



Option Form to be filled in by the Retired Employees of the Bank (To be submitted in quadruplicate through their present Branch / Office)

Date of receipt of application at Branch / Office		FOR HO USE ONLY OPTION NOTED IN SERVICE RECORD (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 me on my retirement. I also undertake to refund my non-refundable withdrawal from EPF balance (Bank's contribution component), if any, together with interest at EPF rate from time to time.

1. Signature: _____
2. Name in Full (in Block letters): _____
3. Designation: _____
4. E P F No: _____
5. Present Residential Address: _____

6. Date of Birth: _____ 7. Date of joining in the Bank' service: _____
8. Date of retiring from the Bank' service _____
9. Branch / Office from where retired: _____
10. Branch from where pension to be drawn: _____ Branch.

(Signature to be attested by the Branch/Office Head with Office Seal)



PENSIONER'S PROFILE DUPLICATE

(PLEASE FILL UP IN BLOCK CAPITALS)

The Chairman
Ellaquai Dehati bank
Srinagar

Pensioners
Photograph
Joint with
Wife

I. PERSONAL DETAILS		
1. Full Name		
2. Gender	Male	Female
3. Identification Mark (if any)		
4. Date of Birth		
5. PAN Number		
6. Date of Joining Bank Service		
7. Date of Joining Bank Service		
8. Mode of cessation from service	Retirement on Superannuation	
9. Category at retirement	Officer (Scale Grade) Clerk Subordinate Staff	
10. Provident Fund Account Number		
11. Permanent Address		
12. Branch/Office of last posting	Branch: Region: Others:	
13. Branch from where pension payment is desired	Branch:	Region:
14. Savings Bank Account Number (11 Digits)		
15. Have you obtained Commercial Employment	Yes	No
If "Yes" please state date of Permission by the competent Authority)		
16. If "No" do you intend to take up application for Commercial Employment?	Yes	No
II. PERSONAL DATA OF THE SPOUSE		
1. Full Name		
2. Relationship with the Pensioner	Husband	Wife
3. Date of Birth		
4. Identification Mark (if any)		
5. Permanent Address		



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

III. PARTICULARS OF FAMILY MEMBERS OTHER THAN SPOUSE (Family as defined under Regulation of Ellaquai Dehati Bank Employees' Pension Regulation 2018)		
Name	Relationship	Date of Birth
1)		
2)		
3)		
4)		
5)		
6)		
I declare that the above information is true and correct. Should you however require any documentary evidence, I shall produce the same on demand.		
Date:	Signature Full Name	

Note: Please enclose 2 passport sized photographs of the pensioner and 2 joint passport sized photographs of the pensioner with the spouse.





[Under regulation 39 (9)]
Application for Commutation of Pension without Medical Examination
(to be submitted within one year from the date of retirement)

The Chairman
Ellaquai Dehati Bank
Head Office: Srinagar

Space for
Affixing
attested
Passport size
Photograph

Dear Sir,

I retired/will retire from the Bank's service with effect from _____ and have opted for Bank's Pension Scheme. I desire to commute a fraction of my pension in accordance with **Ellaquai Dehati Bank** (Employee's) Pension Regulations, 2018. The necessary particulars are furnished below:

Name in full (in block letters): _____
Designation at the time of Retirement _____
Name of Office/Department from which retired _____
Date 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. _____

Signature

Place : _____ Address: _____

.....
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 duplicated)

PART - I

Space for
Affixing
attested
Passport size
Photograph

The Chairman
Ellaquai Dehati Bank
Head Office: Srinagar

Dear Sir,

I desire to commute a fraction of my pension in accordance with **Ellaquai Dehati Bank** (Employee's) Pension Regulations, 2018. An attested copy of my photograph is affixed on the application and as unattested copy is enclosed. The necessary particulars are furnished below.

Name in full (in block letters): _____
Designation at the time of retirement: _____
Name of Office/Department from which retired: _____
Date 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 _____

Place:

Date:

Signature

Address: _____

Acknowledgement

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

Place :

Date :

(Signature of Designated Authority)





[Under regulation 36(9)]
(to be completed by the Designated Authority)

1. Name of the Applicant _____
2. Date of birth (as per Bank's Service record) _____
3. Date of Retirement _____
4. Class of Pension _____
5. Amount of Pension _____
6. Amount of Pension desired to be commuted _____

On the basis of

Normal Age	Added Years	
	1 Year	2 Years
_____	_____	_____
	Rs	Rs
	_____	_____

7.
 - i. Sum payable if commutation becomes absolute before the applicant's next birthday which falls on _____
 - ii. Sum payable if commutation becomes absolute after the applicant's next birthday which falls on _____

8. Number of enclosures, if any (see note below)

Place :

Date :

(Signature of Designated Authority)

Note: The Designated Authority should enclose with the Form, a copy of the receipt or statement of the applicant's case if the applicant has been granted invalid pension or has previously commuted a part of his pension or declined to accept commutation on the basis of an addition of years to actual age, or has been refused (commutation) on medical grounds.





Annexure-6
PART-II(contd.)

Copy forwarded to Shri/Smt./Kum. _____

(give complete postal address) with the remarks that subject to the Bank's Medical Officer's recommendation, he/she will, on the basis of the report of the Designated Authority be eligible for the lump sum payment in lieu of the amount of pension to be commuted as follows:-

On the basis of

Normal Age -----	Added Years	
	1 Year	2 Years
-----	-----	-----
Rs.	Rs.	Rs.
-----	-----	-----

1. Sum payable if commutation becomes absolute before the applicant's next birthday which falls on _____
2. Sum payable if commutation becomes absolute after the applicant's next birthday which falls on _____

Note: The Table of the present value, on the basis of which calculation by the Designated Authority has been made, is subject to alteration at any time without notice and consequently the basis is liable to revision before payment is made and the sum payable will be the sum appropriate to the applicant's age on his birthday next after the date on which the commutation becomes absolute or if the medical authority directs that years will be added to that age, to the consequent assumed age.

Acknowledgement

Shri/Smt./Kum. _____ should report for medical examination to the Bank's Medical Officer at Bank's Dispensary between _____ a.m. and _____ p.m. on _____. He/ She should take with him/her the enclosed Form No. VIII with the particulars required in Part-1 completed except the signature or thumb impressions.

Place:

Date:

(Signature of Designated Authority)





(TO BE ISSUED ON LETTERHEAD)

(Draft Letter to Bank's Medical Officer referring the pensioner for Medical Examination)

Ref.No.:

Date:

To
Doctor _____
(Bank's Medical Officer)

Sir/Madam,

Medical Examination-Commutation of Pension

Shri /Smt./Kum. _____ who retired from the service on _____ as _____ (Designation) has applied for commuting a fraction of his/her pension for a lump sum payment. The following documents are forwarded herewith.

- Application in Form No.VII in original.
- Report or statement of the applicant's case if he has been granted invalid pension or has previously commuted a fraction of his pension or declined to accept commutation on the basis of addition of years to his actual age or has been refused commutation on Medical Grounds.

In terms of regulation of **Ellaquai Dehati Bank** (Employees') Pension Regulations, 2018 (commutation of pension), Shri/Smt./Kum. _____ should be examined by a Bank's Medical Officer. It is requested that arrangement may be made to get Shri/ Smt./ Kum. _____ examined as expeditiously as possible preferably within four weeks.

A copy of this letter is being endorsed to him/her so that he/she may appear for medical examination before you at the earliest.

The receipt of this letter may please be acknowledged.

Yours faithfully

(Designated Authority)

*Strike off whichever not applicable





PART I

Declaration by the Pensioner for facilitating

Medical Examination by the Bank's Medical Officer

Space for
Affixing
attested
Passport size
Photograph

The applicant must complete this statement prior to his examination by Bank's Medical Officer and must sign the declaration appended thereto in the presence of Bank's Medical Officer.

1. Name in full (in block letters)
2. Date of birth (as per Bank's Service Record)
3. Particulars regarding Parents.
Father's age, if living and state of health
Father's age at death and cause of death
Mother's age, if living and state of health.
Mother's age at death and cause of death.
4. Have you been considered for grant of invalid Pension?
If so, state the ground thereof.
5. Have you been granted leave on Medical certificate during the Last three years of your service ? if so, state period of leave and nature of illness.
6. Have you during the last three years period
 - a) Suffered from any major illness requiring hospitalization?
If so, the nature of illness and period of hospitalization may please be indicated, or
 - b) Undergone any major surgical operation
 - c) Lost or gained weight markedly

Declaration by Applicant

To be signed in presence of the Bank's Medical Officer

I declare all the above answers to be, to the most of my belief, true and correct.

I am fully aware that by willfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation

Applicant's signature or thumb impression in case of illiterate applicant

(Signature of Bank's Medical Officer)





[(Under regulation 39(9)]

Medical details of the Pensioner

(To be filled by the examining Medical Officer)

1. Apparent age
2. Height
3. Weight
4. Describe any scars or identifying
Marks of the Applicant
5. Pulse rate:-
 - a) Sitting
 - b) StandingWhat is the character of the Pulse?
6. Blood Pressure-
 - a) Systolic
 - b) Diastolic
7. Is there any evidence of disease of the main organs –
 - a) Heart
 - b) Lungs
 - c) Liver
 - d) Spleen
 - e) Kidney
8. Investigation (wherever considered
necessary by the bank's Medical Officer)
 - i. Urine (state specific gravity)
 - ii. Blood
 - iii. X-Ray Chest
 - iv. E.C.G.
9. Any additional finding





To
The Trustees

Ellaquai Dehati Bank (Employees) Pension Fund

I, _____ PPO No/EPF No _____ hereby nominate the person(s) named below and confer on him/ them the right to receive to the extent specifies 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	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 the nominee's minority	Contingency on happening of which nomination shall become invalid
(7)	(8)	(9)	(10)	(11)	(12)	(13)

The nomination supersedes the nomination made on _____ which stand cancelled Place: _____

Signature/ Thumb impression (if illiterate) of Pensioner/Employee

Witness 1. Address
2. Address

Signature

Signature

EPF No. _____

EPF No. _____

Attested by the Pension Disbursing Branch/Department at Branch/Head Office

Seal of the Attesting Authority

Note:

1. If the employee has family, the nomination shall not be in favor 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 favor of person or persons, or a body of individuals whether incorporated or not.
3. Strike out which is not applicable





SERVICE PARTICULARS

Ref : _____

General Manager
Ellaquai Dehati Bank
Head Office: Srinagar

Date : _____

Dear Sir,

Subject: Ten months (prior to death/retirement) average pay & allowance of Shri/Smt.
_____ (EPF NO _____)

We are furnishing below the 10 months (prior to death/retirement) average pay & allowance of Shri/Smt.
_____ Designation (Last) _____ (EPF NO
_____ who retired / died on _____ for calculation of
pension under **Ellaquai Dehati 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 33 of Ellaquai Dehati Bank (Employees') Pension Regulations, 2018





BRANCH/OFFICE

DETAILS OF LAST TEN MONTH SALARY

Monthwise Breakup Year & Month										
1. Basic Pay										
2. Stagnation Increment										
3. Pay & 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 33 of Ellaquai Dehati Bank (Employees') Pension Regulations, 2018

Date:

Signature with Seal





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

General Manager
Ellaquai Dehati Bank
Head Office: Srinagar

Date: _____

Dear Sir

Subject: 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 / dated on

Particulars of Outstanding Loan	Account Number	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

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 account(s) including compliance of all terms and conditions of sanction. Please provide "NIL" Certificate in case of no outstanding liability.





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	
CODE NUMBER		
CONTACT NUMBER		
MAIL ID		

(*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)

Date: / /

(Signature with Office Seal)

Date

Name

Place

Designation

Branch

Code No.....





Letter of undertaking by the 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 form 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		
Adress		





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:_____

