

## UNDERTAKING

I hereby undertake that in case excess payment is found to have been made as a result of incorrect fixation of pension/family pension or any excess payment detected in the light of discrepancies noticed subsequently shall be refunded by me to the University either by adjustment against future payments due to me or otherwise.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

PPO No. \_\_\_\_\_

Mobile No. \_\_\_\_\_