

PETITION OF ESM FOR POST-DISCHARGE CLAIM

No	
Rank	
Name	
H/No/Name	
Village	
Post Office	
Tehsil	
District	
State	
PIN Code	
Mobile Number	
Email Address	
Last Unit	
Date of SOS	
Case File Number	

To

The Records _____

(NER GP, FSA Section)

PIN- _____

C/O 56 APO

Subject: Petition for Adjustment of Observations in Final Settlement of Account

Respected Sir/Madam,

1. I, No _____ Rank _____ Name _____
Wish to lay down the following few lines for your kind consideration and favourable action, please.

2. The observations noted in my Final Settlement of Account (FSA) are as follows:

Ser No	Type of Casualties	From	To	Authority (Part II Order No & date)	Remarks
(a)					
(b)					

(c)					
(d)					

3. I kindly request that the aforementioned observations, as recorded in my Final Settlement of Account (FSA) during discharge, be adjusted accordingly. Furthermore, I request that the adjusted FSA may please be forwarded to my present address.

4. I express my sincere gratitude for your attention to this matter and your anticipated favourable action.

Yours faithfully,

Dated:

Your signature and name

Enclosures:

- 1.
- 2.
- 3.
- 4.

Documents required as Enclosures :

1. CEA. Cert from School Headmaster/Institute, Self-declaration cert & copy of Part II order.
2. LTC. Contingent Bill, Pre-sanction from Commanding Officer, No advance claim cert and copy of part II order.
3. HRA. Appx D/Appx E duly signed by the competent authority and copy of part II order.
4. TFRGTH/TPTL/NRA/SRA. Copy of Part II order.
5. Fd Allce. Copy of Part II order.
6. ACCLVE. Copy of Part II order.
7. Rent & Allied Charge. Letter from BSO and copy of MRO.
8. DAILY/TYOJ/TYRJ. Copy of Part II order.
9. Instr Allces/ Trg Allces. Copy of Part II order.
10. X Group pay. AICTE Diploma Cert duly recognized by STC/ MCTE Mhow & copy of Part II order.
11. OPTFIX/MACP. Form of Option and Copy of Part II order.
12. Stepping of Basic Pay. A comparative statement along with a copy of FSA.
13. Wrong deduction. Copy of Pay slip, copy of FSA and connected document.
14. Misc. Copy of FSA and PPO.