FORMAT FOR APPEAL AGAINST REJECTION OF INITIAL CLAIM FOR DISABILITY PENSION/WIP

From,

No : _____

Rank : _____

Name : _____

Vill : _____

PO : _____

Teh : _____

Dist : _____

State : _____

Pin : _____

Mobile No : _____

To,

Chairperson,
Appellate Committee of First Appeals

(Through _____(Records Office))

Subject: 1ST APPEAL AGAINST REJECTION OF INITIAL CLAIM FOR DISABILITY PENSION

Sir,

1. Please refer to letter No. _____ dated _____ whereby my initial claim for grant of Disability Pension has been rejected fully/partially by the Competent Authority.

2. Being aggrieved by and dissatisfied with the findings and decision conveyed through the aforesaid letter, I respectfully submit this First Appeal for reconsideration of my claim. I believe that the facts and circumstances of my case, as well as the available medical and service records, warrant a fresh and objective examination in the interest of justice and equity.

I, therefore, request the Hon'ble Appellate Committee to kindly examine the case in detail and grant appropriate relief as admissible under the relevant rules and policies governing Disability Pension.

Yours faithfully,

Signature _____

Name _____

Rank Ex _____

Dated : _____