

PUNJAB GRAMIN BANK

PENSION PAYMENT PROPOSAL FORM

| | | | | |
|----|--|--------------|---------------|-------------|
| 1 | Name of the Employee | | | |
| 2 | Category (GEN/SC/ST/EX-SERVICEMAN) | | | |
| 3 | Provident Fund Account No. | | | |
| 4 | Designation, Scale/Grade/Cadre | | | |
| 5 | Date of Birth | | | |
| 6 | Date of Appointment in the Bank on permanent basis | | | |
| 7 | Office/Branch, Region from where retired | | | |
| 8 | Date of Retirement on superannuation/ Date of cessation from service (specify reasons) | | | |
| 9 | Whether the employee is eligible for pension for the service rendered in Defence Service? If yes, submit 2 duly attested copies of the Defence PPO/Discharge Certificate | | | |
| 10 | Date of Notice in case of voluntary retirement <i>In case of Voluntary Retirement, copy of letter conveying acceptance of Voluntary Retirement by the Competent Authority must be submitted.</i> | | | |
| 11 | Whether employee was under suspension/ absent from duty on extra ordinary leave on loss of pay during his service period. <i>If yes, month/year wise details of LWP/Suspension period must be submitted along with confirmation that the same relates to the entire period of service of the Retiree.</i> | | | |
| 12 | Class of Pension viz. superannuation/pre-mature/ voluntary retirement/ compulsory retirement/invalid pension/ deemed retirement | | | |
| 13 | Period of Service (From date of joining to Date of relieving) | <u>Years</u> | <u>Months</u> | <u>Days</u> |
| 14 | A. Additional service, if any, in terms of Regulation 27 | | | |
| | B. Period disqualifying for service, if any, (Regulation 15, 19 & 20) <i>Period of LWP/Suspension is to be reduced from the period of service to arrive at qualifying service as mentioned in Column No.11 above unless directed by the sanctioning authority that the period shall count for service for all purposes including pension.</i> | | | |
| 15 | Total period of Service for pension as on the date of retirement | <u>Years</u> | <u>Months</u> | <u>Days</u> |
| 16 | *Qualifying service for pension (Regulation 13 to 25) (Broken period of service more than 6 months is to be treated as one year and Broken period of service of 6 months or less is to be ignored) | <u>Years</u> | | |
| 17 | Whether appointed as part time employee: if yes: Period thereof, on 1/3 scale from _____ to _____ on 1/2 scale from _____ to _____ on 3/4 scale from _____ to _____ | | | |
| 18 | Branch from where pension is to be paid | | | |
| | Sol ID | | | |
| | 14 Digit Saving Fund A/c No. of retired/ retiring employee: | | | |
| | Address after retirement with Mobile Number and email id | | | |

| | | | | | | | | | |
|--|--|--------------|------------------------------------|----------------------------|-----|--------------------------------------|---|--------------------------------------|---|
| | Mobile Number | | | | | | | | |
| | Email id | | | | | | | | |
| 19 | Details of Family: [Members eligible for Family Pension] | | | | | | | | |
| | S.No. | Name | Date of Birth | Relationship | | | | | |
| | 1 | | | | | | | | |
| | 2 | | | | | | | | |
| 20 | Details of pay during the last 10 months of service (including the month of cessation from service) (Regulation 38). | | | | | | | | |
| | S. No | Month & year | Basic Pay inc stagnation increment | Increment component of FPP | PQP | Other allowances ranking for PF & DA | Officiating allowance, if any. (Basic component only) | PF deducted on Officiating allowance | Date of remittance of PF on officiating |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | 1) | | | | | | | | |
| | 2) | | | | | | | | |
| | 3) | | | | | | | | |
| | 4) | | | | | | | | |
| | 5) | | | | | | | | |
| | 6) | | | | | | | | |
| | 7) | | | | | | | | |
| | 8) | | | | | | | | |
| | 9) | | | | | | | | |
| | 10) | | | | | | | | |
| | 11) | | | | | | | | |
| | TOTAL | | | | | | | | |
| NOTE: Please attach income tax register of the staff for the period as above and explain the figures appearing against Other PF in each month. Also attach calculation sheet if there is any late release of stagnation/AGI/ or any such arrears. | | | | | | | | | |
| | a) Total of Basic Pay (Col. 3) | | | | | | | | |
| | b) Total of FPP (Col. 4) | | | | | | | | |
| | c) Total of PQP (Col. 5) | | | | | | | | |
| | d) Total of other Allowances (Col. 6) | | | | | | | | |
| | e) Total of officiating allowance Col. 7 (in case of workmen staff only) | | | | | | | | |
| | f) Grand Total | | | | | | | | |
| | g) Average Monthly Emoluments (Grand Total / 10) | | | | | | | | |
| 21 | BASIC PENSION = (Average Monthly Emoluments (As per 20 (g)) X 50% X Number of Qualifying Years of Service (as per 16) (Max 33)) / 33 | | | | | | | | |
| | | X | | = | | | | | |
| | 2 | | 33 | | | | | | |
| 22 | ADDITIONAL PENSION IN CASE OF OFFICER ONLY = (Average Officiating Allowance (As per 20 (Col 7(Total/10)) X 50% X Number of Qualifying Years of Service (as per 16) (Max 33)) / 33 | | | | | | | | |
| | | X | | = | | | | | |
| | 2 | | 33 | | | | | | |
| 23 | Date of Receipt of request for commutation (Request letter in original must be enclosed) | | | | | | | | |
| 24 | Date of medical certificate NOTE: Medical certificate from Bank's approved Medical Officer is required in case of compulsory retirement, invalid pension and in case when commutation is desired after expiry of one year of retirement as such this be enclosed with the proposal. | | | | | | | | |
| 25 | Age next birthday | | | | | | | | |
| 26 | Amount sought to be commuted from pension (Max. 1/3 rd of pension and additional pension) | | | | | | | | |

| | | |
|----|---|--|
| 27 | Commutation value for a pension of Rs.1/- p.a. (Refer to commutation table) [Regulation 39(4)] | |
| 28 | Amount of Commutation Amount as per S.No.26 X Value as per S.No.27 X 12 | |
| 29 | Recovery, if any, to be made out of pensionary dues (mention full details) | |

Signature of the Pensioner

RECOMMENDED FOR PENSION SANCTION IN TERMS OF PUNJAB GRAMIN BANK EMPLOYEES' PENSION REGULATIONS 2018 AS UNDER:

| Particulars | Amount in Rs. |
|--|---------------|
| Basic Pension | |
| Less: Amount Commuted | |
| Plus: Additional Pension | |
| Less: Amount Commuted | |
| Plus: Applicable DA | |
| Commutation Value | |
| From (Date/Month) | |
| Commutation Portion to be restored on (Date/Month) | |

Date

Signature of Branch Manager

Branch/Office _____

Seal of Branch/Office

RECOMMENDATION OF CONCERNED REGIONAL MANAGER

Signature of Regional Manager

Regional Office _____

FOR HEAD OFFICE USE ONLY

SANCTIONED PENSION IN TERMS OF PUNJAB GRAMIN BANK EMPLOYEES' PENSION REGULATIONS 2018 AS UNDER:

| Particulars | Amount in Rs. |
|--|---------------|
| Basic Pension | |
| Less: Amount Commuted | |
| Plus: Additional Pension | |
| Less: Amount Commuted | |
| Plus: Applicable DA | |
| Commutation Value | |
| From (Date/Month) | |
| Commutation Portion to be restored on (Date/Month) | |

Checking Official
Seal of the Office

Signature of Sanctioning Authority
Designation _____

Date

Office _____

IDENTIFICATION FORM

| | | |
|----|---|--|
| 1. | NAME IN FULL (IN BLOCK LETTERS) | |
| 2. | GENDER | |
| 3. | COMPLETE POSTAL ADDRESS | |
| 4. | PHOTOGRAPH (JOINT WITH SPOUSE, IF ALIVE) (Photograph should be duly attested by the Branch Manager) If spouse not alive, Attach Death Certificate (duly attested) | <div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;">AFFIX PHOTOGRAPH HERE</div> |
| 5. | SPECIMEN SIGNATURE OF THE EMPLOYEE | |
| 6. | SPECIMEN SIGNATURE OF THE EMPLOYEE'S SPOUSE | |
| 7. | LEFT/RIGHT HAND THUMB IMPRESSION OF THE EMPLOYEE | |
| 8. | LEFT/RIGHT HAND THUMB IMPRESSION OF THE EMPLOYEE'S SPOUSE | |
| 9. | DATE | |

FOR OFFICE USE ONLY

SIGNATURE AND SEAL OF THE
BRANCH MANAGER HAVING
ATTESTED THE ABOVE.

(THIS FORMS PART OF PPO)

IDENTIFICATION FORM

| | | |
|----|---|--|
| 1. | NAME IN FULL (IN BLOCK LETTERS) | |
| 2. | GENDER | |
| 3. | COMPLETE POSTAL ADDRESS | |
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| 8. | LEFT/RIGHT HAND THUMB IMPRESSION OF THE EMPLOYEE'S SPOUSE | |
| 9. | DATE | |

FOR OFFICE USE ONLY

SIGNATURE AND SEAL OF THE
BRANCH MANAGER HAVING
ATTESTED THE ABOVE.

(THIS FORMS PART OF PPO)

PUNJAB GRAMIN BANK
HEAD OFFICE, JALANDHAR ROAD KAPURTHALA

| | | | |
|---|--|--------------------|--|
| STAFF PENSION* (GENERAL PENSION) | | Customer ID | |
| FAMILY PENSION* | | SB 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/met (tick applicable) the pensioner _____
(NAME), _____
_____ (ADDRESS) holder of PPO Number _____ PF No. _____ and
that he/she is alive on this day. His/her Aadhar Number is
_____.

(SIGNATURE OF THE PENSIONER/FAMILY PENSIONER WITH DATE)

NAME OF THE PENSIONER/FAMILY PENSIONER _____

(SIGNATURE WITH OFFICE SEAL)

DATE _____

NAME _____

PLACE _____

DESIGNATION _____

BRANCH NAME _____

PUNJAB GRAMIN BANK
HEAD OFFICE, JALANDHAR ROAD KAPURTHALA

BRANCH/OFFICE _____

THE CHIEF MANAGER
HRD DEPARTMENT
PUNJAB GRAMIN BANK
HEAD OFFICE
KAPURTHALA

DATED _____

REG: PARTICULARS OF OUTSTANDING LIABILITIES OF SHRI/SMT

(EPF NO _____)

Dear Sir

We are furnishing below the particulars of Outstanding Liabilities of Shri/Smt _____, _____ (Last Designation), _____ (EPF Number), retired/died on _____.

| PARTICULARS OF OUTSTANDING LOAN | ACCOUNT NO | BALANCE IN RS. AS ON _____ |
|--|-------------------|-----------------------------------|
| 1. House Building Loan | | |
| 2. Housing Loan (Commercial Scheme) | | |
| 3. Staff Overdraft | | |
| 4. Festival Advance | | |
| 5. Education Loan | | |
| 6. Conveyance Loan | | |
| 7. Others, if any (<i>Mention details</i>) | | |
| TOTAL | | |

SIGNATURE AND SEAL OF THE
BRANCH MANAGER HAVING
ATTESTED THE ABOVE.

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.

PUNJAB GRAMIN BANK
HEAD OFFICE, JALANDHAR ROAD KAPURTHALA

THE CHIEF MANAGER
HRD DEPARTMENT
PUNJAB GRAMIN BANK
HEAD OFFICE
KAPURTHALA

DATED _____

REG: ACCEPTANCE/ NON-ACCEPTANCE OF COMMERCIAL EMPLOYMENT

Dear Sir

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.

SIGNATURE OF THE PENSIONER

DATE _____

FULL NAME OF THE PENSIONER _____

PPO Number _____

SB Pension Account Number _____

Mobile Number _____

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

PUNJAB GRAMIN BANK
HEAD OFFICE, JALANDHAR ROAD KAPURTHALA

LETTER OF UNDERTAKING BY THE PENSIONER

THE BRANCH MANAGER
PUNJAB GRAMIN BANK
BRANCH : _____

DATED _____

**REG: PAYMENT OF PENSION UNDER PPO NO. _____ THROUGH YOUR
BRANCH**

Dear Sir

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 entitle. 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 _____

Name of the Employee _____

Address (in block letters) _____

Mobile Number _____

WITNESS

| | | |
|------------|--|--|
| NAME | | |
| EPF Number | | |
| SIGNATURE | | |

APPLICATION FOR COMMUTATION OF PENSION WITHOUT MEDICAL EXAMINATION

(To be submitted within one year from the date of retirement)

THE CHAIRMAN
PUNJAB GRAMIN BANK
HEAD OFFICE
KAPURTHALA

Dear Sir

I have retired/will retire (tick applicable) from the services of the bank w.e.f. _____ and have opted for Bank's Pension Scheme. I desire to commute a fraction of my Pension in accordance with the Punjab Gramin Bank Employees' Pension Regulations 2018. The necessary particulars are furnished below:

AFFIX PASSPORT
SIZE
PHOTOGRAPH
HERE AND
CROSS SIGN IT

| | |
|---|--|
| Name in full (in block letters) | |
| Designation at the time of Retirement | |
| Name of Office/Department from where retired | |
| Data of Birth (as per Bank's Service Record) | |
| Date of Retirement | |
| Class of Pension | |
| Fraction of Pension proposed to be commuted not exceeding 1/3rd thereof | |
| Address | |

Signature _____

Place

Date

ACKNOWLEDGEMENT

Received from Shri/Smt/Kum _____ application for Commutation of Pension.

Former Designation:

Place:

Date:

(Signature of Designated Authority)

APPLICATION FOR COMMUTATION OF PENSION SUBJECT TO MEDICAL EXAMINATION

(To be submitted in Duplicate)

THE CHAIRMAN
PUNJAB GRAMIN BANK
HEAD OFFICE
KAPURTHALA

Dear Sir

I have retired from the services of the bank w.e.f. _____ and have opted for Bank's Pension Scheme. I desire to commute a fraction of my Pension in accordance with the Punjab Gramin Bank Employees' Pension Regulations 2018. The necessary particulars are furnished below:

AFFIX PASSPORT
SIZE
PHOTOGRAPH
HERE AND
CROSS SIGN IT

| | |
|--|--|
| Name in full (in block letters) | |
| Designation at the time of Retirement | |
| Name of Office/Department from where retired | |
| Data of Birth (as per Bank's Service Record) | |
| Date of Retirement | |
| Class of Pension | |
| Fraction of Pension proposed to be commuted not exceeding 1/3rd thereof | |
| Preference for station where medical examination is desired to take place | |
| Address | |

Signature _____

Place

Date

ACKNOWLEDGEMENT

Received from Shri/Smt/Kum _____ application for Commutation of Pension.

Former Designation:

Place:

Date:

(Signature of Designated Authority)

UNDERTAKING

I _____ S/O _____ Certify that I have not withdrawn employer share from EPFO account till date. Further if any withdrawal amount comes to the notice of the authorities at the later stage or it is found that I have deposited less amount of employer share in Punjab Gramin Bank Employee's Pension Fund Trust account then the actual employer share received from EPFO, I shall refund the entire employer share with accrued interest till date to the bank in accordance with Punjab Gramin Bank Service Regulation (Amendment)2018.

Signature:- _____

Name:- _____

Designation:- _____

PF NO:- _____

Date:- _____

The General Manager
Punjab Gramin Bank
H.O Kapurthala

Reg:- Release PF Share

I _____ PF No ____ retired from bank's service on _____ have submitted the claim form for PF withdrawal and same has been sent to EPFO Office Jalandhar through Head Office. The said claim has been already settled by EPFO. in which employer share received was very less with respect to my service period. My claim was settled amounting to Rs. _____ (Rs. _____ employee share + Rs. _____ employer share).

Further I wish to inform you that I have withdrawn PF advance from EPFO, the detail of which are not available with me.

I have calculated tentative employer share as per interest rate declare by PF department on the basis of my PF slips (sheet attached). As I have to deposit Rs _____/- as employer share for release of my pension as per PGB Employees Pension Regulation 2018, you are kindly requested adjust the employer share as received in my PF Trust and balance _____/- from my employee share which have been received in PGB Provident Fund Trust and pay the balance amount of employee share to me. Further *"I am liable to pay the amount, if any discrepancy found in calculation of employer share and when demanded by the bank. Hence you are requested to release my pension and commutation"*.

Thanking you

Yours sincerely

Name- _____

(PF NO- _____)

Checklist

| S.No. | Particulars |
|--------------|---|
| 1 | Self Attested KYC of Self and Spouse |
| 2 | Undertaking of Employer Share |
| 3 | Duly Attested Original Passbook of EPFO Account since 2010 |
| 4 | Annexure 3: Form of Commutation with or without Medical |
| 5 | Letter of Undertaking |
| 6 | Acceptance/Non Acceptance of Commercial Employment |
| 7 | Life Certificate |
| 8 | Details of Outstanding Liabilities |
| 9 | Pension Proposal Form (along with RO Forwarding) |
| 10 | Indentification Form |
| 11 | Joint Passbook duly Signed and Stamped Mode of Operation: E/S or F/S |
| 12 | Pension Payment Order |
| 13 | Self Attested Copy of PPO for the cases where Pension is already sanctioned by EPFO |
| 14 | Sanction of VRS to RO/BO/Employee |
| 15 | Joint Photographs (4 extra) |