

ICAR - NATIONAL INSTITUTE FOR RESEARCH ON COMMERCIAL AGRICULTURE

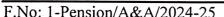
(Formerly known as ICAR – Central Tobacco Research Institute)

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Date: 06/03/2025

CIRCULAR

It has been proposed with the approval of competent authority for the conduct of Pension Adalat at ICAR – NIRCA Hybrid mode on 10th March, 2025 at 3:00PM. All the pensioners/ Family pensioners or their representatives are requested to attend the scheduled meeting.

| Topic | Pension Adalat Meeting of NIRCA |
|-------|---|
| Time | March 10 th 2025 at 03:00 PM India |

Join Zoom Meeting through link:

https://us06web.zoom.us/j/86455161417?pwd=WngvdHflbUc1bDNIbldTU1Y4L2NYUT09

Meeting ID: 862 1713 9555

Passcode: 123456

Finance & Accounts Officer,
ICAR – NIRCA Pension Authorization unit.

Distribution:

- 1) Scientist In charge, AKMU, ICAR-NIRCA, Rajahmundry with the request to please upload on the website of NIRCA.
- 2) Sr.Admin Officer,ICAR-NIRCA, Rajahmundry is requested to please be present in the meeting alongwith the concerned officers & Staff.
- 3) The Branch Manager, State Bank of India, APP Mills Branch, Rajahmundry with a request to please make it convenient to attend the meeting.
- 4) PPS to director, IACR NIRCA, Rajahmundry for favour of his kind information please.
- 5) The Head,NIRCA Research Stations, Jeelugumilli/Kandukur/Guntur/Hunsur/Vedasandur/Dinhata with a request to pass on the information to the pensioners.
- 6) The Diector, ICAR Indian institute of Oil Palm Research, Pedavegi 534 450 AP.
- 7) The Finance & Accounts Officer, ICAR Indian institute of Oil Palm Research, Pedavegi 534 450 AP.
- Dec 8) 4/10/E20:320 (B&C)

APPLICATION FOR REDRESSAL OF GRIEVANCE RELATE TO PENSION

| 1 | Name Of the Pensioner/Family pensioner | |
|--------|--|---------------------------------------|
| | | 1 |
| | | |
| 2 | PPO No. & Date | |
| | | · · · · · · · · · · · · · · · · · · · |
| | · | |
| 3 | Date of Retirement /Death of Government | |
| | Servant | |
| | | |
| | | |
| 4 | Name of the Institute where working at the time of retirement/ death | |
| | the time of retilement/ death | |
| | | |
| 5 | Address for communication | |
| 5 | Address for communication | |
| | | |
| - | | |
| | | |
| | | |
| 6 | Contact No. / Mobile No. | |
| | | |
| | | |
| 7 | Email address | |
| | | |
| | | |
| 8 | Details of grievance related to pension | |
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| 9 | Are you interested to ettend the meeting | |
| 9 | Are you interested to attend the meeting for redressed of grievance in person or | |
| | through representative? (if through | |
| | representative, give the name, address, | |
| | contract no. and email address of the | |
| 4 % | representative to whom meeting notice | |
| | can be sent) | |
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