# Tripura Gazette, Extraordinary Issue, August 9, 2021 A.D.

#### Schedule-I

## Application form for Pension under "Tripura Journalists Pension Scheme"-2021

PAI	RT-A: <b>Tripura Journalist Sam</b>	man Pension Scheme					
1.	Name of the applicant(in Block	( Letters)					
2.	Date of birth of the applicant						
	(Attach documentary proof)		part 14.5 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
3.	Age on Retirement date						
4.	Full postal address of the app						
	(Proof of residence to be attack	ned)					
5.	Mobile/Phone No.						
6.	Name of the media Organizat	ion from which					
	the applicant was superannua						
7.	Monthly family income of the applicant(attach						
	latest Income certificate issued by sub			3			
	divisional magistrate)						
8.	Whether applicant is a Permanent Resident						
9. Whether applicant receiving any other any							
1		State/Central					
	Government or any other organisation?						
10.	Whether applicant was convicted by any						
	criminal cases/ any charges of Offence by						
	any Law						
11.	Accreditation card details of						
		Accreditation Card No.	Name of the related				
	No. accreditation card		media organization				
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	T-B: Tripura Journalist Pariv	war Surakkha Pension S	Scheme				
1.	Name of the applicant/claimar	war Surakkha Pension 8 nt	Scheme				
	Tripura Journalist Paris Name of the applicant/claimar (in Block Letters) Name of the deceased Journal	nt	Scheme				
2.	Name of the applicant/claimar (in Block Letters) Name of the deceased Journal	nt ist	Scheme				
1.	Name of the applicant/claimar (in Block Letters) Name of the deceased Journal Nature/Cause of the death of the	ist the Journalist	Scheme				
2.	Name of the applicant/claimar (in Block Letters) Name of the deceased Journal Nature/Cause of the death of t (Attach copy of Death Certification)	ist the Journalist ate)	Scheme				
1. 2. 3.	Name of the applicant/claimar (in Block Letters) Name of the deceased Journal Nature/Cause of the death of to (Attach copy of Death Certification) Date of birth of the Applicant/	ist the Journalist ate)	Scheme				
1. 2. 3.	Name of the applicant/claimar (in Block Letters) Name of the deceased Journal Nature/Cause of the death of t (Attach copy of Death Certification)	ist the Journalist ate) Claimant	Scheme				
1. 2. 3. 4.	Name of the applicant/claimar (in Block Letters)  Name of the deceased Journal  Nature/Cause of the death of the (Attach copy of Death Certificant)  Date of birth of the Applicant/  (Attach documentary proof)	ist the Journalist ate) Claimant	Scheme				
1. 2. 3. 4.	Name of the applicant/claimar (in Block Letters)  Name of the deceased Journal:  Nature/Cause of the death of the (Attach copy of Death Certification Date of birth of the Applicant/(Attach documentary proof)  Full postal address of applications	ist the Journalist ate) Claimant	Scheme				

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6.	Contact no. applicant/claims	ant				
7.	Details of financial assistance received/				9	
	applied for from other source	es (if any)				
8.	Whether the deceased journalist was a permanent resident of the state for last ten (10) years? (Please tick) (if yes, attach authorized documentary proof)		YES/N	10		
9.	Whether the deceased Journalist was					
	accredited under the ICA Dep	partment?				
10. Accreditation card details:						
	No accreditation card	Accreditation Care	d No. Name of the relat media organization			
	A					
	В	,				
	С					
	D					
	E					
	F					
-	G					
11	Whether deceased was convicted by any criminal					
	cases/ any charges of Offence by any Law?					
12.	and the state of t					
	(attach latest Income certificate issued by the Sub divisional Magistrate)					
13	Attach Working certificate of the deceased for I			YES/NO		
	7(seven) years from his employer Employer(head of			,		
	the media house)	ouse)				
14	and the second second to the second s			YES/NO		
	dependent of the family. (Attach the NOC certificate as issued by SDM)					
	product the more certificate as	a lasaca by bibmi				

#### List of Documents attached with the application form

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7.

I hereby declare that all the above particulars furnished by me are true and nothing has been concealed which is relevant to this request for Pension.

I undertake to refund the assistance if it is found at any stage that it was obtained on basis of information known to be false or misrepresentation of true facts along with the interest at the prevailing interest rates applicable in nationalized banks.

Date & Place:

Signature of the applicant