



विक्रम साराभाई भवन,
अणुशक्तिनगर,
मुंबई – 400 094
Vikram Sarabhai Bhavan,
Anushaktinagar,
Mumbai – 400 094



भारत सरकार
परमाणु उर्जा विभाग
भारी पानी बोर्ड
GOVERNMENT OF INDIA
DEPARTMENT OF ATOMIC ENERGY
HEAVY WATER BOARD



ISO 9001 : 2008
ORGANISATION

Web site : www.hwb.gov.in

Direct Number: (022) 2548 6406 / 04
Fax.: (022) 2556 3360 / 2556 3243

E-mail : apoe@mum.hwb.gov.in

PENSION ADALAT NOTICE

For the attention of Heavy Water Board, Mumbai including
TDP/Thal/Hazira Plants Pensioners/Family Pensioners.

A "PENSION ADALAT" is scheduled to be held from 1000 hrs to 1800 hrs on 18th September 2018, Tuesday at Multi-purpose Hall, BARC Training School Hostel, Anushaktinagar, Mumbai – 400 094 (instead of HWB Hall, '0' Floor, Vikram Sarabhai Bhavan, Anushaktinagar, Mumbai – 400 094 as mentioned in the advertisement published in Newspapers on 06.09.2018) to consider and redress grievances in respect of Pensioners/Family Pensioners of Heavy Water Board, Mumbai including TDP/Thal/Hazira Plants promptly. Pensioner or his/her representative may be present to plead his/her case. Grievances pertaining to Pensionary benefits would be considered in the Adalat. Grievances already settled/replied/under litigation or involving purely legal points e.g. succession and policy matters will not be considered. HWB (CO)'s Pensioners and Family pensioners may send their grievances, if any, in the prescribed format to Shri S.S. Gondane, Administrative Officer-III on email at ao@mum.hwb.gov.in or by post at the above address in an envelop superscribed "PENSION ADALAT". Pensioners/Family Pensioners may also register their Grievance on the spot from 1000 hrs to 1300 hrs on 18th September 2018. Grievance registration form is available in HWB Website www.hwb.gov.in.

Government of India
Department of Atomic Energy
Heavy Water Board

4th floor,
V.S. Bhavan,
Anushaktinagar,
Mumbai – 400 094.
Telephone : 022 25580570.
E mail : ao@mum.hwb.gov.in

Grievance Registration Form
(Pension Adalat)

1. Complainant Name : _____
2. Contact Details : _____
(Address, Mobile, Email Id) _____

3. Pension Payment Order No. & Date _____
(copy to be attached)
4. Name of Pensioner _____
5. Last Post Held _____
6. Date of Retirement _____
7. Grievance Details _____
(use additional sheet, if required)

Place : _____ Signature _____

Date : _____ Name _____

Note : Please provide complete information to facilitate quick redressal of grievance.