FORMAT - 3

CHHATTISGARH RAJYA GRAMIN BANK

CORPORATE OFFICE- NAVA RAIPUR

Option Form to be filled in by the <u>family</u> of those employees of the Bank who are eligible for family pension (To be submitted in quadruplicate through the Branch / Office from where retired/posted at the time of death)

Date of receipt of application at Branch / Office	Recent photograph of the applicant to be pasted here and then to be attested by the Branch /Office Head	**FOR HO USE ONLY**
Forwarded on:		**OPTION NOTED IN SERVICE RECORD / EPF RECORD OF THE DECEASED EMPLOYEE**
Forwarded by:		
Signature with office seal (Branch/Office)		**(Signature of the concerned Authority at HO with date)**

The Chairman
Chhattisgarh Rajya Gramin Bank
Head Office

Date: _____

I hereby declare that I have read and understood the **Chhattisgarh Rajya Gramin Bank** (Employees') Pension Regulations, 2018 and I hereby voluntarily opt to become a member of the Bank's Pension Scheme and irrevocably authorize the EPFO / RPFC to transfer my entire Pension Fund kept with them to Bank to credit Pension Fund to be created for this purpose. I undertake to refund the Bank's contribution to EPF Fund together with accrued interest thereon paid to my husband/wife/father/mother/son/daughter (delete whichever is not applicable) on his/her death while in service/after retirement from Bank's service. I also undertake to refund the non-refundable withdrawal from EPF balance (Bank's contribution component) availed by my husband/wife/father/mother/son/daughter (delete whichever is not applicable), if any, together with interest at EPF rate from time to time up to the date of retirement / death.

1. Name of the applicant/dependent of deceased employee

in Full (in Block letters): _____

2. Name of the deceased employee in Full (in block letter): _____

3. EPF No of the deceased employee: _____

4. Relationship with the deceased employee; _____

5. Name of guardian if applicant is minor; _____

6. Present Residential Address (in block letter): _____

_____

_____

7. Date of death of the deceased employee (Documentary evidence to be attached): _____

CHHATTISGARH RAJYA GRAMIN BANK
CORPORATE OFFICE- NAVA RAIPUR

8. Date of retirement from Bank's service: _____

9. Branch /Office last served and post held _____

10. Branch from where pension to be drawn: _____Branch

11. List of documents / evidences to be attached:

a) Copy of Superannuation / retirement order of the deceased employee (If applicable)

b) Copy of Death Certificate of the Employee

c) Copy of Birth certificate of child eligible for pension

d) Copy of AADHAAR CARD/ KYC document in the name of applicant

e) Any document in support of the stated relation of the applicant

(Mention the name / nature of document)

I hereby declare that what are stated in the application and documents submitted are true, correct and genuine.

Enclosures: As stated in point 11 above.

(Signature of the applicant)

Date: _____

Place: _____

Signature attested by the Branch/Office Head with Office Seal

CHHATTISGARH RAJYA GRAMIN BANK
CORPORATE OFFICE- NAVA RAIPUR

FORMAT - 4

CHHATTISGARH RAJYA GRAMIN BANK

_____BRANCH / OFFICE

Ref: _____

The Chief Manager
P & A Department
Chhattisgarh Rajya Gramin Bank
Head Office - Raipur

Date: _____

Dear Sir,

Sub: Ten months (prior to death/retirement) average pay & allowances of Shri/Smt._____(EPF No_____)

We are furnishing below the 10 months (prior to death/retirement) average pay & allowances of Shri/Smt._____
Designation (Last) _____ _____, EPF No_____
who retired / died on _____ for calculation of pension under **Chhattisgarh Rajya Gramin Bank** (Employees') Regulations, 2018.

1. Basic Pay	
2. Stagnation increment	
3.Pay and Allowances rank for DA a) *(Mention nature of allowance)*	
b)	
c)	
4. Period of Extra Ordinary Leave on Loss of Pay sanctioned by the Competent Authority and enjoyed during the Service Period	
5. Leave Without Pay during Service Period	

Yours faithfully,

Signature with Seal

....., Branch

Note: 1. Delete which is not applicable 2. No columns should be left blank 3. Basic Pay & Stagnation Increment to be reported separately in the columns specified 4. For arriving at the ten months' average please refer to Regulation _____of ..... Bank (Employees') PensionRegulations, 2018

CHHATTISGARH RAJYA GRAMIN BANK
CORPORATE OFFICE- NAVA RAIPUR

FORMAT – 4 (PAGE – 2)

CHHATTISGARH RAJYA GRAMIN BANK

_____BRANCH / OFFICE

DETAILS OF LAST TEN MONTHS SALARY

MONTHWISE BREAK UP YEAR & MONTH →										
1. **Basic Pay**										
2.**Stagnation increment**										
3.**Pay and Allowances rank for DA** a) *(Mention nature of allowance)*										
b)										
c)										
d)										
TOTAL										
AVERAGE										

Note: 1. Delete which is not applicable 2. No columns should be left blank 3. Basic Pay & Stagnation Increment to be reported separately in the columns specified 4. For arriving at the ten months' average please refer to Regulation 36 read with Regulations 2 (c) & 2 (t) of ..... Bank (Employees') Pension Regulations, 2018

Date_____ **Signature with seal**

FORMAT-5

CHHATTISGARH RAJYA GRAMIN BANK

_____BRANCH / OFFICE

Ref : _____

The Chief Manager
Per & HRD Department
Chhattisgarh Rajya Gramin Bank
Corporate Office, Nava Raipur

Date: _____

Dear Sir,

Sub: Particulars of Outstanding Liabilities of Shri/Smt _____
_____ (EPF No_____)

We are furnishing below the Particulars of Outstanding Liabilities of Shri / Smt _____ Last Designation _____ EPF No_____ retired / died on _____:

Particulars of Outstanding Loan	**Account No**	**Balance**
1. House Building Loan		
2. Housing Loan (Commercial Scheme)		
3. Staff Over Draft		
4. Festival Advance		
5. Education Loan		
6. Conveyance Loan		
7. Others, if any *(Mention details)*		
TOTAL LOAN BALANCE		

Yours faithfully,

Signature with Seal

Chhattisgarh Rajya Gramin Bank

……Branch

Note: Please submit this certificate preferably after closure of all staff loan accounts. If Housing Loan (Commercial Scheme) and / or Education Loan continue(s) in terms of sanction please furnish the status of the account(s) including compliance of all terms and conditions of sanction. Please provide "N I L" Certificate in case of no outstanding liability.

CHHATTISGARH RAJYA GRAMIN BANK
CORPORATE OFFICE- NAVA RAIPUR

FORMAT - 6

..... STAFF PENSION* (GENERAL PENSION)		Customer ID	
..... FAMILY PENSION*		S B A/C No	

*(*Please √as applicable)*

LIFE CERTIFICATE

(To be submitted by the Pensioner once in a year in November)

Certified that I have seen the pensioner ..... (Name)

.....

..... (Address) holder of PPO No..... and that he /she is alive on this day. His / Her AADHAAR No .....

(Signature of the Pensioner/Family Pensioner with date)

(Signature with office seal)

Date:..... Name:.....

Place:..... Designation:.....Branch: ,... .....

FORMAT-7

Acceptance/ Non-acceptance of Commercial Employment

I declare that I have not accepted commercial employment in India.

OR

I declare that I have accepted commercial employment in India w.e.f…….. after obtaining previous sanction of the Bank and none of the conditions, if any, attached thereto by the bank has been violated.

OR

I declare that I have accepted commercial employment in India w.e.f…….. without obtaining the sanction of the Bank

Date: …….. Signature of the Pensioner

Name of the pensioner: …… PPO No: ……..

ID No. of the Staff: …… EPF No: ……..

SB (Pension) Account No …… Mobile :……..

Note: This declaration is required to be submitted for a period of two years from the date of retirement.

FORMAT-8

CERTIFICATE OF NON- REMARRIAGE / NON-MARRIAGE

(APPLICABLE *FOR FAMILY PENSIONERS* ONLY)

* I hereby declare that I have not got re-married and I undertake to report the same promptly in the event of my re-marriage. (Applicable for widow / widower Family Pensioner)

* I hereby declare that I am not married and I undertake to report the same promptly in the event of my marriage. (Applicable for un-married daughter Family Pensioner)

(*Please strike-off which is not applicable)

Signature of the Family Pensioner:

Name of the pensioner: ……

Place: ……..

Date: ……

I certify to the best of my knowledge and belief the above statement is correct.

(Signature of the Bank's Officer or respectable /well known person)

Name : ……..

Designation: ……

Address: ……

……

Place: ……..

Date: ……

CHHATTISGARH RAJYA GRAMIN BANK
CORPORATE OFFICE- NAVA RAIPUR

FORMAT - 9

Letter of undertaking by the Pensioner

The Branch Manager Date: _____

.....Branch
Chhattisgarh Rajya Gramin Bank
Dear Sir,

Sub: Payment of Pension under PPO No. _____ through your Branch.

In consideration of your having, at my request, agreed to make payment of Pension due to me every month by credit to my SB Account No _____
with you I, the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would entitled. I further hereby undertake and agree to bind myself and my heirs, successors, executors, and administrators to indemnify the Bank from and against any loss suffered or incurred by the Bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the Bank to recover the amount due by debit to my said Savings Bank Account or any other account belonging to me in the possession of the Bank.

Yours faithfully,

Signature in full : _____

Address (in block letters) : _____

_____

Phone/Mobile No _____

Witness

Signature		
Name		
E.P.F No		
Address		

CHHATTISGARH RAJYA GRAMIN BANK
CORPORATE OFFICE- NAVA RAIPUR

FORMAT –10

Letter of undertaking by the Pensioner and Family Members / Nominees

The Branch Manager

.....*Branch*

Chhattisgarh Rajya Gramin Bank

Date: _____

Dear Sir,

Sub: Payment of Pension under PPO No. _____through your Branch

In consideration of making payment of Pension as per the ----------Pension Regulations 2018, I / We do hereby solemnly, sincerely and conscientiously declare and say as under

I / We, hereby undertake and agree to bind myself / ourselves and my / our heirs, successors, executors, and administrators to indemnify the Bank from and against any loss suffered or incurred by the Bank in making payment as aforesaid and to forthwith pay the same to the Bank and / or adjust from the pension fund under the aforesaid Regulations and / or from any account maintained with the Bank without any notice to me/ us.

Yours faithfully,

Signature (Pensioner) ; _____

Signature of Family Members / Nominees: _____

_____.

_____

Witness

Signature		
Name		
E.P.F No		
Address		

FORMAT-11

FORM OF NOMINATION

To
THE TRUSTEES, CHHATTISGARH RAJYA GRAMIN BANK (EMPLOYEES') PENSION FUND

I, _____ PPO No/ EPF No _____ with ID No. _____ hereby nominate the person(s) named below and confer on him / them the right to receive , to the extent specified below , the amount of pensionary benefits under the Pension Regulations in the event of my death before the amount become payable, or having become payable, has not been paid.

Name and address of the Nominee(s)	Relationship with the pensioner	Age	Amount of share (%)		Date of Birth	IF NOMINEE IS MINOR
						Name & address of the person who may receive the said pension during the nominee's minority
(1)	(2)		(3)	(4)	(5)	(6)

Name and address of other Nominee(s) in case the nominee under column 1 above predeceases the pensioner	Age	Relationship with the pensioner	Amount of share (%)	Date of Birth ,if the other nominee(s) is/are minor	Name & address of the person who may receive the pension during other nominee's minority	Contingency on happening of which nomination shall become invalid
(7)	(8)	(9)	(10)	(11)	(12)	(13)

This nomination supersedes the nomination made on _____ which stand cancelled.

_____

Place:_____ Signature / Thumb Impression (if illiterate) of Pensioner/Employee

Date:_____ Name of Pensioner/Employee : _____

WITNESSES:

Signature		
Name		
E.P.F No		
Address	Mobile No.:	Mobile No.:

ATTESTED by the Pension Disbursing Branch/ R.O/Deptt. at H O.

SEAL OF ATTESTING AUTHORITY

NOTE:1. If the employee has a family, the nomination shall not be in favour of any person or persons other than the members of the family. 2. If the employee has no family, the nomination may be made in favour of person or persons, or a body of individuals whether incorporated or not.. 3. Strike out which is not applicable.

FORMAT-12(Revised)

CHHATTISGARH RAJYA GRAMIN BANK

CORPORATE OFFICE- NAVA RAIPUR

Application for grant of Family Pension in the event of death of Employee / Pensioner
(To be submitted in Duplicate)

Passport size Photograph of Applicant

(Self-Attested)

The Chairman
Chhattisgarh Rajya Gramin Bank
Corporate Office, Nava Raipur

Date:_____

Dear Sir,

I herby declare that as an eligible family member to receive Family Pension in terms of Chhattisgarh Rajya Gramin Bank (Employees') Pension Regulations, 2018, I am submitting below the requisite particulars for kind favour of sanction of Family Pension to me.

A. Particulars of Eligible Family Member

1	Name of the applicant (in BLOCK letters)		
	i) Relation with the deceased employee / pensioner		
	ii) Date of Birth		
	iii) Marital status	Married / Unmarried	
	iv) Is the applicant employed on compassionate grounds in our Bank? If so, particulars in detail of Present Grade, ID No. & Branch Working	**YES / NO**	
	v) Name of the Guardian if the deceased Person is survived by minor child/children		
	vi) Religion and Caste		
	vii) AADHAR		PAN :

2	Present residential address of the applicant (in BLOCK letters)	Mobile No.:	
3	If the applicant is guardian, date of birth of minor & relationship with the deceased employee/pensioner		
4	a) Is the applicant (other than guardian) a pensioner? If so, indicate the amount of monthly pension	**YES / NO**	If Yes, Amount in Rs._____/- Per month PPO.No (with prefix)

5	Description of the applicant including				
	(a) Height (in cm)				
	(b) Personal Identification marks, if any, on hand, face etc				
6	Name & age of surviving parent /widow/ widower/children of the deceased employee / pensioner				
	Sl No	**Name**	**Relationship with the deceased employee/pensioner**	**Present Occupation & Monthly income**	**Date of Birth (by Christian era)**

B. Particulars of Deceased Employee

7	Name of the deceased employee/ pensioner	
8	a) ID No of the Staff Deceased	
	b) Date of Birth	
	c) Date of joining in the Bank	
	d) Date of retirement (in case of Pensioner)	
	e) Date of death of the employee /pensioner	
	f) Name of the Erstwhile Grameena Bank	
	g) Disciplinary punishments, if any & Date on which effected (Removal/Dismissal/Com.Retirement etc.)	

	h) PF No. of the deceased employee& Pension amount towards EPS	
	i) PPO No. of Family Pensioner	
9	Date of resignation of the deceased (please mention if applicable)	
10	a) Branch/Office in which the deceased employee/ Pensioner served last and post held by him/her	
11	b) PPO No. allotted by the Bank to the deceased, if any, with the class of pension & Disbursing Authority	
12	Signature/LTI ** of the applicant (Duly Attested by the Regional Manager with seal)	Signature/LTI of the applicant **SIGNATURE / LTI OF THE APPLICANT IS ATTESTED** **(Signature of the BM / RM / HOD with Seal)**
13	a) Name of the Branch of the Bank through which Family Pension is to be drawn	
	b) SB Account No	
14	List of Documents / evidence attached (Tick ✓ Appropriate)	
	a) Three copies of passport size recent photograph of the applicant, duly attested in front side	
	b) Attested copy of the Death Certificate of the deceased Employee/ Pensioner	
	c) Birth Certificate of the children eligible for pension	
	d) Any other document(s) indicating that the applicant is a genuine claimant e.g. AADHAAR Card, Voter Card/PAN Card etc. Please Specify_____ e) Documentary evidences pertaining to deceased employee like appointment Letter, Salary Pay in slip, Gratuity/ Leave encashment settlement letter etc f) Death Certificate and Legal heir certificate/Family Member Certificate. g) Pension Payment Order of the pensioner issued by Bank & EPFO (if applicable)	

I hereby declare that my monthly income from all sources is less than Rs.2,550/- (applicable, if the applicant is a childless widow/son/daughter of the deceased employee)

I hereby declare that what are stated in this application and documents submitted herewith are true, correct and genuine.

Yours faithfully,

_____

Signature/LTI of the applicant

***** To be furnished in case the applicant is not literate enough to sign his/her name or unable to sign due to poor health condition which also needs submission of Medical Certificate.***

FORMAT - 13

CHHATTISGARH RAJYA GRAMIN BANK

CORPORATE OFFICE- NAVA RAIPUR

Clearance / Pre-disbursement formalities to be furnished by the proposed Pension Paying Branch

01. Date of Report	
02. Name of the Pension Paying Branch	
03. Branch Code No / SOL ID	
04. Pensioner's name	
05. Pension Type (General or /Family Pension)	
06. PPO No / EPF No (in case of Family Pension , mention EPF No of original pensioner	
07. S B Account No	
08. Date of Certificates	
a) Life Certificate	
b) Non-Marriage/Re-Marriage Certificate (For Family Pensioner only)	
c) Non-Employment/Re-Employment Certificate	
d) Disability Certificate	
09. Whether Undertaking for refund of Excess Payment is taken	YES / NO

Branch Manager
(Please use Branch Seal)

.....Branch
Chhattisgarh Rajya Gramin Bank

Date;_____

PLEASE PROVIDE PASSBOOK OF SAVING A/C

KYC DOCUMENTS

प्रति,
अध्यक्ष,
छत्तीसगढ़ राज्य ग्रामीण बैंक पेंशन ट्रस्ट
कॉर्पोरेट कार्यालय ,नवा रायपुर (छ.ग.)

महोदय,

<u>पेंशन प्रारंभ करने हेतु नियोक्ता के अंशदान की राशि स्वयं से जमा करने विषयक |</u>

मै ....., पी.एफ. क्रमांक - .....दिनांक :..... को बैंक से सेवानिवृत्त हुआ हूँ | मेरे द्वारा भविष्य निधि कार्यालय के निर्धारित प्रारूप में आवेदन करने के पश्चात भी मेरे पी.एफ. की राशि (नियोक्ता एवं कर्मचारी का अंशदान) बैंक के ट्रस्ट अथवा मेरे खाते में प्राप्त नही हुई है | जिसके कारण मेरा पेंशन प्रारंभ नही किया जा सका है | अतः पेंशन प्रारंभ करने हेतु ई.पी.एफ. के ऑनलाईन पोर्टल पर उपलब्ध पासबुक के अनुसार मेरे द्वारा स्वयं से नियोक्ता का अंशदान राशि रु ....., दिनांक : ..... को बैंक के पेंशन ट्रस्ट खाता क्रमांक : 77065069455 में जमा कर दिया गया है | इस संबंध मै निम्नानुसार सहमती प्रदान करता / करती हूँ –

भविष्य में पीएफ कार्यालय द्वारा मेरे पीएफ की राशि बैंक के ट्रस्ट खाते में जमा करने पर बैंक द्वारा वास्तविक नियोक्ता के अंशदान की राशि व मेरे द्वारा ऑनलाईन पासबुक के आधार पर जमा की गई नियोक्ता के अंशदान की राशि के अंतर को मेरे पीएफ की राशि से वसूल कर शेष राशि मुझे भुगतान करने हेतु मै सहमत हूँ |

1) पीएफ कार्यालय से मुझे किसी प्रकार की राशि प्राप्त नही हुई है | यदि भविष्य में मुझे पीएफ की राशि प्राप्त होती है तो इसकी सूचना अविलंब बैंक को दूंगा तथा पीएफ नियोक्ता के अंशदान की राशि को बैंक के पेंशन ट्रस्ट खाते में ब्याज सहित जमा करूँगा |

2) उक्त कथन की सहमती मै पूर्ण होश हवास व बिना किसी दबाव से दे रहा हूँ |

स्थान : .....

दिनांक : .....

भवदीय

हस्ताक्षर

नाम :----------
पद : ----------
शाखा :----------
क्षेत्रीय कार्यालय :----------
मोबाईल न.----------
खाता क्रमांक: ----------