



**HEAD OFFICE**  
BMC HOUSE, NH-34,  
CHUANPUR,  
P.O: CHALTIA, BERHAMPUR,  
DIST: MURSHIDABAD 742101

## **Standard Operating Procedure (SOP) for Pension Payment to left out retirees of the Bank**

### **Action Point (By Applicant)**

The left out retirees (who were in the Bank's service on or before 31.03.2010) including Resignees/ Compulsory retired/Voluntary retired/compulsory retired as a measure of penalty/medical incapacitation/compassionate allowance/dismissed/removal/termination from service or their legal heirs (in case of Family Pension) to apply for pension along with necessary documents (enclosed below) to any branch of BGVB, where from he/she is willing to draw pension. The last date for submission of application is 30.09.2024.

### **LIST OF DOCUMENTS IN CASE OF GENERAL PENSION (in triplicate)**

- i. Application in prescribed format.
- ii. Annexure –I (**attested by BM of Retiring Branch**)
- iii. Annexure- III (**attested by BM of Retiring Branch**)
- iv. Annexure- X (attested by BM, PENSION PAYING BRANCH)
- v. Annexure- XI (attested by BM, PENSION PAYING BRANCH)
- vi. Annexure- XII (attested by BM, PENSION PAYING BRANCH)
- vii. FORM VII (attested by BM, PENSION PAYING BRANCH in photo and form)
- viii. Form VII –PART-II (Attested by RM/Medical Officer)
- ix. Annexure-V (**attested by BM of Retiring Branch**)
- x. Annexure-VI (**attested by BM of Retiring Branch**)
- xi. Annexure-VII (attested by BM, PENSION PAYING BRANCH)
- xii. Annexure-VIII (attested by BM, PENSION PAYING BRANCH)
- xiii. Annexure-XIV (attested by BM, PENSION PAYING BRANCH)
- xiv. Annexure-XV
- xv. Annexure-XVI
- xvi. Annexure-XVII (attested by BM, PENSION PAYING BRANCH)

&

### **Copy of following documents to be submitted (Verified with original by BM, PENSION PAYING BRANCH)**

- a. PAN
- b. SB account Passbook (BGVB) front page. Joint account accepted in case General Pensioner provided applicant is the 1<sup>st</sup> Account holder. Single account in case of Family Pension is mandatory.
- c. EPS-95 , Pension Payment Order(PPO) and passbook (last 6 months)
- d. Nominee KYC (Aadhaar) .
- e. Additional 3 copies of PP size photo (self attested at back side) & to be sent to HO.



**HEAD OFFICE**  
BMC HOUSE, NH-34,  
CHUANPUR,  
P.O: CHALTIA, BERHAMPUR,  
DIST: MURSHIDABAD 742101

**LIST OF DOCUMENTS IN CASE OF FAMILY PENSION (in triplicate)**

- i. Application in prescribed format.
- ii. Annexure –IV (**attested by BM of Retiring Branch**)
- iii. Annexure-XIII (attested by BM, PENSION PAYING BRANCH)
- iv. Annexure XVIII (attested by BM, PENSION PAYING BRANCH)
- v. Annexure- X (attested by BM, PENSION PAYING BRANCH & **to be witnessed by two persons**)
  
- vi. Annexure- XI (attested by BM, PENSION PAYING BRANCH & **to be witnessed by two persons**)
- vii. Annexure-VII (attested by BM, PENSION PAYING BRANCH)
- viii. Annexure-IX(attested by BM, PENSION PAYING BRANCH)
- ix. Annexure-V (**attested by BM of Retiring Branch**)
- x. Annexure-XIV (attested by BM, PENSION PAYING BRANCH)
- xi. Annexure-VI (**attested by BM of Retiring Branch**)
- xii. Annexure-XV
- xiii. Annexure-XVI (attested by BM, PENSION PAYING BRANCH)

&

Copy of following documents to be submitted (Verified with original BM, PENSION PAYING BRANCH)

- a. PAN
- b. SB account Passbook (BGVB) front page. Joint account accepted in case General Pensioner provided applicant is the 1<sup>st</sup> Account holder. Single account in case of Family Pension is mandatory.
- c. EPS-95 , Pension Payment Order(PPO) and passbook (last 6 months)
- d. Nominee KYC (Aadhaar).
- e. Death Certificate.
- f. Additional 3 copies of PP size photo (self attested at back side) & to be sent to HO.

Note: Sanction of General/Family Pension is subject to extant provisions of Amendments in Pension Regulations as per Government of India directives.

**Action Points: Pension Paying Branch (PPB):**

- i. On receiving the application from applicant, PPB should promptly intimate HO-HRD (Pension Cell) the name of the applicant with a copy mark to its concerned Regional Office. (Mail Id: [bgvbpension@bgvb.co.in](mailto:bgvbpension@bgvb.co.in))
- ii. 2 Set of application forms to be sent to Regional Office after due attestation process. (Annexure V & Annexure VI mandatory attested by Retiring Branch BM.) 1 set to be retained at PPB.



**HEAD OFFICE**  
BMC HOUSE, NH-34,  
CHUANPUR,  
P.O: CHALTIA, BERHAMPUR,  
DIST: MURSHIDABAD 742101

**Action Point : Regional Office**

- i. RO to forward 1 set of application to HO-HRD (Pension Cell) along with forwarding & recommending letter.

**Action Point - HO-HRD (Pension Cell)**

- i. On receipt, HO-HRD (Pension Cell) will process the application subject to extant provisions of Amendments in Pension Regulations as per Government of India directives.
- ii. Sanction/rejection of Pension (General/Family) will be intimated to the concerned applicant.

**Note:**

Upon approval by the Competent Authority, Pension (General/Family) will be released prospectively from the date of refund or adjustment of Bank's contribution towards Provident Fund (along with accrued interest thereon).

Pension shall be computed as per the applicable provisions of the Pension Regulations, as applicable to relevant Bi-partite settlement/ Joint Note in which he/she retired due to reasons as noted above.

Commutation (if applied) will be extended as per extant guidelines/amendments of Pensions Regulations as per Government of India directives.

Sd/-

General Manager (HR)

**Encl:**

- i. Annexures/Forms as noted above.

**APPLICATION FORM**

To  
The Chairman  
Bangiya Gramin Vikash Bank Employees' Pension Fund Trust  
Berhampore

**REG: APPLICATION FOR PENSION**

I, \_\_\_\_\_(Name of the Employee) SPF No. \_\_\_\_\_  
resigned/compulsorily retired/dismissed from the Bank's services w.e.f. \_\_\_\_\_.

I opt to draw my pension through Branch mentioned below. The necessary particulars are furnished below:

<b>A- PERSONAL DATA:</b>			
1.	EMPLOYEES S.P.F. NO as per PF statement		
2.	FULL NAME (in capital letter) as per PF statement		
3.	FULL NAME (in capital letter) as per PAN CARD		
4.	FATHER/HUSBAND NAME:		
5.	GENDER		
6.	DATE OF BIRTH: (DD/MM/YYYY)		
7.	DATE OF JOINING BANK'S SERVICE		
8.	DATE OF Reliving from Bank's Service		
9.	MODE OF RETIREMENT		
10.	a.	Designation at the time of Retirement)	
	b.	Scale/Grade	
11.	In case of Sub-Staff / PTS		Details as under
	a.	Joined bank as (tick of appropriate box)	Office Attendant (Multipurpose)
	b.	Date of Joining Provident Fund	
12.	Personal Identification Marks:		

13.	Last Place of Posting	NAME OF BRANCH/OFFICE /DEPT	SOL ID	NAME OF REGION
14.	Present Address			
		City		
		District		
		State	Pin	
	Permanent Address			
		City		
		District		
		State	Pin	
15.	Communication Details	Mobile No.		
		E-Mail ID		
16.	Branch from where Pension Payment is desired	NAME OF BRANCH/	SOL ID	NAME OF Region
17.	SAVINGS Account No maintained with Bangiya Gramin Vikash Bank designated for credit of Pension			
18.	Total Number of Days of Loss of pay Leave Availed throughout the career.  (Please give year-wise details from the beginning)			
19.	Suspension period (if any)	From	To	No of Days

20.	Details of Bank's PF received, if	Amount in Full:
		Date of Received:
<b>B: PERSONAL DATA OF SPOUSE</b>		
21.	a) Full Name	
	b) Gender;	
	c) Date of Birth:	
	d)Address	
e) Mobile No.		
f) E-Mail Id:		
22.	Identification Marks	

<b>C. DETAILS OF CHILDREN : (in Descending order of age)</b>							
SN	Name of the Child	Relationship	Date of Birth	Occupation	Income p	Disability type (if any)	Disability % (if an
1							
2							
3							
4							

I hereby declare that the above information is true and correct. I undertake to produce necessary documentary evidence, if required by the Management.

PLACE:  
DATE:

**Signature of the Employee**

NAME:-  
SPF no.



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

**Option Form to be filled in by the employees who are in service of the Bank as on or before 31.03.2010**  
**(To be submitted in quadruplicate through their present Branch / Office)**

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

The Chairman  
Bangiya Gramin Vikash Bank  
Head Office

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

I hereby declare that I have read and understood the Bangiya Gramin Vikash 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. E P F No: \_\_\_\_\_

5. Present Residential Address: \_\_\_\_\_  
\_\_\_\_\_

6. Date of Birth: \_\_\_\_\_

7. Date of joining in the Bank' service: \_\_\_\_\_

8. Present place of posting: \_\_\_\_\_ Branch / Office.

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



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

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

The Chairman  
Bangiya Gramin Vikash Bank  
Head Office

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

I hereby declare that I have read and understood the Bangiya Gramin Vikash 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 / RPF 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)





**ANNEXURE-X**

**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

**Letter of Undertaking by the pensioner**

The Branch Manager  
 Bangiya Gramin Vikash Bank

-----Branch

**Re: Payment of pension under P.P.O No.....through your Branch**

Dear Sir,

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 and also irrevocably authorize the bank to recover the amount due by debit to my said Savings Bank a/c or any other account/deposits belonging to me in the possession of the Bank.

Dated:

Yours faithfully,

Signature\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Mobile no. \_\_\_\_\_

**Witness 1:**

1. Signature\_\_\_\_\_

Name\_\_\_\_\_

SPF No.\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Witness 2:**

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

Name\_\_\_\_\_

SPF No.\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Branch Manager**

*(Pension paying branch)  
 (Please use Branch Manager Seal)*

.....**Branch**

.....**Bank**

Date;\_\_\_\_\_



**BANGIYA GRAMIN VIKASH BANK  
HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

---

---

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

---

---

**The Branch Manager**

.....**Branch**  
.....**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 1**

**Witness 2**

Signature		
Name		
S.P.F No		
Address		

**Branch Manager**

*(Pension paying branch)*

*(Please use Branch Manager Seal)*

.....**Branch**  
.....**Bank**

Date; \_\_\_\_\_



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

**FORM OF NOMINATION**

TO  
THE TRUSTEES,  
BANGIYA GRAMIN VIKASH BANK (EMPLOYEES'S) PENSION FUND

I, \_\_\_\_\_ PPO No/ SPF 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 \_\_\_\_\_ Signature \_\_\_\_\_  
SPF No \_\_\_\_\_ SPF No \_\_\_\_\_

To be attested by the Branch Manager of Pension Disbursing Branch/ Deptt. at H O / Branch

**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.



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

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

**Application for Commutation of Pension subject to Medical Examination**  
 (to be submitted in duplicated)

**PART – I**

Space for Affixing attested passport size photograph
---

To  
 The Chief Manager  
 P & A Department  
 Bangiya Gramin Vikash Bank  
Head Office

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

Dear Sir,

I desire to commute a fraction of my pension in accordance with **Bangiya Gramin Vikash Bank (Employee's) Pension Regulations, 2018**. 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 :

Date :

\_\_\_\_\_  
Signature

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

**Acknowledgement**

Received from Shri/Smt/Kum. \_\_\_\_\_  
 \_\_\_\_\_ application for commutation of Pension.  
 (Former Designation)

Place :

Date :

\_\_\_\_\_  
(Signature of Designated Authority)



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

**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

Normal Age	Added Years	
	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)

**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		
Normal Age	Added Years	
-----	-----	-----
-----	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)



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

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

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

The Chief Manager  
P & A Department  
Bangiya Gramin Vikash Bank  
Head Office

Dear Sir,

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

We are furnishing below the 10 months (prior to death/retirement) average pay & allowances of Shri/Smt. \_\_\_\_\_

Designation (Last) \_\_\_\_\_, SPF No \_\_\_\_\_

Who retired / died on \_\_\_\_\_ for calculation of pension under Bangiya Gramin Vikash Bank (Employees') Regulations, 2018.

1. Average Basic Pay of last Ten months	
2. Average Stagnation increment of last Ten months	
3. Pay and Allowances rank for DA	
a) Average FPP of last Ten months (Mention nature of allowance)	
b) Average PQP/PQA of last Ten months	
c) Average Special Allowance of last Ten months	
d)	
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  
(BM of retiring Branch)

....., 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 Bangiya Gramin Vikash Bank (Employees') Pension Regulations, 2018**

Contd...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										
a) FPP (Mention nature of allowance)										
b) PQP/PQA										
c) Special Allowance										
d)										
<b>TOTAL</b>										
<b>AVERAGE</b>										

**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 Bangiya Gramin Vikash Bank (Employees') Pension Regulations, 2018**

**Signature with seal**  
(BM of retiring Branch)

**Date** \_\_\_\_\_





**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

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

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

The Chief Manager  
P & A Department  
Bangiya Gramin Vikash Bank  
Head Office

Dear Sir,

**Sub: Particulars of Outstanding Liabilities of Shri/Smt \_\_\_\_\_**  
**\_\_\_\_\_ (SPF No \_\_\_\_\_)**

We are furnishing below the Particulars of Outstanding Liabilities of Shri / Smt \_\_\_\_\_  
\_\_\_\_\_ Last Designation \_\_\_\_\_

SPF No \_\_\_\_\_ retired / died on \_\_\_\_\_

Particulars of Outstanding Loan	Account No	Balance	Closed Date
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> )			
<b>TOTAL LOAN BALANCE</b>			

Yours faithfully,

Signature with Seal

(BM of retiring Branch)

Bangiya Gramin Vikash 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.**



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

<b>STAFF PENSION*</b> <b>(GENERAL PENSION)</b>		<b>Customer ID</b>	
<b>FAMILY PENSION*</b>		<b>S B A/C No</b>	

(\*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: BGVB / ..... Branch



**BANGIYA GRAMIN VIKASH BANK  
HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

**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: \_\_\_\_\_

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

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

**Branch Manager**

*(Pension paying branch)*

*(Please use Branch Manager Seal)*

.....**Branch**

.....**Bank**

Date; \_\_\_\_\_



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

***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. Submission 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
10. Registered Mobile No	

**Branch Manager***(Pension paying branch)**(Please use Branch Manager Seal)*.....**Branch**.....**Bank**

Date; \_\_\_\_\_



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

**Declaration on drawing of Pension under Employees' Pension Scheme, 1995 by Retired Employee**

1	Name	
2	EPF No (New) of Employee	
3	EPF No (OLD) of Employee	
4	EPFO UAN of Employee	
5	PAN of Employee	
6	Date of Birth of Employee	
7	Date of Superannuation of Employee	
8	Whether application for Monthly Pension under EPS, 1995 in Form 10D submitted	
8	Whether pension under Employees' Pension Scheme, 1995 commenced.(Yes/No)	
9	If pension under EPS 1995 has already commenced, state the PPO No and Date	
10	Amount of Pension drawn under EPS 1995	
11	Whether any portion of the Pension sanctioned under EPS.1995 has been commuted (Yes/No)	
	If yes, amount of pension commuted	
	Pension received after commutation	
12	Name of the Branch of the Bank through which Pension is to be drawn	
	SB Account No	
	Name of Spouse	
	Date of Birth of Spouse	
	Whether account is held jointly with spouse	
13	Description of the applicant	Height _____ cm
	Personal Identification marks, if any	
	Signature/LTI ** of the applicant (Duly Attested by the Branch Manager of Pension Paying Branch with seal)	

**SIGNATURE / LTI OF THE APPLICANT IS ATTESTED**

**(Signature of Branch Manager with Seal)**

(Signature of the Pensioner/Family Pensioner with date)



**BASIC DATA**

Please fill in 'BLOCK LETTERS' and submit to BGVB PENSION CELL,  
Bangiya Gramin Vikash Bank, Head Office, BMC House, NH-34, PO: Chaltia, Berhampore,  
Dist- Murshidabad, PIN 742101, by Speed Post/Regd. Post

1. NAME OF THE PENSIONER/FAMILY PENSIONER:.....
2. DOB:..... 3. DOR:.....
4. PPO NO..... 5. MOBILE NO.....
6. AADHAR NO:..... 7. PAN NO:.....
8. Email\_Id:.....
9. RETIRING BRANCH..... 10 SOL ID..... 11. REGION.....
12. PENSION PAYING BRANCH: ..... 13. SOL ID..... 14. REGION:.....
15. NAME OF THE SPOUSE (For General Pension only):.....
16. DOB (SPOUSE- For General Pension only):.....
17. DATE OF MARRIAGE (For General Pension only):.....
18. NO. OF CHILD, IF ANY:

SL NO	NAME	SEX	DOB	PROFESSION	DATE OF MARRIAGE	MOBILE NO

Information given above is correct to the best of my knowledge and belief.

Place:

Date:

Full Signature of Pensioner/Family Pensioner

- N.B: (i) Self attested copy of Aadhaar & PAN to be attached.  
(ii) All dates should be provided in DD/MM/YYYY format.  
(iii) Please put NA wherein not applicable.

Date. \_\_\_\_\_

Chairman  
Bangiya Gramin Vikash Bank (Employees') Pension Trust  
Bangiya Gramin Vikash Bank  
Chuanpur, NH-34 PO- Berhampur,  
Dist-Murshidabad PIN-742101

Re: Undertaking by the employee for realisation of Bank's Contribution to Employees Provident Fund from Pension / Commutation.

I have opted for Bangiya Gramin Vikash Bank (Employees') Pension Regulations, 2018 and retired from the service of Bangiya Gramin Vikash Bank on \_\_/\_\_/\_\_\_\_ I have undertaken to cause transfer of the entire contribution of the Bank to EPF along with the interest accrued thereon, to the credit of the BGVB (Employees') Pension Fund Trust in terms of .....

I hereby irrevocably authorise the realise Bank's due towards entire contribution of the Bank to EPF along with the interest accrued thereon upto the date of realisation from pension/commutation payable to me.

I further declare that such realisation of entire contribution of the Bank to EPF along with the interest accrued updated shall be based on the estimate provided by Head office Pension Cell pending receipt of actual data from the EPF authority and understand that adjustment/realisation will be made by way of debit/credit from any account maintained by me with the Bank.

In case of detection of any shortfall in refund of Bank's contribution to EPF and interest thereon, I authorize the Bangiya Gramin Vikash Bank (Employees') Pension Fund Trust to realise the difference from any account/s maintained by me with the Bank without any notice to me/ us.

(Signature of the Pensioner)

NAME OF THE EMPLOYEE \_\_\_\_\_

EPF NO (NEW) \_\_\_\_\_

Designation \_\_\_\_\_

# Family Pension Application form

(PLEASE FILL UP IN BLOCK CAPITALS)

To  
 Chairman  
 Bangiya Gramin Vikash Bank (Employees's) Pension Fund Trust  
 Berhampore

**REG:- APPLICATION FOR FAMILY PENSION**

I \_\_\_\_\_ hereby inform you that Sri/Smt \_\_\_\_\_ Employee No. (as per the SPF Statement ) \_\_\_\_\_ who was working as \_\_\_\_\_ (Designation) at \_\_\_\_\_ Branch/Office resigned/retired/compulsorily retired/dismitted on \_\_\_\_\_ and expired on \_\_\_\_\_. As on 01.11.1993 Sri/Smt \_\_\_\_\_ was in the service of the Bank. I being the Spouse/Family Member of the Deceased employee, I opt for Bank's pension Scheme .

I opt to draw my pension through Branch mentioned herewith and my particulars for payment of family pension are furnished below:-

SECTION A: PERSONAL DATA OF THE DECEASED RESIGNEE						
1.	Employee ID/SPF No.					
2.	Employee Name in Full					
3.	Employee's Father's / Husband's name					
4.	Employee Gender					
5.	Employee's Cadre/Scale/Designation	Cadre (Tick mark relevant option)	Office Attendant (Multipurpose)	Office Assistant (Multipurpose)	Officer	
		Designation				
		Scale (in case of Officer)				
6.	Income Details	Monthly Income				
		Source of Income				
7.	Present Address	City				
		District				
		State			Pin	
	Permanent Address	City				
		District				
		State			Pin	







**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

**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	Recent photograph of the applicant to be pasted here and then to be attested by the Branch /Office Head	<b>FOR HO USE ONLY</b>
Forwarded on:		<b>OPTION NOTED IN SERVICE RECORD / EPF RECORD OF THE DECEASED EMPLOYEE</b>
Forwarded by:		
Signature with office seal (Branch/Office)		<b>(Signature of the concerned Authority at HO with date)</b>

The Chairman  
Bangiya Gramin Vikash Bank  
Head Office

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

I hereby declare that I have read and understood the Bangiya Gramin Vikash 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 my husband/wife/father/mother/son/daughter (delete whichever is not applicable) on his/her death while in service/after retirement from Bank's service. I also undertake to refund the non-refundable withdrawal from EPF balance (Bank's contribution component) availed by my husband/wife/father/mother/son/daughter (delete whichever is not applicable), if any, together with interest at EPF rate from time to time up to the date of retirement / death.

- Name of the applicant/dependent of deceased employee  
in Full (in Block letters): \_\_\_\_\_
- Name of the deceased employee in Full (in block letter): \_\_\_\_\_
- EPF No of the deceased employee: \_\_\_\_\_
- Relationship with the deceased employee; \_\_\_\_\_
- Name of guardian if applicant is minor; \_\_\_\_\_
- Present Residential Address (in block letter): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Date of death of the deceased employee (Documentary evidence 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: \_\_\_\_\_

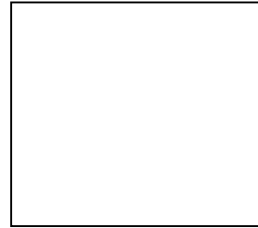
Place: \_\_\_\_\_

Signature attested by the Branch/Office Head with Office Seal



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

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



The Chairman  
Bangiya Gramin Vikash Bank  
Head Office

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

Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of Bangiya Gramin Vikash Bank (Employees') Pension Regulations, 2018, 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 : \_\_\_\_\_

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

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

02. Present residential address of the : \_\_\_\_\_

applicant (in block letters) \_\_\_\_\_

\_\_\_\_\_ Contact No \_\_\_\_\_

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

SI No	Name	Relationship with the deceased employee/pensioner	Date of Birth ( by Christian era)

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

05. EPF No of the deceased employee : \_\_\_\_\_

06. Date of death of the employee /pensioner: \_\_\_\_\_

*(Documentary evidence to be attached)*

07. Date of retirement (in case of Pensioner): \_\_\_\_\_

08. 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 ? **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 head with seal) \_\_\_\_\_

**SIGNATURE / LTI OF THE APPLICANT IS ATTESTED**

**(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 : \_\_\_\_\_

14. List of Documents / evidence attached:

- a) Three copies of passport size recent photograph of the applicant, duly attested in front 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, 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.**



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

**Declaration on drawing of Pension under Employees' Pension Scheme, 1995 by  
Family of Deceased Employee**

1	Name of Family Pension Applicant		
2	Name of Deceased Employee		
3	EPF No (New) of Deceased Employee		
4	EPF No (OLD) of Deceased Employee		
5	EPFO UAN of Deceased Employee		
6	PAN of family member of Deceased Employee		
7	Date of Birth family member of Deceased Employee		
8	Date of Death of Employee		
9	Whether family pension under Employees' Pension Scheme ,1995 commenced.(Yes/No)		
	If pension under EPS 1995 has already commenced, state the PPO No		
	Date of PPO		
10	Details of Family Members drawing pension		
	Name of Member	Relationship with deceased	Amount Drawn

(Signature of the Family Pensioner with date)



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

---

---

*Letter of undertaking by the Pensioner*

---

---

The Branch Manager

Date :

.....**Branch**  
**Bangiya Gramin Vikash 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 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		



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

---

---

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

---

---

**The Branch Manager**

.....**Branch**

.....**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		





**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

<b>STAFF PENSION*</b> <b>(GENERAL PENSION)</b>		<b>Customer ID</b>	
<b>FAMILY PENSION*</b>		<b>S B A/C No</b>	

(\*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: BGVB ,.....



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

**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: .....



ANNEXURE - V

**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

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

The Chief Manager  
P & A Department

..... Bank

Head Office

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 Bangiya 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 Bangiya Gramin Vikash Bank (Employees') Pension Regulations, 2018**

\_\_\_\_\_ BRANCH / OFFICE

**DETAILS OF LAST TEN MONTHS SALARY**

MONTHWISE BREAK UP YEAR & MONTH →										
1. Basic Pay										
2. Stagnation increment										
3. FPP										
4. PQP / PQA										
5. Special Allowance										
6. Pay and Allowances rank for DA a) (Mention nature of allowance)										
b)										
c)										
d)										
<b>TOTAL</b>										
<b>AVERAGE</b>										

*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 Bangiya Gramin Vikash Bank (Employees') Pension Regulations, 2018*

Signature with seal

Date \_\_\_\_\_



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

*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; \_\_\_\_\_



**BANGIYA GRAMIN VIKASH BANK**  
**HEAD OFFICE, BMC HOUSE, NH-34, BERHAMPORE, MURSHIDABAD**

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

The Chief Manager  
P & A Department  
Bangiya Gramin Vikash Bank  
Head Office

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> )		
<b>TOTAL LOAN BALANCE</b>		

Yours faithfully,

Signature with Seal

Bangiya Gramin VikashBank

.....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.*



**BASIC DATA**

Please fill in 'BLOCK LETTERS' and submit to BGVB PENSION CELL,  
Bangiya Gramin Vikash Bank, Head Office, BMC House, NH-34, PO: Chaltia, Berhampore,  
Dist- Murshidabad, PIN 742101, by Speed Post/Regd. Post

1. NAME OF THE PENSIONER/FAMILY PENSIONER:.....
2. DOB:..... 3. DOR:.....
4. PPO NO..... 5. MOBILE NO.....
6. AADHAR NO:..... 7. PAN NO:.....
8. Email\_Id:.....
9. RETIRING BRANCH..... 10 SOL ID..... 11. REGION.....
12. PENSION PAYING BRANCH: ..... 13. SOL ID..... 14. REGION:.....
15. NAME OF THE SPOUSE (For General Pension only):.....
16. DOB (SPOUSE- For General Pension only):.....
17. DATE OF MARRIAGE (For General Pension only):.....
18. NO. OF CHILD, IF ANY:

SL NO	NAME	SEX	DOB	PROFESSION	DATE OF MARRIAGE	MOBILE NO

Information given above is correct to the best of my knowledge and belief.

Place:

Date:

Full Signature of Pensioner/Family Pensioner

- N.B: (i) Self attested copy of Aadhaar & PAN to be attached.  
(ii) All dates should be provided in DD/MM/YYYY format.  
(iii) Please put NA wherein not applicable.

Date. \_\_\_\_\_

Chairman  
Bangiya Gramin Vikash Bank (Employees') Pension Trust  
Bangiya Gramin Vikash Bank  
Chuanpur, NH-34 PO- Berhampur,  
Dist-Murshidabad PIN-742101

Re: Undertaking by the employee for realisation of Bank's Contribution to Employees Provident Fund from Pension / Commutation.

I have opted for Bangiya Gramin Vikash Bank (Employees') Pension Regulations, 2018 and retired from the service of Bangiya Gramin Vikash Bank on \_\_/\_\_/\_\_\_\_ I have undertaken to cause transfer of the entire contribution of the Bank to EPF along with the interest accrued thereon, to the credit of the BGVB (Employees') Pension Fund Trust in terms of .....

I hereby irrevocably authorise the realise Bank's due towards entire contribution of the Bank to EPF along with the interest accrued thereon upto the date of realisation from pension/commutation payable to me.

I further declare that such realisation of entire contribution of the Bank to EPF along with the interest accrued updated shall be based on the estimate provided by Head office Pension Cell pending receipt of actual data from the EPF authority and understand that adjustment/realisation will be made by way of debit/credit from any account maintained by me with the Bank.

In case of detection of any shortfall in refund of Bank's contribution to EPF and interest thereon, I authorize the Bangiya Gramin Vikash Bank (Employees') Pension Fund Trust to realise the difference from any account/s maintained by me with the Bank without any notice to me/ us.

(Signature of the Pensioner)

NAME OF THE EMPLOYEE

\_\_\_\_\_

EPF NO (NEW) \_\_\_\_\_

Designation \_\_\_\_\_