

**Appx G**

(Refers to Para 3 (b) (iii)  
of this office letter No  
12032/SPARSH/ORO/MP-6  
dt \_\_\_\_\_ 2022)

**(TO BE INITIATED 4 MONTHS PRIOR TO RETIREMENT)**  
**(TO BE FWD TO AGI DTE)**

**APPLICABLE FOR OFFICERS**

**Combined Appendix 'G' (Revised) Offrs only incorporated Appendix 'O'**

**(Form should be typed on both side on one sheet only)**

**AGI CLAIM-MATURITY AND EXTENDED INSURANCE BENEFITS**

**PART I**

		<u>FOR AGI USE ONLY</u>	
1.	Pers No :	Mail ID _____	
2.	Gentlemen Cadet No :	Claim ID _____	
3.	Rank & Name :	Entered on _____	
4.	Regt/Corps :	Verified on _____	
5.	Unit last served With address :	Approved on _____	
6.	CDA A/C No :	PAL No _____	
7.	Date of:-	PAL amount _____	
	(a) Birth :	Addl Interest _____	
	(b) Commission :	Cheque No & date _____	
	(c) Joining IMA/OTA :	EIO No & date _____	
	(d) SOS (Army) :	MBS No _____	
8.	(a) Medical Category :	DID No _____	
	(b) Percentage of disability, if any :		
	(c) Reasons for discharge/SOS : Extreme Compassionate ground		
9.	<u>AGI Membership Period</u>	<u>From</u>	<u>To</u> <u>Year &amp; Month</u>
	(a) As OR		
	(b) As JCO		
	(c) As Officer		
	(d) As Gentlemen		
	(e) On Deputation		
	(f) As AOP		
10.	<b><u>Bankers</u></b>		
	Name :		
	Branch :		
	Bank code No :		
	Account No :		
	Address :		
	State :		
	Pin :		
	Tele No :		

(To avoid delay, please DO NOT change this bank account until you received amount).

11. Treasury/Bank through which individual will draw his pension :

12. Address after retirement                      Permanent Home address

13. LOANS                      Date Taken                      Amount Refunded                      Amount Balance                      Amount Remarks

(a) Bank

(b) HBA (AGI/Govt)

(c) Conveyance Advance (AGI)

(d) Any other loan

14. Family Details                      Name                      Age

(a) Father

(b) Mother

(c) Husband/Wife

(d) Children

15. Name, Relationship and address of

First Nominee

Contingent Nominee

Name:

Name:

Relationship:

Relationship:

Address:

Address:

16. In case discharge /retirement order are cancelled, I undertake to refund the maturity benefits disbursed to me within 45 days failing which I hereby undertake to pay penal interest on the said amount at the rate of 15 percentage per annum till the amount is received back by AGIF.

17. Certified that the particulars given above are correct and the claim for these benefits has not been submitted previously.

\_\_\_\_\_  
(Signature of the Offr)

Countersigned by OC Unit

Signature  
Rank  
Name  
Date

Note : On completion two copies will be forwarded to CDA (O) Golibar Maidan Pune-I and two copies alongwith two copies of single photographs of first nominee duly attested will be forwarded to AGIF. Please write No, Name and date of SOS on reverse of the photographs.

**PART II**

(To be filled by CDA (O) Pune)

Certified that sum of Rs (Figures \_\_\_\_\_ (Rs in words \_\_\_\_\_  
\_\_\_\_\_ has been deducted from the pay of No Rank \_\_\_\_\_  
Name \_\_\_\_\_ for the period from \_\_\_\_\_ to \_\_\_\_\_ as monthly  
subscription towards AGIF.

Date \_\_\_\_\_ Office Seal \_\_\_\_\_ (Signature of Account Officer)  
CDA (O), Pune

On completion, the CDA (O) will send one copy to AGIF.

**PART III**

Certified that the above data is correct/amended and under:-

Place :

Date : \_\_\_\_\_ (Office Seal)

(To be verified by DAAG Org 3 & 9 (Org Dte)/ MPRS (O) Med Dte)