

Annexure II

Pension Proposal for the Deceased Employees/ for Family Pension

Check List of the documents required

Sr No	Documents Required	Whether Enclosed Yes/No
1	Account Payee cheque in favour of PUNJAB GRAMIN BANK EMPLOYEES'S PENSION FUND TRUST (Wherever required)	
2	Duly Attested original passbook of the EPFO account	
3	Duly Attested statement of account where the refund amount was credited	
4	Self Attested copy of Pension Payment Order for pension already sanctioned by EPFO.	
5	Pension Proposal Form (Family Pension)	
6	Identification Form (4 Copies)	
7	Photographs (Four in number) of Family Pensioner to be enclosed with file separately.	
8	Application for the grant of Pension by the family member of the deceased employee.	
9	Life Certificate	
10	CERTIFICATE OF NON- REMARRIAGE / NON-MARRIAGE	
11	Letter of undertaking by the Pensioner/Family Member of the deceased employee	
12	Self Attested Copies of Aadhar Card and PAN CARD of Claimant	
13	Copy of duly attested Death Certificate of the employee	

- Incumbent Incharge to verify that the above documents are enclosed and all relative documents are verified/attested.

Branch Manager/Regional Officer

FAMILY PENSION PAYMENT PROPOSAL

(To be submitted in case of employees who died while in service)

1.	Name of the Deceased Employee			
2.	PF Account No.			
3.	Designation at the time of death			
4.	Office/Branch, Region where the deceased employee was last posted			
5.	Date of Birth			
6.	Date of Appointment in Bank's Service			
7.	Date of Death (Attach Death Certificate)			
8.	i) Whether the applicant is eligible to receive family pension from the Government on account of services rendered by the spouse in Defence Services.			
	ii) If yes, whether the applicant wishes to draw family pension from the Government or from the Bank.			
	iii) Details of PPO issued by the Government . Name of the employee. PPO NO. Address of the PPO issuing authority			
9.	Details of Family Members eligible for Family Pension			
	S.No.	Name	Date of Birth	Relationship with the Deceased Employee
	Attach birth certificate in case of son or daughter.			

.....2/-

10.	Address for correspondence	
11.	If the deceased employee was working on part time scale. (Please mention 1/3, 1/2 or 3/4)	
12.	<p>Details of pay last drawn by the deceased employee</p> <p>a) Basic Pay including stagnation increment</p> <p>b) Allowance reckoning for PF & DA</p> <p>i) ii) iii) iv)</p> <p>TOTAL</p>	<p>Rs. _____</p> <p>Rs. _____</p> <p>Rs. _____</p>
13.	Whether any compensation has been paid under Workmen Compensation Act.	
14.	Branch where pension is to be paid Sol_ID.	<p>_____</p> <p>_____</p>
15.	<p>Family Pension (Calculated in terms of Regulation 37)</p> <p>On Enhanced Rate : Basic Family Pension : Rs. _____ Addl. Family Pension : Rs. _____</p> <p>On Normal Rate : Basic Family Pension : Rs. _____ Addl. Family Pension : Rs. _____</p>	

: 3 :

Recommended for sanction of Family Pension as above in terms of PGB (Employees) Pension Regulations 2018, on enhanced rate w.e.f. _____ and on normal rate w.e.f. _____ plus dearness relief as applicable from time to time.

Seal

Signature of Recommending Officer

Name _____

Branch/Office _____

Date : _____

16. Recommendation of Regional Manager

Signature Regional Manager

17. Sanctioned Family Pension as recommended, in terms of PGB (Employees) Pension Regulations 2018, as amended from time to time.

Signature and Seal of Sanctioning Authority

Designation _____

Date : _____

NOTE :

1. One copy of the proposal duly sanctioned along with four copies of identification form must be sent to Pension Fund Department, HO for disbursement.

IDENTIFICATION FORM

1.	NAME	
2.	SEX (MALE/FEMALE)	
3.	COMPLETE POSTAL ADDRESS	
4.	PHOTOGRAPH of the Claimant (Photograph should be duly attested by the Branch Manager)	AFFIX PHOTO HERE
5.	SPECIMEN SIGNATURE OF Claimant	
6	LEFT/RIGHT HAND THUMB IMPRESSION OF THE CLAIMANT	
7	DATE	

FOR OFFICE USE ONLY

**Signature & Seal of the Branch Manager having
attested the above.**

(THIS FORMS PART OF PPO)

PUNJAB GRAMIN BANK
Head Office: Jalandhar Road, Kapurthala

Application for grant of Family Pension in the event of death of Employee / Pensioner

Paste a Recent
passport Size
photo graph

The Chairman
Punjab Gramin Bank
HO Kapurthala

Date: _____

Dear Sir,

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

1. Name of the applicant (in block letters) : _____

i) . Relation with the deceased employee/pensioner: _____

ii) . Date of Birth : _____

iii) . Name of the Guardian if the deceased
Person is survived by minor child/children _____

iv) . Religion and Caste : _____

02. Present residential address of the : _____
applicant (in block letters) _____

_____ Cotact No _____

03. Name & age of surviving parent/widow/widower/children of the deceased employee / pensioner:

Sl No	Name	Relationship with the deceased employee/pensioner	Date of Birth (by Christian era)

04. Name of the deceased employee/pensioner _____

05. EPF No of the deceased employee : _____

06. Date of death of the employee /pensioner: _____

(Documentary evidence to be attached)

- 07 . Date of retirement (in case of Pensioner): _____
08. a) Branch/Office in which the deceased employee/
Pensioner served last and post held by him/her _____
b) PPO No of the deceased, if any, with the nature
of pension & Disbursing Authority. : _____
09. If the applicant is guardian, date of birth of minor
& relationship with the deceased employee/pensioner _____
10. a) Is the applicant (other than guardian) a pensioner ? **YES / NO**
if so, indicate the amount of monthly pension : _____
b) Is the applicant employed? If so, particulars **YES / NO**
in details with last pay drawn certificate from employer :
11. Description of the applicant including (a) Height _____ cm
(b) Personal Identification marks, if any, on hand, face etc.

12. Signature/LTI ** of the applicant (Duly
Attested by the Branch head with seal) _____

**SIGNATURE / LTI OF THE APPLICANT
IS ATTESTED**

(Signature of the Branch Head 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 :
- 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 etc.

15. 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.**

**PUNJAB GRAMIN BANK
HO JALANDHAR ROAD KAPURTHALA**

..... 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: ,... ..

**PUNJAB GRAMIN BANK
HO JALANDHAR ROAD KAPURTHALA**

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 delete 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)

Place :

Date :

Name :

Designation:

Address:

PUNJAB GRAMIN BANK
HO JALANDHAR ROAD KAPURTHALA

Letter of undertaking by the Pensioner and Family Members / Nominees

Date: _____

The Branch Manager
Punjab Gramin Bank
Branch: _____

Dear Sir,

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

In consideration of making payment of Pension as per the Punjab Gramin Bank 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		