

EX-GRATIA PAYMENT
PART – I

Service No _____ Rank _____ Name _____

Branch _____ of (UNIT) _____ Date of Birth _____

Date of Commission/Enrolment _____.

I have been permanently grounded wef _____ as per Air HQ letter No Air HQ/21901/ _____ /PO3(D) dated _____ (copy enclosed).

I hereby agree to refund the ex gratia amount already paid to me in case Flying Pay re-authorized.

Telephone/Mobile Number _____

SIGNATURE _____

PRE-RECEIPT

Received Rs. _____ (Rupees _____) being the EX-GRATIA payment admissible under Air Force Group Insurance Scheme.

Bank A/c No _____

Branch _____

Address _____



PART II

REMARKS OF UNIT ADJUTANT

1. The above mentioned Aircrew Officer/Airmen is not in receipt of flying pay wef _____ as mentioned in POR No _____ dated _____ and retained in IAF in _____ branch vide _____ letter No _____ dated _____

ADJUTANT

REMARKS OF SMO

The cause for permanently unfit for flying duties as stated above by the Officer/Airmen is due to medical reasons. The present medical category of the Officer/Airman is _____ and declared permanently medically unfit for flying duties wef_____.

SMO

RECOMMENDATION OF STATION COMMANDER

Recommended Not Recommended

Date

SIGNATURE

REMARKS OF DGMS (Air) AT AIR HEADQUARTERS

Date

SIGNATURE
