FORMAT - 2 J&K Grameen BANK Head Office, Narwal, Jammu

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

Date of receipt of application at		FOR HO USE ONLY
Branch/ Office		OPTION NOTED IN SERVICE RECORD
Forwarded on		
Forwarded by		
		(Signature of the concerned Authority at HO with date)
Signature with office seal (Branch/G	Office)	
The Chairman J&K Grameen Bank Head Office, Narwal, Jammu		Date:
Scheme and irrevocably authorise t entire Pension Fund kept with th purpose. I undertake to refund th interest thereon paid to me on my	oluntarily opt to become he EPFO/RPFC/Provident em to Bank to credit Pente Bank's contribution to retirement. I also under	a member of the Bank's Pension Fund Commissioner to transfer my nsion Fund to be created for this EPF Fund together with accrued
2. Name in Full (in Block letters):		
3. Designation (at the time of retirer	ment):	
4. EPFO No:		
5. Present Residential Address:		
6. Date of Birth:	_	
7. Date of joining in the Bank' servi	ce:	
8. Date of retiring from the Bank' se	ervice:	
9. Branch/Office from where retired	l:	(Branch/Office)
10. Branch of J&K Grameen Bank f	from where pension to be d	lrawn:
(Signature to be attest Signature of the Applicant attested	ed by the Branch/Office below at "A" "A"	Head with Office Seal)
1.	2.	

Signature of the Branch/Office Head with office seal

FORMAT - 3 J&K Grameen Bank Head Office, Narwal, Jammu

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 the Branch / Office from where retired/posted at the time of death)

Date of receipt of application at Branch / Office		FOR HO USE ONLY
,	Recent photograph of the applicant to be pasted here	OPTION NOTED IN SERVICE RECORD / EPF RECORD OF
Forwarded on:	and then to be attested by the Branch /Office Head	THE DECEASED EMPLOYEE
Forwarded by:		
		(0)
Signature with office seal (Branc	h/Office)	(Signature of the concerned Authority at HO with date)
The Chairman J&K Grameen Bank Head Office, Narwal, Jammu		Date:
Sir,		
(Employees') Pension Regulation Bank's Pension Scheme an Commissioner to transfer my en Fund to be created for this purp together with accrued interest to (delete whichever is not applicate) Bank's service. I also undertak (Bank's contribution componer	s, 2018 and I hereby volunta d irrevocably authorize to dire Pension Fund kept with cose. I undertake to refund the thereon paid to my husband able) on his/her death while the to refund the non-refundant) availed by my husband ole), if any, together with intentional	rily opt to become a member of the he EPFO/RPFC/Provident Fund them to Bank to credit Pension to Bank's contribution to EPF Fund/wife/father/mother/son/daughter e in service/after retirement from table withdrawal from EPF balance/wife/father/mother/son/daughter terest at EPF rate from time to time
in Full (in Block letters):		
2. Name of the deceased employe		
3. EPF No of the deceased emplo		
4. Relationship with the decease		
5. Name of guardian if applicant		
6. Present Residential Address (i	n block letter):	
7. Date of death of the deceased	employee (Documentary evide	ence to be attached):

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 to be attested by the Branch/Office Head with Office Seal) Signature of the Applicant attested below at "A" "A"
1. 2.

Signature of the Branch/Office Head with office seal

FORMAT - 4 J&K GRAMEEN BANK BRANCH/OFFICE

Ref:	
The Head of Department HRD Department J&K Grameen Bank Head Office, Narwal, Jammu	Date:
Dear Sir,	
Sub: Ten months (prior to death/retirements) Shri/Smt(EPF)	
We are furnishing below the 10 months (prior allowances of Shri/Smt.	
Shri/Smt	F/CPF No ation of pension under J&K Grameen
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 Parsanctioned 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 Regulation36 read with Regulations 2 (c) & 2 (t) of J&K Grameen Bank (Employees') Pension Regulations, 2018

FORMAT - 4 (PAGE - 2) 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 and PF						
a).						
(Mention nature of allowance)						
b)						
c)						
d)						
TOTAL						
AVERAGE						
	<u> </u>					

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 J&K Grameen Bank (Employees') Pension Regulations, 2018

-					
11	at	_			

Signature with seal

FORMAT - 5 J&K Grameen Bank BRANCH / OFFICE

Ref:		
The Head of Department HRD Department J&K Grameen Bank Head Office, Narwal, Jammu		Date:
Dear Sir,		
Sub: Particulars of Outstanding Liabi	/	
We are furnishing below the Particular		iabilities of Shri/Smt. ast Designation
EPF/CPF No		_
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		
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.

STAFF PENSION* (GENERAL PENSION)	Customer Id	
FAMILY PENSION*	SB Account No	

LIFE CERRTIFICATE

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

						_		PPONo	, ,
he/she is	alive on	this	day. H	is/her	Aadhaa	ır No is	• • • • • •		•••••
(Signature	of Pens	sione	er /Fam	ily Pens	sioner v	with Date)		(Signature with	ı Office Seal)
Date	• • • • • • • • • • • • • • • • • • • •			Name			• • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •
Place				. Desig	nation	l	1	Branch:	

Acceptance/ Non-acceptance of Commercial Employment

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

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:

		FORMAT - 9						
	Letter of undertaking by the Pensioner							
The Branch Manag J&K Grameen Ba	nk	Date :						
Dear Sir,								
Sub: Payment of Pension under PPO No through your Branch.								
to me every month the undersigned, as am not entitled or amount to which I myself and my heir from and against a to my account und	by credit to gree and und any amount am or would be, successory ny loss sufferer the schemoy debit to me and to the schemo debit to me and to the schemo debit to me and the schemo deb	at my request, agreed to make payment of Permy SB Account No	with you I, to which I cess of the ree to bind the Bank ny pension to recover					
Yours faithfully,								
Signature in full Address (in block le	etters)	:						
Witness		Phone/Mobile No						
Signature								
Name								
E.P.F/CPF No			1					
Address								

Letter of undertaking by the Pensioner and Family Members/Nominees

J&K Grame Dear Sir,	•	Date:	
Sub:	Payment of Pension your Branch	under PPO No	through
(Employees')	ation of making paymen Pension Regulations 20 asly declare and say as u	018, I/We do hereby so	
successors, against any aforesaid ar pension fur	y undertake and agree executors, and adming loss suffered or incured to forthwith pay the additional and the Bank without a	istrators to indemnify cred by the Bank in same to the Bank and d Regulations and /or	the Bank from and making payment as d/or adjust from the
Yours faithf	ully,		
Signature (F	Pensioner) ;		
Signature of	Family Members/Nomi	nees:	
Witness			
Signature			
Name			
E.P.F No			
Address			

FORMAT - 11 FORM OF NOMINATION

THE TRUSTEES	S, BANI	K (EMP	LOYEES'S) I			NT - /		EDE	NI -
1,		hei	reby nomina	PPO		No/	7 7 7 7 7 7 7 7 7 7	EPF and confer o	No n him /
them the right t	o recei								
the Pension Reg				ny death be	fore the an	nount 1	becor	ne payable, o	r having
become payable	, has n	ot beer	n paid.						
Name and address	Rela	tionshi	p Age	Amount of	share (%)	Date	of	IF NOMINEE	IS MINOR
of the Nominee(s)		th the nsioner				Birt	th		address of the may receive the
	per	isionei							ion during the
									e's minority
(1)		(2	3)	(3)	(4)	(5)		(6)
Name and address	of	Age	Relationshi	p Amount	Date of Bi	irth, N	ame é	& address of	Contingency
other Nominee(s)		with	with the	of share			may receive the		on happening
case the nominee up			pensioner	oner (%)					of which nomination
predeceases the					10, 410 1111101				shall become
pensioner							n	ninority	invalid
(7)		(8)	(9)	(10)	(11)			(12)	(13)
(1)		(8)	()	(10)	(11)			(14)	(13)
This nomination	n supe	rsedes	the nomina	tion made o	on			whic	ch stand
cancelled.									
Place:									
riace			Signature/	Thumb Impr	ession (if il	lliterate	e) of I	Pensioner/Em	plovee
Date:				nsioner/Emp					
WWW.TDGG 1			,	2					
WITNESS :1 Address:				2Address :					
11441000				naaress .					
Signature				Si	gnature				

ATTESTED BY THE PENSION DISBURSING BRANCH/ DEPARTMENT AT HEAD OFFICE

SEAL OF ATTESTING AUTHORITY

TO

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 J&K GRAMEEN BANK Head Office: Narwal, Jammu

App	lication for grant of Family P	ension in the event of death	of Employee / Pensioner	
J&K G	airman rameen Bank Office, Narwal, Jammu	Б	eate:	
Dear S	ir,			
Grame	y declare that as an eligible fa en Bank (Employees') Pension lars for kind favour of sanction	Regulations, 2018, I am su		
1. Nam	e of the applicant (in block lette	rs) :		
i). Relation with the deceased employee/pensioner:				
ii). Dat	e of Birth	:		
	ne of the Guardian if the decease is survived by minor child/child			
iv). Rel	igion and Caste	:		
02. Pre	sent residential address of the a	applicant :		
	(in block letters)			
		Contact No		
03. Na	ne & age of surviving parent/wi	dow/widower/children of the	deceased employee/	
pen	sioner:			
S. No.	Name	Relationship with the deceased employee/pensioner	Date of Birth (by Christian era)	
04. Na	me of the deceased employee/pe	ensioner		
05. EP	F No of the deceased employee :			
06. Da	te of death of the employee /	pensioner:		
(Do	cumentary evidence to be a	ittached)		
07. Da	te of retirement (in case of Pe	ensioner):		

O8. 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? if so, indicate the amount of monthly pension:	YES / NO
b) Is the applicant employed? If so, particulars in details with last pay drawn certificate from employer :	YES / NO
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	D
(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. : J&K Grant	ameen Bank B/O
 14. List of Documents/evidence attached: a) Three copies of passport size recent photograph of the apprince front side b) Attested copy of the Death Certificate of the deceased Enc. c) Birth Certificate of the children eligible for pension. d) Any other document(s) indicating that the applicant is a AADHAAR Card, Voter Card etc. 	mployee/ Pensioner
15. I hereby declare that what are stated in this application and herewith are true, correct and genuine.	documents submitted
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 J&K GRAMEEN BANK

Head Office: Narwal, Jammu

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 Bank
Date;