



# ICAR - CENTRAL TOBACCO RESEARCH INSTITUTE

Dr. N.C.Gopalachari Road, Baskar Nagar, Sriram Nagar Post  
RAJAHMUNDRY - 533 105, A.P., INDIA

Web-site: [www.ctri.org.in](http://www.ctri.org.in)

(An ISO 9001 : 2015 Certified Institute)

PBX Phones: 0883-2449871-4; FAX: 0883-2448341; Director (O): 0883-2448995

Director FAX: 0883-2410555; SAO (O): 0883-2448341; E-mail: [ctri\\_ap@nic.in](mailto:ctri_ap@nic.in)



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Dated 1<sup>st</sup> January, 2020

## CIRCULAR

It has been decided with the approval of competent authority to organise pensioners meeting on 7<sup>th</sup> January, 2020 at CTRI, Rajahmundry at 3.00 PM in Seminar Hall. All the pensioners/family pensioners or their representatives are requested to attend the meeting to solve their grievances if at all.

You may submit your grievances to undersigned in writing also.

1265  
1-1-2020

(A.K.MAHESWARI)

SR. FINANCE & ACCOUNTS OFFICER  
ICAR-CTRI Pension Authorization Unit.

Encl: a/a

Distribution:

1. Scientist-in-charge, AKMU, ICAR-CTRI, Rajahmundry with the request to please upload on the website of CTRI.
2. Sr. Admn. Officer i/c, ICAR-CTRI, Rajahmundry is request to please be present in the meeting alongwith the concerned officers & staff.
3. The Branch Manager, State Bank of India, APP Mills Branch, Sriram Nagar, Rajahmundry with a request to please make it convenient to attend the meeting.
4. The Scientist-in-charge, Seminar Hall, ICAR-CTRI, Rajahmundry to please arrange the seminar hall for the above meeting.
5. PS to Director, ICAR-CTRI, Rajahmundry for favour of his kind information please.
6. The Head, CTRI Research Station, Kandukur/Jeelugumilli/Guntur/Hunsur/Vedasandur/Dinhata with a request to pass on the information to the pensioners.
7. Dr. K. Suman Kalyani, Principal Scientist, CTRI, Rajahmundry with a request to send press releases.

APPLICATION FOR REDRESSAL OF GRIEVANCE RELATED TO PENSION

1.	Name of Pensioner/Family pensioner	
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	
5.	Address for communication	
6.	Contact No. / (Mobile No.)	
7.	Email address	
8.	Detail of grievance related to pension	
9.	Are you interested to attend the meeting for redressal of grievance in person or through representative? (if through representative, give the name, address, contact no. and email address of the representative to whom meeting notice can be sent)	

Place:

Date:

Signature of Pensioner/Family Pensioner