosed) to the Senior Audit Officer (Administration) on e-mail at [ladwb.admn@gmail.com](mailto:ladwb.admn@gmail.com) or submit their grievances in person or by post at the above address in an envelope super scribed "Pension Adalat". Grievances received in this office by 22.08.2019 will only be considered. The pensioners/family pensioners whose cases would be eligible for consideration in the Pension Adalat are also requested to attend the same on 23.08.2019.

This issues with the approval of the Senior Deputy Accountant General (Admn.).

Sd/-

Senior Audit Officer (Admn.)

No:- LA/Adm(cc)/Pen/Rev. of Pension/1909/vol-v/2277 DATE-21.08.2019.  
Copy to:-

1. All IA & AD offices in Kolkata with the request to display it on their Notice board.
2. All Staff Associations of this office
3. Notice board.

  
Senior Audit Officer (Admn.)

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**Grievance Registration Form**  
**(Pension Adalat)**

1 Complainant Name :  
2 Contact Details :  
(Address, Mobile and e-mail id)

3 Pension Payment Order No. and Date :  
(copy to be attached)

4 Name of Pensioner/Family Pensioner :  
(strike out whichever is not applicable)

5 Last Post Held :

6 Date of Retirement :

7 Grievance Details :

(use additional sheet if required)

Place:

Signature: \_\_\_\_\_

Date:

Name: \_\_\_\_\_

Note: Please provide complete information to facilitate quick redressal of grievance