

(FMA Form-4)

[Intimation to be given by CPPC of the concerned bank to the Central Pension Accounting Office regarding stoppage of Fixed Medical Allowance (FMA)]

To

Central Pension Accounting Office
Bhikaji Cama Place, Trikot-II
New Delhi-110066

Sir/Madam,

It is intimated that on receipt of a request in this respect, Fixed Medical Allowance to the Pensioner/Family Pensioner, whose details are given below, has been discontinued:

Name of the Pensioner/Family Pensioner	
PPO Number	
Date of Retirement	
Pay and Accounts Office	
Date of discontinuation of FMA	

Encl: Copy of application received from Pensioner/Family Pensioner regarding stoppage of FMA

Signature of Officer issuing Certificate along with stamp of bank

Name of Officer issuing the certificate....

Name and address of Bank.