

छत्तीसगढ़ राज्य ग्रामीण बैंक

(भारत सरकार, राज्य शासन और भारतीय स्टेट बैंक का संयुक्त उपक्रम) कॉर्पोरेट कार्यालय : प्लाट नं..47,सेक्टर.24,अटल नगर, नवा रायपुर (छ.ग.), पिन.492018 दूरभाष नं. 0771- 2288115, ई—मेल hr.ho@cgbank.in

क्षेत्रीय ग्रामीण बैंकों (आरआरबी) में कंप्यूटर वेतन वृद्धि के कार्यान्वयन के संबंध में

माननीय सर्वोच्च न्यायालय द्वारा अवमानना याचिका संख्या 1798/2018 में पारित आदेश के तहत सरकार ने क्षेत्रीय ग्रामीण बैंकों (आरआरबी) में कंप्यूटर वेतन वृद्धि लागू करने के निर्णय पर पुनर्विचार किया है और इसे 01.11.1993 से लागू करने का निर्णय लिया है। वित्त मंत्रालय, भारत सरकार के निर्देशानुसार वे सभी कर्मचारी जो 01.11.1993 को या उससे पहले बैंक सेवा में थे, उन्हें 01.11.1993 से लागू कंप्यूटर वेतन वृद्धि का लाभ दिया जाएगा।

इसलिए, इस सार्वजनिक नोटिस के माध्यम से ऐसे सभी सेवायुक्तों को सूचित किया जाता है, जो 01.11.1993 को या उससे पहले बैंक की सेवा में थे और वर्तमान में वेतन या पेंशन नहीं ले रहे हैं ,त्यागपत्र/बर्खास्त/अनिवार्य सेवानिवृत्त/ मृत हो चुके हैं, वे या उनके कानूनी उत्तराधिकारी कंप्यूटर वेतन वृद्धि हेतु छत्तीसगढ़ राज्य ग्रामीण बैंक के नजदीकी क्षेत्रीय कार्यालय में जाकर आवेदन कर सकते हैं।

आवेदन जमा करने की अंतिम तिथि 27.09.2024 है। आवेदन पत्र बैंक की वेबसाइट (www.cgbank.in) पर उपलब्ध है।

महाप्रबंधक (प्रशासन)

ONLY FOR STAFF

The General Manager (Admin.) Chhattisgarh Rajya Gramin Bank, Corporate Office, Nava Raipur(C.G) Respected Sir,

nespected sit,	
Subject: Application for release of Computer Increm	nent Benefit.
l,, a fo	ormer employee of(Name of
Bank), humbly submit this representation for your k	kind consideration regarding the release of Computer
	asto
	services of the bank by resignation / Compulsory
Retirement / Voluntary Retirement/termination/ dapplicable).	lismissal/removal/superannuation (Tick whichever is
	on 01-11-1993 or before. Therefore, I am eligible for
the computer increment benefit as per the applicab	le rules and policies.
In view of my eligibility, I kindly request you to make	te the necessary arrangements for the release of the
computer increment to me.	
Particulars	Details
Name	
UID/Emp.no/ any specified unique no by Bank	
Date of Joining & Designation	
Date of Exit & Designation	,
Mode of Exit	
Details of Last Posting (Branch & Region)	
Details of JAIIB/CAIIB with Date of Passing	, · · · · · · · · · · · · · · · · · · ·
Details of Promotion with effective date, if any	
Details of Punishment, if any	
Details of Suspension Period, if any	
Details of LOP, if any	
Details of Account no. & IFSC	
Contact no.	
I hereby declare that the information given above a my knowledge and belief and nothing has been con given by me is proved false/not true, then all the be	
	Yours sincerely
	()
	Place:
	Date:
	(Signature)



ONLY FOR C.R.G.B STAFF DEPENDENTS

The General Manager (Admin.)	
Chhattisgarh Rajya Gramin Bank,	
Corporate Office, Nava Raipur(C.G)	
Respected Sir,	C. L. L. and Braumanntakina
Subject: Application for release of Computer Increment B	enerit by Legal Representative.
(Name & re	elation) am legal representative of, employee of(Name of
Bank), humbly submit this representation for your kind co Increment Benefit. My (relation) was	employed at the bank from as
toas	She/He exited from the services of the bank
to as by resignation / Compulsory Retirement dismissal/removal/superannuation (Tick whichever is appl	/ Voluntary Retirement/termination/icable).
I hereby confirm that she/he was in services in said Bank a was eligible for the computer increment benefit as per the	
In view of his/her eligibility, I kindly request you to make	the necessary arrangements for the release of
the computer increment on the name of	
Particulars of Ex-Staff	Details
Name	,
UID/Emp.no/ any specified unique no by Bank	
Date of Joining & Designation	
Date of Exit & Designation	
Mode of Exit & Designation	
Details of Last Posting (Branch & Region)	
Details of JAIIB/CAIIB with Date of Passing	
Details of Promotion, if any	
Details of Punishment, if any	
Details of Suspension Period, if any	
Details of LOP, if any	
Date of Death	
Name of Legal Representative	
Relation with ex-staff	
Details of Account no. & IFSC of Legal Representative	
Contact no. of Legal Representative	
I hereby declare that the information given above and in	the enclosed documents is true to the best of
my knowledge and belief and nothing has been conceale	d therein. I understand that if the information
given by me is proved false/not true, then all the benefits	given to me shall be summarily withdrawn.
given by the is proved taise, their air the serience	
	Yours sincerely
	()
	Place:
	Date:
ग्रामीण अ	(Signature)