



CHHATTISGARH RAJYA GRAMIN BANK

CORPORATE OFFICE- NAVA RAIPUR

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 Branch / Office		FOR HO USE ONLY
Forwarded on		OPTION NOTED IN SERVICE RECORD
Forwarded by		
Signature with office seal (Branch/Office)		
		(Signature of the concerned Authority at HO with date)

The Chairman
Chhattisgarh Rajya Gramin Bank
Head Office

Date: _____

I hereby declare that I have read and understood the **Chhattisgarh Rajya Gramin Bank** (Employees') Pension Regulations, 2018 and I hereby voluntarily opt to become a member of the Bank's Pension Scheme and irrevocably authorise 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 (at the time of retirement): _____
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: _____ Branch / Office.
10. Branch from where pension to be drawn: _____ Branch

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





CHHATTISGARH RAJYA GRAMIN BANK
CORPORATE OFFICE- NAVA RAIPUR

FORMAT - 4

CHHATTISGARH RAJYA GRAMIN BANK
BRANCH / OFFICE

Ref: _____

The Chief Manager
P & A Department
Chhattisgarh Rajya Gramin Bank
Head Office - Raipur

Date: _____

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) _____, EPF No _____
who retired / died on _____ for calculation of pension under **Chhattisgarh Rajya Gramin 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 _____ of _____ Bank (Employees') Pension Regulations, 2018





CHHATTISGARH RAJYA GRAMIN BANK

CORPORATE OFFICE- NAVA RAIPUR

FORMAT – 4 (PAGE – 2)

CHHATTISGARH RAJYA GRAMIN BANK

_____ 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										
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 36 read with Regulations 2 (c) & 2 (t) of Bank (Employees') Pension Regulations, 2018

Date _____

Signature with seal





CHHATTISGARH RAJYA GRAMIN BANK

BRANCH / OFFICE _____

Ref : _____

The Chief Manager
 Per & HRD Department
 Chhattisgarh Rajya Gramin Bank
 Corporate Office, Nava Raipur

Date: _____

Dear Sir,

Sub: 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 / died on _____:

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 (<i>Mention details</i>)		
TOTAL LOAN BALANCE		

Yours faithfully,

Signature with Seal

Chhattisgarh Rajya Gramin 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 "NIL" Certificate in case of no outstanding liability.



CHHATTISGARH RAJYA GRAMIN BANK
CORPORATE OFFICE- NAVA RAIPUR

FORMAT - 6

..... 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: ,.....





FORMAT-7

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:

ID No. of the Staff:

EPF 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.



CHHATTISGARH RAJYA GRAMIN BANK

CORPORATE OFFICE- NAVA RAIPUR

FORMAT - 9

Letter of undertaking by the Pensioner

The Branch Manager

Date: _____

.....**Branch**
Chhattisgarh Rajya Gramin 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 be 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 other 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		





CHHATTISGARH RAJYA GRAMIN BANK

CORPORATE OFFICE- NAVA RAIPUR

FORMAT -10

Letter of undertaking by the Pensioner and Family Members / Nominees

The Branch Manager

.....Branch

Chhattisgarh Rajya Gramin Bank

Date: _____

Dear Sir,

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 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: _____

Witness

Signature		
Name		
E.P.F No		
Address		



**FORMAT-11****FORM OF NOMINATION**

To
THE TRUSTEES, CHHATTISGARH RAJYA GRAMIN BANK (EMPLOYEES') PENSION FUND

I, _____ PPO No/ EPF No _____ with ID 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 : _____

WITNESSES:

Signature		
Name		
E.P.F No		
Address		
	Mobile No.:	Mobile No.:

ATTESTED by the Pension Disbursing Branch/ R.O/Deptt. at H O.

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.



CHHATTISGARH RAJYA GRAMIN BANK

CORPORATE OFFICE- NAVA RAIPUR

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**
Chhattisgarh Rajya Gramin Bank

Date; _____





FORMAT-15

CHHATTISGARH RAJYA GRAMIN BANK
CORPORATE OFFICE- NAVA RAIPUR

Application for grant of Superannuation Pension
(To be submitted in Duplicate)

Passport size
Photograph of
Applicant

(Self-Attested)

The Chairman
Chhattisgarh Rajya Gramin Bank
Corporate Office, Nava Raipur

Date: _____

Dear Sir,

I hereby declare that as an eligible staff member to receive Pension in terms of Chhattisgarh Rajya Gramin Bank (Employees') Pension Regulations, 2018, I am submitting below the requisite particulars for kind favour of sanction of Pension to me.

1	Name of the applicant (in BLOCK letters)		
	i) Date of Birth		Break –in- Service (If any)
	ii) Religion and Caste		
	iii) ID No.		Reasons (EOLs/ Suspensions/ Punishments awarded etc.,)
	iv) EPF No.		
	v) Date of Joining		Net Service Put in (YYs-MMs-DDs)
	vi) Date of retirement		
	vii) AADHAR		
	Viii) PAN		
2	Father's Name		
3	Mother's Maiden Name		
4	Residential address of the applicant (in BLOCK letters)		
		Mobile Nos:	
		Email ID:	

5	Name & age of surviving spouse/children/dependant parent			
	SI No	Name	Relationship with the employee	Date of Birth (by Christian era)
6	Name of the Nominee (As in Format-11)			
7	Branch/Office in which the employee served last and post held by him/her			
8	a) Is the applicant a pensioner? If so, indicate the amount of monthly pension (Specify the type viz., Military Pension, EPS..)		YES / NO	PPO No. (With Prefix)
			Rs. _____/-	
9	Signature/LTI ** of the applicant (Duly Attested by the Branch/Region/Dept. head with seal)		<p style="text-align: right;">_____ Signature/LTI of the applicant</p> <p style="text-align: center;">SIGNATURE / LTI OF THE APPLICANT IS ATTESTED</p> <p style="text-align: center;">(Signature of the BM / RM / HOD with Seal)</p>	
10	a) Name of the Branch of the Bank (With Code) through which Pension is to be drawn			
	b) SB Account No			
11	Particulars of Refund towards Employer's contribution to EPF		Rs. _____/-	DD.No:
				DD Date:
12	List of Documents / evidence attached (Tick ✓ Appropriate)			
	a) Two copies of recent Joint Post Card size photographs with Spouse of the applicant.			
	b) i) Proof of Address ii) Proof of Identity of applicant and family eg: Aadhaar Card, Passport etc., Please Specify if any other : _____			
	c) Demand Draft towards Refund towards Employer's contribution to EPF			

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.**



CHHATTISGARH RAJYA GRAMIN BANK

CORPORATE OFFICE- NAVA RAIPUR

Form VI

[See regulation 39 (9)]

Application for Commutation of Pension without Medical Examination

(to be submitted within one year from the date of retirement)

To
The Chairman
Chhattisgarh Rajya Gramin Bank
Corporate Office, Nava Raipur

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 the Chhattisgarh Rajya Gramin Bank (Employees') Pension Regulations, 2018. The necessary particulars are furnished below :

Name in full (in block letters) : _____
Grade/ Designation at the time of Retirement : _____
Name of Branch/Office from which retired : _____
Date of birth (as per Bank's Service Record) : _____
Age as on Date of application : _____ Years _____ Months _____ Days
Date of Retirement : _____
Class of Pension –Superannuation/
Voluntary/others specify : _____
PPO No. & Amount of Basic Pension
(if pension is sanctioned) : _____
Fraction of Pension proposed
to be Commuted not exceeding 1/3rd thereof. : _____

Signature/LTI of the Applicant

Place :

Address: _____

Date :

Cell:

Signature / LTI of the Applicant is attested

Signature of the Branch/Region/ Dept. Head with Seal

Acknowledgement

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

Place :

Date :

(Signature of the Branch Manager)



CHHATTISGARH RAJYA GRAMIN BANK CORPORATE OFFICE- NAVA RAIPUR

**Option Form to be filled in by the employees who are in service of the Bank and joined the bank
on or before 31.03.2010**

(To be submitted in quadruplicate through their present Branch / Office)

Date of receipt of application at Branch / Office		FOR HO USE ONLY
Forwarded on		OPTION NOTED IN SERVICE RECORD
Forwarded by (Name of the RO)		
Signature of the Regional Manager with office seal		

The Chairman
Chhattisgarh Rajya Gramin Bank
Corporate Office, Nava Raipur

Date: _____

I hereby declare that I have read and understood the Chhattisgarh Rajya Gramin Bank (Employees') Pension Regulations, 2018 and I hereby opt to become a member of the Bank's Pension Scheme and irrevocably authorise the Bank / EPF Trustees / EPFO / RPFC to transfer the entire contribution of the Bank along with the interest thereon to the credit of Pension Fund to be created for this purpose. I understand that I am required to contribute to the Provident Fund Account at the rates determined by the Bank from time to time. I further understand that with effect from (the date of implementation of Pension Scheme), the Bank shall not make any contribution to my Provident Fund Account. 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 up to the date of refund.

1	Signature	
2	Name in Full (in Block letters)	
3	Designation	
4	EPF No	ID No.
5	Present Residential Address	Mobile No.:
6	Date of Birth (DD/MM/YYYY)	
7	Date of joining in the Bank' service (DD/MM/YYYY)	
8	Present place of posting Branch / Office	

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

CHHATTISGARH RAJYA GRAMIN BANK

INCOME AND TDS DETAILS

CURRENT FINANCIAL YEAR : -----

NAME OF RETIRED STAFF	
PF ID	
GRADE	
RETIREMENT DATE	
RETIREMENT BRACH	
REGIONAL OFFICE	

Particulars of Income	Amount Earned	TDS Deducted
Salary Received (During the CY)		
Encashment - LEAVE ON LTC		
Encashment - FARE ON LTC		
Newspaper and Conveyance Amount		
Fixed Medical Allowance		
Commission - Related to CSD/Advances		
Gratuity		
Retirement leave Encashment		
Arrears Received (If any)		
Other Income (if any)		
TOTAL		

Particulars of Investments	Amount Invested
Investments u/s 80C (enclosed necessary document)	
Investments u/s 80D (enclosed necessary document)	
Investments u/s 80G (enclosed necessary document)	
Housing Loan Interest (enclosed necessary document)	
Any other Investments :-	
i.)	
ii.)	
iii.)	

DATE :
PLACE :

SIGNATURE
(RETIRED STAFF)

PLEASE PROVIDE PASSBOOK OF SAVING A/C
KYC DOCUMENTS|



CHHATTISGARH RAJYA GRAMIN BANK
CORPORATE OFFICE- NAVA RAIPUR

घोषणा पत्र

मैं _____ पी.एफ. संख्या _____ आयु _____ वर्ष
निवासी _____
दिनांक _____ को शाखा/कार्यालय _____ क्षेत्रीय कार्यालय _____ से
सेवानिवृत्त हुआ/हुई हूँ। मैं यह घोषणा करता/करती हूँ कि—

1. मेरे द्वारा इपीएफ पेंशन हेतु ऑनलाइन क्लेम करने पर पीएफ कार्यालय द्वारा बैंक में पेंशन रेगुलेशन 2018 लागू होने के कारण मेरा इपीएफ पेंशन क्लेम निरस्त किया गया है। निरस्त किये जाने संबंधी पीएफ कार्यालय के दस्तावेजी प्रमाण संलग्न है।
2. मुझे पीएफ कार्यालय से वर्तमान में कोई इपीएफ पेंशन प्राप्त नहीं हो रही है।
3. यह कि मेरे द्वारा 58 वर्ष पूर्ण होने पर प्राप्त होने वाली इपीएफ पेंशन क्लेम नहीं किया है।
4. मुझे भविष्य में इपीएफ कार्यालय रायपुर से पेंशन प्राप्त होने पर उसकी सूचना बैंक को तत्काल दूँगा/ दूँगी तथा ई.पी.एफ.ओ.पेंशन की पूरी राशि व 24 माह की इपीएफ राशि (58-60 आयु हेतु) बैंक के पेंशन ट्रस्ट खाते में जमा करूँगा/करूँगी। यदि किसी कारणवश मेरे द्वारा जमा नहीं किया जा सका तो बैंक को पूर्ण अधिकार होगा कि मुझे प्राप्त होने वाली पेंशन से पूर्ण राशि मय ब्याज वसूल कर सके।

उक्त कथन मैं पूर्ण होश हवास से दे रहा/रही हूँ तथा उपरोक्त घोषणा पत्र में कही गई समस्त बातें पूर्णतया सत्य है।

स्थान :

हस्ताक्षर

दिनांक :

(नाम _____)

प्रति,
अध्यक्ष,
छत्तीसगढ़ राज्य ग्रामीण बैंक पेंशन ट्रस्ट
कॉर्पोरेट कार्यालय ,नवा रायपुर (छ.ग.)

**महोदय,
पेंशन प्रारंभ करने हेतु नियोक्ता के अंशदान की राशि स्वयं से जमा करने विषयक ।**

मैं, पी.एफ. क्रमांक -दिनांक :.....
को बैंक से सेवानिवृत्त हुआ हूँ । मेरे द्वारा भविष्य निधि कार्यालय के निर्धारित प्रारूप में आवेदन करने के पश्चात भी मेरे पी.एफ. की राशि (नियोक्ता एवं कर्मचारी का अंशदान) बैंक के ट्रस्ट अथवा मेरे खाते में प्राप्त नहीं हुई है । जिसके कारण मेरा पेंशन प्रारंभ नहीं किया जा सका है । अतः पेंशन प्रारंभ करने हेतु ई.पी.एफ. के ऑनलाईन पोर्टल पर उपलब्ध पासबुक के अनुसार मेरे द्वारा स्वयं से नियोक्ता का अंशदान राशि रु, दिनांक : को बैंक के पेंशन ट्रस्ट खाता क्रमांक : 77065069455 में जमा कर दिया गया है । इस संबंध में निम्नानुसार सहमती प्रदान करता / करती हूँ –
भविष्य में पीएफ कार्यालय द्वारा मेरे पीएफ की राशि बैंक के ट्रस्ट खाते में जमा करने पर बैंक द्वारा वास्तविक नियोक्ता के अंशदान की राशि व मेरे द्वारा ऑनलाईन पासबुक के आधार पर जमा की गई नियोक्ता के अंशदान की राशि के अंतर को मेरे पीएफ की राशि से वसूल कर शेष राशि मुझे भुगतान करने हेतु मैं सहमत हूँ ।

- 1) पीएफ कार्यालय से मुझे किसी प्रकार की राशि प्राप्त नहीं हुई है । यदि भविष्य में मुझे पीएफ की राशि प्राप्त होती है तो इसकी सूचना अविलंब बैंक को दूंगा तथा पीएफ नियोक्ता के अंशदान की राशि को बैंक के पेंशन ट्रस्ट खाते में ब्याज सहित जमा करूँगा ।
- 2) उक्त कथन की सहमती मैं पूर्ण होश हवास व बिना किसी दबाव से दे रहा हूँ ।

स्थान :

भवदीय

दिनांक :

हस्ताक्षर

नाम :-----

पद :-----

शाखा :-----

क्षेत्रीय कार्यालय :-----

मोबाईल न.-----

खाता क्रमांक:-----