





इलाकई देहाती बैंक
Ellaquai Dehati Bank
Nirmaan Complex, Barzulla, Srinagar





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Annexure – 9





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Annexure – 10





Option Form to be filled in by the family of those employees of the Bank who are eligible for family pension

(To be submitted in quadruplicate through their present Branch / Office from where retired/posted at the time of death)

Date of receipt of application at Branch / Office		FOR HO USE ONLY OPTION NOTED IN SERVICE RECORD / EPF RECORD OF THE DECEASED EMPLOYEE (Signature of the concerned Authority at HO with date)
Forwarded on		
Forwarded by		
Signature with office seal (Branch/Office)		

The Chairman
Ellaquai Dehati Bank

Head Office: Srinagar

Date: _____

I hereby declare that I have read and understood the **Ellaquai Dehati 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 (*strike whichever is not applicable) on his/her death while in service/ after retirement from Banks' 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 (*strike whichever is not applicable), if any, together with interest at EPF rate from time to time upto the date of retirement/death.

- Name of the applicant/dependent of deceased employee in full (in Block letters): _____
- Name of the deceased employee in full (in Block letters): _____
- E P F No: _____
- Relationship with the deceased Employee: _____
- Name of the guardian if applicant is minor: _____
- Present Residential Address (in Block Letters): _____

- Date of death of deceased employee (Documentary evidence to be attached) _____
- Date of retirement from Bank's Service _____
- Branch/Office last service and post held _____
- Branch where pension to be drawn _____
- List of documents/ evidences to be attached
 - Copy of Superannuation/retirement order of deceased employee (if applicable)
 - Copy of death certificate of the Employee
 - Copy of Birth Certificate of child eligible for pension





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- 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 the 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: _____

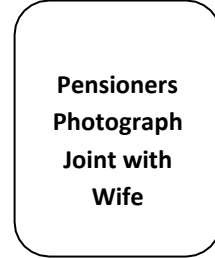
Signature attested by the Branch/Office Head with Office Seal





**APPLICATION FOR GRANT OF FAMILY PENSION IN THE EVENT OF DEATH OF
EMPLOYEE/ PENSIONER**

The Chairman
Ellaquai Dehati bank
Srinagar



Dear Sir

Date: _____

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

1. Name of the applicant in full (in Block letters): _____
 - a. Relationship with the deceased Employee: _____
 - b. Date of Birth _____
 - c. Name of the guardian if the deceased
Person is survived by minor child/children: _____
 - d. Religion and Caste _____
2. Present Residential Address (in Block Letters): _____

_____ Contact Number _____

3. Name and age of surviving parent/ widow/ widower/ children of the deceased employee/ pensioner

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

4. Name of the deceased employee/pensioner _____
5. EPF No. of the deceased employee _____
6. Date of death of deceased employee _____





(Documentary evidence to be attached)

7. Date of retirement from Bank's Service _____
8. 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 and Disbursing Authority _____
9. If the applicant is guardian, date of birth of minor
& relationship with the deceased employee/pensioner _____
10. a) If the applicant (other than guardian) a pensioner _____ Yes/No
if so, indicate the amount of monthly pension _____
- b) If the applicant employed? _____ Yes/No
if so, particulars in details with the last
pay drawn certificate from the 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) Saving Bank Account Number _____
14. List of documents/ evidences to be attached
a) Three copies of passport size recent photograph of the applicant, duly attested on 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 the stated in this application and documents submitted herewith the true,
correct and genuine

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





CERTIFICATE OF NON-REMARriage / NON-MARRIAGE
(APPLICABLE FOR FAMILY PENSIONERS ONLY)

The Chairman
Ellaquai Dehati Bank,
Head Office: Srinagar

Date _____

* 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 married and I undertake to report the same promptly in the event of my marriage. (Applicable for un-married daughter Family Pensioner)

(*Please strike through which is not applicable)

Signature of 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 of respectable / well known person)

Place: _____

Date: _____

Name: _____

Designation: _____

Address: _____





Acceptance/ Non-acceptance of Commercial Employment

The Chairman
Ellaquai Dehati Bank
Head Office

Date _____

Dear Sir,

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

OR

I declare that I have accept 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:
SB(Pension) Account No Mobile :

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





.....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





Letter of undertaking by the Pensioner/Family Pensioner

The Branch
Manager

.....

.....

.....Branch

Dear Sir,

**Subject: 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 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		





Letter of Undertaking by the Pensioner and Family Members/Nominees

The Branch Manager

..... Branch

Dear Sir,

Date: _____

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 ad 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 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		





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

1. Date of Report	
2. Name of the Pension Paying Branch	
3. Branch Code No /SOL ID	
4. Pensioner's name	
5. Pension Type(General or/Family Pension)	
6. PPO No/EPF No (in case of Family Pension mention EPF No of original pensioner	
7. Saving Bank Account No	
8. Date of Certificate	
a. Life Certificate	
b. Non-Marriage/Re-Marriage (For Family Pensioner only)	
c. Non-Employment/Re-Employment Certificate	
d. d)Disability Certificate	
9. Whether Undertaking for refund of Excess Payment is taken (ANNEXURE-16/Annexure-17)	YES/NO

Branch Manager (Please use Branch Seal)

.....Branch Date:_____

