

UNDERTAKING

I do hereby undertake that any excess payment that may be found to have been made to me as result of incorrect fixation of pension/gratuity/commuted pension/family pension or any excess payment detected in the light of discrepancies noticed subsequently will be refunded by me to the concerned Pension Disbursing Authority either by adjustment against future pension/family pension due to me or otherwise.

Date: Signature/LTI of the Pensioner/Family Pensioner/  
Retired Employee(CPF Holder)

Place: Full Name:  
PPO No./FPPO No

To

Comptroller of Finance

Berhampur University