

F.No. 42/16/2016-P&PW(G)  
Government of India  
Ministry of Personnel, P.G and Pensions  
Department of Pension & Pensioners Welfare'  
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3rd Floor, Lok Nayak Bhawan  
Khan Market, New Delhi-110003  
Date:- 06th Jan, 2017

To

**All the Pensioners Associations included in the SCOVA  
vide Resolution dated 25.08.2015**

**Subject:- 29th SCOVA meeting under the chairmanship of Hon'ble MOS(PP) - Intimation  
regarding Date, Time and Venue of the Meeting.**

The undersigned is directed to refer to this Department's OM of even no. dated 26th Dec,2016. The date, time and venue of the 29th SCOVA meeting is as under:-

**Date:- 12th January, 2017 (Thursday)**

**Time:- 11 am**

**Venue :- Committee Room-A  
Vigyan Bhawan Annexe  
Maulana Azad Road, New Delhi**

2. It is requested that the name and telephone no. of the member nominated for the meeting may kindly be sent to the undersigned. It is further requested to bring copy of PPO and also duly filled Mandate Form (copy enclosed) so that TA/DA reimbursement would be made through e-payment mode afterwards.

3. This Department looks forward to your participation in the meeting.

Encl:- as above

(Sujasha Choudhury)  
Director(P)

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MANDATE FORM

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

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A. DETAIL OF ACCOUNT HOLDER:-

NAME OF ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
TELEPHONE NUMBER/FAX/EMAIL	

B. BANK ACCOUNT DETAILS:-

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
WHETHER THE BRANCH IS COMPUTERISED?	
WHETHER THE BRANCH IS RTGS ENABLED? IF YES, THEN WHAT IS THE BRANCH'S <u>IFSC CODE</u>	
IS THE BRANCH ALSO NEFT ENABLED?	
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT )	
COMPLETE BANK ACCOUNT NUMBER (LATEST)	
MICR CODE OF BANK	

DATE OF EFFECT:-

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

(.....)

Signature of Customer

Date:

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

(.....)

Signature of Customer

Date:

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. In case your Bank Branch is presently not "RTGS enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.