

# Jharkhand Rajya Gramin Bank

Head Office, Ranchi

## PENSIONER'S PROFILE

(For Superannuation/Family Pension)

(Please submit in triplicate)

(PLEASE FILL UP IN BLOCK CAPITALS)

PENSIONER'S  
JOINT  
PHOTOGRAPH  
WITH SPOUSE

### 1. PERSONAL DATA (APPLICANT)

(I) FULL NAME \_\_\_\_\_

(II) SEX (MALE/FEMALE) \_\_\_\_\_

(III) AADHAAR NO. \_\_\_\_\_, PAN NO. \_\_\_\_\_

(IV) MOBILE NO. \_\_\_\_\_, EMAIL ID \_\_\_\_\_

(V) IDENTIFICATION MARK (VISIBLE) \_\_\_\_\_

(VI) DATE OF BIRTH \_\_\_\_\_

(VII) QUALIFICATION \_\_\_\_\_

(VIII) DATE OF JOINING BANK SERVICE \_\_\_\_\_

(IX) DATE OF CEASING TO BE IN SERVICE \_\_\_\_\_

(X) NAME OF LAST POSTING (BRANCH/OFFICE) - \_\_\_\_\_ REGION : \_\_\_\_\_

(XI) MODE OF CESSATION FROM SERVICE \_\_\_\_\_  
(SUPERANNUATION/VRS/COMPULSORY/ANY OTHER, PLEASE SPECIFY)

(XII) CATEGORY AT RETIREMENT \_\_\_\_\_  
(OFFICER-SCALE-I, SCALE-II, SCALE-III/SCALE-IV/OFFICE ASSISTANT/OFFICE ATTENDANT)

(XIII) EPFO/PROVIDENT FUND ACCOUNT NO. \_\_\_\_\_

(XIV) PERMANENT ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_, PIN \_\_\_\_\_

(XV) PRESENT ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_, PIN \_\_\_\_\_

(XVI) BRANCH FROM WHERE PENSION PAYMENT IS DESIRED

BANK NAME:	BRANCH:
IFSC:	A/C NO.

(XVII) SAVING BANK A/C NO.

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(XVIII) HAVE YOU OBTAINED COMMERCIAL EMPLOYMENT (YES/NO) \_\_\_\_\_



**Form VI**

[See regulation 39 (9)]

Name of the Bank :Jharkhand Rajya Gramin Bank

**Application for Commutation of Pension without Medical Examination**  
(to be submitted within one year from the date of retirement)

To  
The Chairman,  
Jharkhand Rajy Gramin Bank,  
Head Office, Ranchi



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 the Jharkhand Rajya Gramin Bank (Employees') Pension Regulations, 2019. 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 1/3<sup>rd</sup> thereof. : \_\_\_\_\_

**Signature**

Place :

Address: -----

Date:

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**Acknowledgement**

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

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Former Designation

Place :

Date :

**(Signature of Branch Head/RO/HO)**

**Form VII**

[See regulation 39 (9)]

Name of the Bank :Jharkhand Rajya Gramin Bank

**Application for Commutation of Pension subject to Medical Examination**  
(to be submitted in duplicate)**PART – I**

To  
The Chairman,  
Jharkhand Rajya Gramin Bank,  
Head Office, Ranchi

Space for  
Affixing attested  
passport size  
photograph

Dear Sir,

I desire to commute a fraction of my pension in accordance with Jharkhand Rajya Gramin Bank(Employees') Pension Regulations, 2019. An attested copy of my photograph is affixed on the application and an unattested copy is enclosed. The necessary particulars are furnished below:

1. Name in full (in block letters) : \_\_\_\_\_
2. Designation at the time of retirement : \_\_\_\_\_
3. Name of Office/Department from  
which retired : \_\_\_\_\_
4. Date of birth (as per Bank's  
Service Record) : \_\_\_\_\_
5. Date of Retirement : \_\_\_\_\_
6. Class of Pension : \_\_\_\_\_
7. Fraction of Pension proposed to be  
commuted not exceeding 1/3<sup>rd</sup>  
thereof : \_\_\_\_\_
8. Preference for station where  
medical examination is desired to  
take place : \_\_\_\_\_

Place :

Signature

Date:

Address: -----

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**Acknowledgement**

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

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 Former Designation

Place :

Date :

(Signature of Branch Head/RO/HO)

**Form VII - PART – II**

(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

\_\_\_\_\_

Added Years

Normal Age -----

1 Year      2 Years

\_\_\_\_\_

Rs.      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)

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**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.

**Form VII - 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

\_\_\_\_\_

Added Years

Normal Age -----

1 Year      2 Years

\_\_\_\_\_

Rs. Rs.                  Rs.

\_\_\_\_\_

- (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 \_\_\_\_\_ : \_\_\_\_\_

**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)

**Form VII - PART III**

Name of Bank :Jharkhand Rajya Gramin Bank

**(Letter to Bank's Medical Officer Referring the pensioner for Medical Examination)**

Ref. No.:

Date :

To,

Dr. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

- (a) Application in Form No.VII in original.
- (b)\* 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 Jharkhand Rajya Gramin Bank (Employees') Pension Regulations, 2019 (commutation of pension), Shri/Smt./Kum. \_\_\_\_\_ should be examined by a Bank's Medical Officer. As per the approval taken from the Competent Authority, Medical examination of pensioners from Civil Surgeon of Jharkhand Govt. is also acceptable in this regard. Therefore, 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

**Form VIII**  
[See regulation 39(9)]

**PART I**

Name of Bank: Jharkhand Rajya Gramin Bank

Space for Affixing  
attested passport size  
photograph

**Declaration by the Pensioner for facilitating  
Medical Examination by the Bank's Medical Officer.**

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. :  
 Father'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 wilfully 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)



**Form VIII - PART II**

**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) Standing

What 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. Investigations (wherever considered necessary by the Bank's Medical Officer)
  - (i) Urine (State specific gravity)
  - (ii) Blood
  - (iii) X-R-ray Chest
  - (iv) E.C.G.
9. Any additional finding

**Form VIII - PART III**

**Certificate of Fitness for Payment of Commutation of pension**  
*(To be filled by the examining Medical Officer)*

I/We have carefully examined Shri/Smt./Kum. \_\_\_\_\_ and am/are of opinion that-

He /She is in good bodily health and has the prospect of an average duration of life.

OR

He /She is not in good bodily health and is not a fit subject for commutation.

OR

Although he/she is suffering from \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ he/she is considered fit subject for commutation but his/her age for the purpose of commutation, i.e. the age next birthday should be taken to be \_\_\_\_\_ (In words) years more than his/her actual age.

**Place :**

**Date :**

\_\_\_\_\_  
**(Signature and Designation of  
Examining Medical Officer)**

**FORM OF NOMINATION**

To  
**THE TRUSTEES, JHARKHAND RAJYA GRAMIN 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 specified 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(s)	Relationship with The pensioner	Age	Amount of Share (%)		Date of Birth	IF NOMINEE IS MINOR
			(3)	(4)		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 other nominee's minority	Contingency on happening of which nomination shall become invalid
(7)	(8)	(9)	(10)	(11)	(12)	(13)

This nomination supersedes the nomination made on \_\_\_\_\_ which stand cancelled

Place: \_\_\_\_\_

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

Date: \_\_\_\_\_

Name of Pensioner/Employee : \_\_\_\_\_

WITNESS : 1. \_\_\_\_\_

2. \_\_\_\_\_

Address : \_\_\_\_\_

Address : \_\_\_\_\_

Signature

EPF No. \_\_\_\_\_

Signature

EPF No. \_\_\_\_\_

**ATTESTED by the Pension Disbursing Branch/Deptt. at RO/HO**

**SEAL OF ATTESTING AUTHORITY:**

**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.

**JHARKHAND RAJYA GRAMIN BANK**

..... REGION/OFFICE

Ref : \_\_\_\_\_

Date: \_\_\_\_\_

The Chairman  
Jharkhand Rajya Gramin Bank,  
Head Office, Ranchi

Dear Sir,

**Sub: Ten months (Prior to death/retirement) average pay & allowances of Shri/Smt. \_\_\_\_\_ (EPF No \_\_\_\_\_)**

We are furnishing below the 10 months (prior to death/retirement) average pay & allowances of Shri/Smt. \_\_\_\_\_  
Designation (Last) \_\_\_\_\_, Branch/Office (Last) \_\_\_\_\_,  
EPF A/c No. \_\_\_\_\_ who retired / died on \_\_\_\_\_ for  
calculation of pension under Jharkhand Rajya Gramin Bank (Employees') Pension Regulations, 2019.

<b>1. Basic Pay</b>	
<b>2. Stagnation increment</b>	
3. Pay and Allowances rank for DA (Mention nature of allowance)	
a)	
b)	
c)	
4. Period of Extra Ordinary Leave on Loss of Pay sanctioned By the Competent Authority and enjoyed during the Service Period.	
<b>5. Leave Without Pay during Service Period</b>	

Yours faithfully,

Signature with Seal

.....

**Note: 1. Declare 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 month's average please refer to Jharkhand Rajya Gramin Bank (Employees') Pension Regulations, 2019.**

**DETAILS OF LAST TEN MONTHS SALARY OF SHRI/SMT./KUM. ....**

MONTHWISE BREAK UP YEAR & MONTH										
1. Basic Pay										
2. Stagnation Increment										
3. Pay and allowances Rank for DA a) Mention nature of allowance)										
a)										
b)										
c)										
d)										
<b>TOTAL</b>										
<b>AVERAGE</b>										

**Note:** 1. Declare 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 month's average please refer to provisions of Jharkhand Rajya Gramin Bank (Employees') Pension Regulations, 2019.

Signature with seal

Date \_\_\_\_\_

## JHARKHAND RAJYA GRAMIN BANK

REGION/OFFICE

Ref : \_\_\_\_\_

DATE: \_\_\_\_\_

The Chairman  
Jharkhand Rajya Gramin Bank,  
Head Office, Ranchi

Dear Sir,

**Sub: Particulars of Outstanding Liabilities of Shri/Smt.** \_\_\_\_\_  
(EPF A/c No \_\_\_\_\_)

We are furnishing below the Particulars of Outstanding Liabilities of Shri/Smt. \_\_\_\_\_  
Last Designation \_\_\_\_\_, EPF No. \_\_\_\_\_ who retired / died on \_\_\_\_\_.

Particulars of Outstanding Loan	Account No.	Balance (Rs.)
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)		
<b>TOTAL LOAN BALANCE</b>		

Yours faithfully,

**Signature with Seal**

.....

Note: Please submit this certificate preferably after closure of all staff loan accounts. If Housing Loan (Commercial Scheme) and / or Education Loan continues(s) in terms of sanction please furnish the status of the accounts(s) including compliance of all terms and conditions of sanction. Please provide "NIL" Certificate in case of no outstanding liability.

## JHARKHAND RAJYA GRAMIN BANK

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

Date : \_\_\_\_\_

**The Chairman  
Jharkhand Rajya Gramin Bank  
Head Office, Ranchi**

Affix photograph of  
the applicant

Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of Jharkhand Rajya Gramin Bank (Employees') Pension Regulations, 2019. 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 of Applicant : \_\_\_\_\_

iii) Name of the Guardian if the deceased  
Person is survived by minor child/children: \_\_\_\_\_

iv) Religion and Caste : \_\_\_\_\_

2. Present residential address of the  
Applicant (in block letters) : \_\_\_\_\_

PIN \_\_\_\_\_ Mobile No. \_\_\_\_\_

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

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

4. Name of the deceased employee/pensioner \_\_\_\_\_

5. EPF A/c No of the deceased employee \_\_\_\_\_

6. Date of death of the employee/pensioner: \_\_\_\_\_  
*(Documentary evidence to be attached)*
7. Date of retirement (in case of Pensioner) : \_\_\_\_\_
8. a) Branch/Office in which the deceased employee/  
Pensioner served last and post held by him/her : \_\_\_\_\_  
a) PPO No of the deceased, if any, with the nature  
Of pension & Disbursing Authority : \_\_\_\_\_
9. 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/Office head with seal**) : \_\_\_\_\_  
**SIGNATURE / LTI OF THE APPLICANT IS ATTESTED**

**(Signature of the Branch Head/RO/HO with Seal)**

- 13.a) Name of the Branch of the Bank through  
Which Family Pension is to be drawn : \_\_\_\_\_
- b) JRGB SB Account No : \_\_\_\_\_

14. List of Documents / evidence attached :
- a) **Three copies of passport size recent photograph of the applicant, duly attested in from 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, PAN, 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.



**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 Strike out 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)**

**Place :** .....

**Date :** .....

**Name :** .....

**Designation :** .....

**Address :** .....

## **Acceptance/Non-acceptance of Commercial Employment**

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.

**Date :**.....

**Signature of the Pensioner**

Name of the pensioner:..... PPO No: .....

JRGB SB (Pension) Account No. .... Mobile No.: .....

**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*		JRGB SB A/C No.	

(\* Please mark tick 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./EPF A/c No. .... and that  
 he/she is alive on this day, His / Her AADHAAR No. ....

**(Signature of the Pensioner/Family Pensioner with date)**

Date:.....

Place:.....

**(Signature with office seal)**

Name:.....

Designation:.....

Branch/Office: .....

## ***Letter of undertaking by the Pensioner***

Date : \_\_\_\_\_

**The Branch Manager**.....**Branch**.....**Bank**

Dear Sir,

**Sub : 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 to debit to my said Savings Bank Account or any other belonging to me in the possession of the Bank.

Yours faithfully,

**Signature in full** :**Name** : \_\_\_\_\_**Address (in block letters:** : \_\_\_\_\_**Phone/Mobile No.** : \_\_\_\_\_**Two Witnesses** :

	<b>Witness-1</b>	<b>Witness-2</b>
<b>Signature of witness</b>		
<b>Name</b>		
<b>E.P.F. No.</b>		

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***Letter of undertaking by the Pensioner and Family Members / Nominees***

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Date : \_\_\_\_\_

**The Branch Manager**

.....Branch

.....Bank

Dear Sir,

**Sub : Payment of Pension under PPO No. \_\_\_\_\_ Through your Branch.**

In consideration of making payment of Pension as per the Jharkhand Rajya Gramin Bank (Employees') Pension Regulations, 2019. 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 : \_\_\_\_\_

Two Witness:

	Witness-1	Witness-2
<b>Signature</b>		
<b>Name of Staff</b>		
<b>E.P.F. A/c No</b>		
<b>Address</b>		

## JHARKHAND RAJYA GRAMIN BANK

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**Clearance / Pre-disbursement formalities to be furnished by  
The proposed Pension Paying Branch**

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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 A/c No. (in case of Family Pension, mention EPF No of original pensioner)	
7. S B Account No.	
8. 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	
9. Whether undertaking for refund of excess Payment is taken	YES / NO

**Branch Manager**

(Please use Branch Seal)

.....Branch

.....Bank

Date : \_\_\_\_\_

## **AUTHORITY LETTER**

I hereby authorize Jharkhand Rajya Gramin Bank, Head Office, Ranchi to recover Rs.....(Rupees.....only) by debiting my SB A/c No..... maintained at ..... Branch of Jharkhand Rajya Gramin Bank, being the amount of Bank's contribution towards EPFO as per norms.

Full Signature :.....  
Name of the Pensioner :.....  
E.P.F. A/c No. (Staff) :.....  
Date of Birth (Staff) :.....  
Date of Joining (Staff) :.....  
Date of retirement (Staff) :.....  
Mobile No. :.....  
E-mail ID :.....  
Address :.....

Revenue Across Signature
--------------------------------

Place:  
Date: .....

To  
The Chairman/General Manager,  
Jharkhand Rajya Gramin Bank  
Head Office, Ranchi

Dear Sir,

**Re: Request to Grant of Pension/Family Pension.**

This has reference to my request/application for Pension/Family Pension payable to me as per provision of Jharkhand Rajya Gramin Bank (Employees') Pension Regulation, 2019.

2) I have gone through the said Pension Regulations, 2019 and understand that I am eligible for the Pension/Family Pension scheme as per the said Regulations. I enclose the copy of the Option Form submitted earlier to the Bank in this regard.

3) I understand that I am required to refund the entire final amount of bank's contribution towards EPFO. Since the detailed information from EPFO is not available in this regard, I refund the amount of Rs. ....on ad-hoc basis / online EPFO passbook basis to the bank so that the pension payments can get started immediately. In case of any excess/less payment of pension/family pension, it will be recoverable/payable by/from Bank accordingly in due time.

4) I undertake to pay the Bank, the difference amount of the Bank's contribution towards Provident Fund (EPFO), if any, is demanded by Bank in future as per norms.

5) Accordingly, I enclose Authority Letter to recover the amount of Rs.....as from my JRGB SB Account No. .... maintained with ..... Branch as per requirement.

Thanking you,

Yours faithfully

Full Signature :

Name : \_\_\_\_\_

EPF A/c No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Address : \_\_\_\_\_