

Baroda Rajasthan Kshetriya Gramin Bank
Head Office: Ajmer

CHECK LIST FOR DECEASED EMPLOYEES

Name of deceased Staff :

EC No. Date of Death

Family Pension Applicant Name

1.	Composite Application Form		
2.	Option Form to be filled in by the family of those employees of the Bank who are eligible for family pension	FORMAT - 3	
3.	Ten months (prior to retirement / death) average pay & allowances	FORMAT - 4	
4.	Life Certificate	FORMAT - 6	
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8.	Clearance/ Pre-disbursement formalities to be furnished by the proposed Pension Paying Branch	FORMAT- 13	
9.	Application for Commutation (if Applicable)		
10.	Declaration Form (Regarding PF Fund)		
11.	New Declaration Form		
12.	Death Certificate of Deceased Employee		
13.	ID Proof of family Pensioner	Aadhar Card	
		PAN card	
14.	PF Passbook/Statement		
15.	Six Photograph of family Pensioner		



बड़ौदा राजस्थान क्षेत्रीय ग्रामीण बैंक
Baroda Rajasthan Kshetriya Gramin Bank
(बैंक ऑफ बड़ौदा द्वारा प्रायोजित) (Sponsored by Bank of Baroda)

Whether Pension Optee :YES / NO (Tick ✓ on applicable heads of terminal Benefits)

If yes, pl. send 3 sets of passport size Photograph, together with spouse / In case of family pension pl. enclose the death certificate of the employee

I request you to give me commutation of my pension to permissible limit of 1/3rd of my pension (or to the extant of of my pension) as per rules. : YES / NO (Tick ✓ on applicable heads of terminal Benefits)

Dependant Family members as defined in BRKGB (E) Pension Regulations, 2018 :

Name of Family Member	Relation with Employee	Date of Birth	Occupation
1.			
2.			
3.			
4.			

1. UNDERTAKINGS & AUTHORITY TO RECOVER BANK'S / PF'S DUES FROM MY TERMINAL BENEFITS

I _____ the undersigned hereby authorize you to recover the Bank's as well as Provident Fund Trust's dues from the Terminal benefits payable to me.

2. UNDERTAKING FOR RECOVERY OF EXCESS PAYMENT OF PENSION (PPO No. _____)

In consideration of your having agreed to credit payment of Pension due to me every month in my Pension account 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 Pension account in excess of amount to which I would not be entitled.

I further hereby undertake and agree to bind myself and my Successors, Executors and Administrators to indemnify the Bank, in so crediting my Pension to my pension account and to forthwith pay the same to the Bank and also irrevocably authorize the bank to recover the amount due to the debit to my said account or my other account or deposit belonging to me in possession of the Bank.

Place : _____

Signature of the Claimant

Date : _____

(Name : _____)

(TO BE FILLED IN BY BRANCH / OFFICE)

EC No.					
SOL ID					

We give below the details of Basic pay, Special pay, Personal qualification pay, Fixed personal allowance etc., if any, drawn by the aforesaid employee in last 10 months before retirement as defined in Regulation 33 of the BRKGB (E) Pension Regulations, 2018.

Sr. No.	Month Year mm-yyyy	Basic Pay	Stagnation Increment	Special pay (only Award Staff)	PQP	Total
1						
2						
3						
4						
5						
6						
7						
8						
9						



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10						
	TOTAL					

(CARE: New Special Allow not to be taken for Pension, Gratuity)

Rate of last salary drawn :

Basic (Excluding Stagnation Increment)	Rs.	CCA	Rs.
Stagnation Increment	Rs.	PQP	Rs.
Special Pay (if any)	Rs.	Special Allowance (New)	Rs.
HRA (Notional)	Rs.	Transport Allow	Rs.
Dearness Allowance	Rs.	Others_____ (pl. specify)	Rs.
Total	Rs.	Total	Rs.

Outstanding balance in respect of loans granted as of _____ (Date)

Loan from Bank	Rs.	Housing Loan	Rs.
Loan from EPFO /PF Trustees	Rs.	Other Loan_____ (pl. specify)	Rs.

Financial loss caused to the Bank by the act of the Employee (if any) Rs._____ (Applicable only in case of Dismissal, Removal or Compulsory retirement)

(1) We have verified the aforesaid facts and found correct. We recommend payment of **PF () PENSION () GRATUITY()** (Tick ✓ on applicable heads) to the claimant / Employee. (2) We confirm having recovered excess salary, if any paid.

Date :

Seal of the Branch :

SIGNATURE OF BRANCH MANAGER

Recommendations of the Regional Office :

We Certify that there is no disciplinary / prosecution pending / contemplated against the aforesaid employee and there is no financial loss incurred / caused to the Bank by the conduct of the aforesaid employee. (Vigilance clearance attached/ arranging to send).We recommend the payment of his /her Terminal Benefits.

Encl.

Name of the Region /Seal: _____

**SIGNATURE OF THE REGIONAL MANAGER/
CHIEF MANAGER**

Date :

(Note : In case of any disciplinary / prosecution case is pending /contemplated or any financial loss is occurred, please send us full details thereof like, copy of charge sheet, DA Order etc..)

Regional Authority should ensure that necessary information is invariably furnished in the application in order to avoid correspondence and consequent delay in settlement of the gratuity claim.



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..... FOR HEAD OFFICE USE

1. The aforesaid claim is in order. We may, therefore authorize the branch / office to disburse pension as per Pension Regulation Act, 2018.
2. The aforesaid claim is not in order and therefore, the same is regretted/disapproved.

Payment stated above is hereby approved.

MANAGER/SENIOR MANAGER

GEN.MANAGER / CHIEF MANAGER
(Pension)

Date :

FORMAT - 3
Baroda Rajasthan Kshetriya Gramin Bank
 Head Office: Ajmer

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

The Chairman
 Baroda Rajasthan Kshetriya Gramin Bank
Head Office , Ajmer

Date: _____

I hereby declare that I have read and understood the Baroda Rajasthan Kshetriya Gramin 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.

1. Name of the applicant/dependent of deceased employee
 in Full (in Block letters) : _____
2. Name of the deceased employee in Full (in block letter) : _____
3. EPF No. of the deceased employee : _____
4. Relationship with the deceased employee : _____
5. Name of guardian if applicant is minor : _____
6. 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 : _____ Region _____
 Post _____
10. Branch from where pension to be drawn : Branch/Office _____ Region _____
11. List of documents / evidences to be attached:
 (Mention the name / nature of document)
- 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

I hereby declare that what are stated in the application and documents submitted are true, correct and genuine.

(Signature of the applicant)

Signature attested by the Branch/Office Head with Office Seal

Enclosures: As stated in point 11 above.

Place: _____

Date : _____

FORMAT - 4

Baroda Rajasthan Kshetriya Gramin Bank

Branch / Office : _____ Region : _____

Ref : _____

Date: _____

The Chief Manager
(HRM Deptt.)
Baroda Rajasthan Kshetriya Gramin Bank
Head Office , Ajmer

Dear Sir,

**Sub: Ten months (prior to death/retirement) average pay & allowances of
Shri/Smt. _____ (EC No. _____ (EPF No _____)**

We are furnishing below the 10 months (prior to death/retirement) average pay & allowances of Shri/Smt. _____ Designation (Last) _____, who retired / died on _____ for calculation of pension under Baroda Rajasthan Kshetriya Gramin Bank Bank (Employees') Regulations, 2018.

1. Basic Pay	
2. Stagnation increment	
3. Pay and Allowances rank for DA (<i>Mention nature of allowance</i>)	
a)	
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,

Branch Manager
(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

FORMAT – 4 (PAGE – 2)

BRANCH / OFFICE : _____

DETAILS OF LAST TEN MONTHS SALARY

MONTHWISE BREAK UP YEAR & MONTH →										
1. Basic Pay										
2. Stagnation increment										
3. Pay and Allowanc- es rank for DA (Mention nature of allowance)										
a)										
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

Branch Manager

(Signature with Seal)

Branch : _____

Date : _____

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)

Place:.....

Date:.....

(Signature with office seal)

Name:.....

Designation:.....

Branch:

FORMAT - 8

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)

Name :

Designation:

Address:

Place :

Date :

FORMAT – 10

Letter of undertaking by the Pensioner and Family Members / Nominees

The Branch Manager
Baroda Rajasthan Kshetriya Gramin Bank
Branch :
Region :

Date :

Dear Sir,

Sub: Payment of Pension under PPO No. _____ through your Branch

In consideration of making payment of Pension as per the Baroda Rajasthan Kshetriya Gramin Bank 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) ; _____

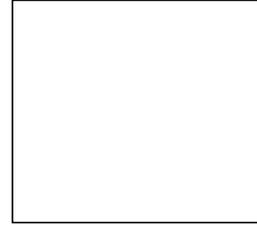
Signature of Family Members / Nominees: _____

Witness

Signature		
Name		
E.P.F No		
Address		

FORMAT – 12
Baroda Rajasthan Kshetriya Gramin Bank
Head Office: Ajmer

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



The Chairman
Baroda Rajasthan Kshetriya Gramin Bank
Head Office, Ajmer

Date: _____

Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of Baroda Rajasthan Kshetriya Gramin 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) : _____

Mobile 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)

Contd. PAGE - 2

(2)

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.**

FORMAT - 13
Baroda Rajasthan Kshetriya Gramin Bank
Head Office: Ajmer

**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

Date; _____

कुटुम्ब पेंशन के संबंध में आवेदक द्वारा घोषणा-पत्र

मैं घोषणा करता/करती हूँ कि मेरे पति/पत्नी/पिता/माता क.कू.सं. बैंक में के पद पर पदस्थापित थे। जिनकी सेवानिवृत्ति से पूर्व/सेवानिवृत्ति पश्चात् दिनांक को मृत्यु हो गयी थी। मृत्यु उपरान्त नामित होने के नाते मेरे द्वारा कर्मचारी भविष्य निधि संगठन से परिवार पेंशन के रूप में राशि रु...../— प्रतिमाह प्राप्त की जा रही है।

मेरे द्वारा बड़ौदा राजस्थान क्षेत्रीय ग्रामीण बैंक (कर्मचारी) पेंशन विनियम-2018 के अन्तर्गत पेंशन निधि का सदस्य बनने हेतु नियत अवधि में विकल्प पत्र संख्या-3 दिया गया है।

मेरे द्वारा प्रस्तुत भविष्य निधि कार्यालय द्वारा जारी प्रमाण पत्र/खाता विवरणी/पास बुक की प्रति के अनुसार, मेरे परिवार द्वारा कर्मचारी भविष्य निधि संगठन से भविष्य निधि की राशि रु. /— (भविष्य निधि में बैंक के अंशदान की सम्पूर्ण राशि तथा उक्त राशि प्राप्त होने की तिथि तक उस पर प्रोद्भूत ब्याज सहित) प्राप्त की गई थी।

बड़ौदा राजस्थान क्षेत्रीय ग्रामीण बैंक (कर्मचारी) पेंशन विनियम-2018 के अन्तर्गत कुटुम्ब पेंशन प्राप्त करने हेतु मैं उक्त राशि रु. /— बैंक में जमा करवाने के लिए सहमत हूँ।

तथापि इसके पश्चात् भविष्य में यदि मेरे परिवार द्वारा प्राप्त की गई उक्त राशि एवं कर्मचारी भविष्य निधि संगठन से प्राप्त जानकारी में किसी प्रकार का अन्तर होने की स्थिति में उक्त अन्तर की राशि तथा अन्य कोई देयता/दायित्व बकाया हो, तो नामित होने के नाते मैं बैंक को उक्त राशि लौटाने तथा पेंशन में से कटौती करवाने हेतु सहमत हूँ।

भवदीय

दिनांक:—.....

स्थान:—.....

आवेदक के हस्ताक्षर:—

नाम:—

पता:—

मोबाईल नं. —