



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

**पेंशन आवेदन पत्र हेतु महत्वपूर्ण दिशा-निर्देश**

1. पेंशन आवेदन पत्र मे सभी मांगी गई सूचनाए सही-सही व यथास्थान भरें।
2. यह सुनिश्चित करें कि आपका आधार कार्ड, PAN कार्ड व HROMS मे नाम व अन्य सूचनाएँ समान हो, किसी भी तरह की विसंगति पाए जाने पर उसे सेवानिवृत्ति से पूर्व सही कराए।
3. पेंशन आवेदन पत्र के साथ दी जाने वाली एकल व संयुक्त फोटो को STAPLE ना करे, उन्हे एक लिफाफे मे डालकर लिफाफे को STAPLE करे।
4. आपके बैंक खाते का विवरण सही-सही देवे यथा बैंक खाता संख्या व जिस शाखा मे आपका पेंशन खाता है (सोल आई डी)।
5. अगर किसी प्रकार का कोई अग्रिम/लोन खाता है और आप उस खाते को आगे जारी रखकर पेंशन से कटौती करवाना चाहते है तो क्षेत्रीय कार्यालय से संपर्क कर उस खाते को Review कराए जिससे आपकी पेंशन यथासमय प्रारम्भ हो जाए।
6. पेंशन आवेदन पत्र या पेंशन से संबंधित किसी भी प्रकार की समस्या आने पर अपने क्षेत्रीय कार्यालय के मा.सं.प्र. विभाग से संपर्क करें।

**Baroda Rajasthan Kshetriya Gramin Bank**  
**Head Office: Ajmer**

**CHECK LIST FOR RETIRED EMPLOYEES**

Name : ..... EC No. ....

Retirement Date .....

1.	Composite Application Form		
2.	Option Form to be filled in by the Retired Employees of the Bank	FORMAT – 2	
3.	Ten months (prior to retirement ) average pay & allowances	FORMAT - 4	
4.	Particulars of Outstanding Liabilities of the Employee / Retired Employee	FORMAT - 5	
5.	Life Certificate	FORMAT - 6	
6.	Acceptance / Non-acceptance of Commercial Employment	FORMAT -7	
7.	Letter of undertaking by the Pensioner	FORMAT - 9	
8.	Form of Nomination	FORMAT -11	
9.	Clearance/ Pre-disbursement formalities to be furnished by the proposed Pension Paying Branch	FORMAT- 13	
10.	Application for Commutation		
11.	Declaration Form by Candidate (Regarding PF Fund)		
12.	New Declaration Form		
13.	<b>EPFO PF Statement</b>		
14.	Five sets of Joint Photograph with Spouse <b>(Photo size not bigger than 4.5 c.m. x3.5 c.m.)</b>		
15.	Copy of PAN CARD/ Aadhar card (Self & Spouse) <b>(Name should be same on PAN Card as in Bank record )</b>		
16.	Taking EPFO Pension (Yes/No)		
A.	Attach copy of PPO (Yes/No)		
B.	Attach copy of Latest EPFO/Bank Passbook		
C.	Amount of Pension		
17.	<b>"Service-cum-Identity Card on Retirement" Form</b>		
18.	<b>PF Withdrawl Form</b>		



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**INSTRUCTION:**

1. TO BE FILLED IN BY THE CLAIMANT IN BLOCK LETTERS  
2. SUBMIT IN TRIPLICATE ( ONE ORIGINAL AND 2 XEROX)

Date : \_\_\_ / \_\_\_ /20\_\_

**COMPOSITE APPLICATION FORM OF TERMINAL BENEFITS CLAIMS**

EC No.					
SOL ID					

The Trustees of PF, Pension & Gratuity Trust /General Manager, BRKGB  
Head Office, Ajmer – 305 004

Dear Sir,

(Tick  on applicable heads of terminal Benefits )

Re: Request to pay terminal benefits -PF ( ) PENSION ( ) GRATUITY ( )

Name of the Employee : Mr/Mrs/Ms \_\_\_\_\_

Name of the Claimant : Mr/Mrs/Ms \_\_\_\_\_

Relationship with the employee (if claimant is not employee) : \_\_\_\_\_ (in case of death of employee)

I, Mr/Mrs/Ms \_\_\_\_\_ request you to pay terminal benefits.

My salary A/C No. is \_\_\_\_\_ , BR SOL ID \_\_\_\_\_, City/District \_\_\_\_\_

My pension A/C No. is \_\_\_\_\_ ,BR SOL ID \_\_\_\_\_, City/District \_\_\_\_\_

**Employee's Particulars are as under:**

Designation: \_\_\_\_\_ , Grade /Scale : \_\_\_\_\_ , Last Promotion Date : \_\_\_\_\_

Branch / Office presently/last posted \_\_\_\_\_ SOL ID : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Joining in Bank's service : \_\_\_\_\_ Joined as : \_\_\_\_\_

Date of Retirement/Cessation/Death : \_\_\_\_\_, Reason of Cessation : \_\_\_\_\_ ,

Total length of service : \_\_\_ Yrs \_\_\_ Months \_\_\_ Days

Loss of Pay / Unauthorised absence/ sabbatical Leave, if any: \_\_\_\_\_ (No. Of Days)

Suspension Period (not treated on duty) : From \_\_\_\_\_ to \_\_\_\_\_ ( \_\_\_\_\_ No. Of Days)

Residential Address in full (**After Retirement Address**):

\_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_

Tele No. (With STD Code): \_\_\_\_\_ , Mobile No.: \_\_\_\_\_ Email id \_\_\_\_\_



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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 1/3<sup>rd</sup> of my pension (or to the extent 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						



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8						
9						
10						
	<b>TOTAL</b>					

(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.
<b>Total</b>	<b>Rs.</b>	<b>Total</b>	<b>Rs.</b>

**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 - 2**  
**Baroda Rajasthan Kshetriya Gramin Bank**  
 Head Office: Ajmer

**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>
Forwarded on		<b>OPTION NOTED IN SERVICE RECORD</b>
Forwarded by		
Signature with office seal (Branch/Office)		

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 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/Office \_\_\_\_\_ Region \_\_\_\_\_

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

**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**

<b>MONTHWISE BREAK UP YEAR &amp; MONTH →</b>										
<b>1. Basic Pay</b>										
<b>2. Stagnation increment</b>										
<b>3. Pay and Allowances rank for DA</b> (Mention nature of allowance)										
a)										
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 ..... Bank (Employees') Pension Regulations, 2018

Branch Manager  
 (Signature with Seal)  
 Branch : \_\_\_\_\_  
 Date : \_\_\_\_\_

**FORMAT - 5**

**Baroda Rajasthan Kshetriya Gramin Bank**

**Branch / Office :** \_\_\_\_\_ **Region :** \_\_\_\_\_

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

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

The Chief Manager

(HRM Deptt.)

Baroda Rajasthan Kshetriya Gramin Bank

Head Office, Aimer

Dear Sir,

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

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

\_\_\_\_\_ Last Designation \_\_\_\_\_ EPF No  
\_\_\_\_\_retired / died on\_\_\_\_\_:

<b>Particulars of Outstanding Loan</b>	<b>Account No</b>	<b>Balance</b>
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,

Branch Manager

(Signature with Seal)

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.*

**FORMAT - 6**

<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)

Place:.....

Name:.....

Date:.....

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:** .....

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

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

**FORMAT - 9**

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

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**The Branch Manager**

Date :

Baroda Rajasthan Kshetriya Gramin Bank

Branch : .....

Region : .....

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		

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

TO  
THE TRUSTEES,  
BARODA RAJASTHAN KSHETRIYA GRAMIN BANK  
(EMPLOYEES'S) PENSION FUND

I, \_\_\_\_\_ PPO No/ EPF No \_\_\_\_\_ hereby nominate the person(s) named below and confer on him / them the right to receive, to the extent specified below, the amount of pensionary benefits under the Pension Regulations in the event of my death before the amount become payable, or having become payable, has not been paid.

Name and address of the Nominee(s)	Relationship with the pensioner	Age	Amount of share (%)		Date of Birth	IF NOMINEE IS MINOR
			(3)	(4)		Name & address of the person who may receive the said pension during the nominee's minority
(1)	(2)		(3)	(4)	(5)	(6)

Name and address of other Nominee(s) in case the nominee under column 1 above predeceases the pensioner	Age	Relationship with the pensioner	Amount of share (%)	Date of Birth, if the other nominee(s) is/are minor	Name & address of the person who may receive the pension during other nominee's minority	Contingency on happening of which nomination shall become invalid
(7)	(8)	(9)	(10)	(11)	(12)	(13)

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

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

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

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

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

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

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

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

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

Signature  
EPF No \_\_\_\_\_

Signature  
EPF No \_\_\_\_\_

**Attested by the Pension Disbursing Branch/ Deptt. at 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.*

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

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

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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; \_\_\_\_\_



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**प्ररूप VI**

[विनियम 39 (9) देखें]

**बिना चिकित्सा जांच के पेंशन के सरांशीकरण हेतु आवेदन**  
(सेवानिवृत्ति के एक वर्ष के भीतर प्रस्तुत किया जाना होगा)

सेवा में  
ट्रस्टीज पेंशन /महाप्रबंधक,  
बड़ौदा राजस्थान क्षेत्रीय ग्रामीण बैंक,  
प्रधान कार्यालय,  
अजमेर - 305004

पासपोर्ट आकार  
की अनुप्रमाणित  
फोटो चिपकाने  
हेतु स्थान

महोदय,

मैं बैंक की सेवा से तारीख ----- को सेवानिवृत्त हुआ/हो जाऊंगा। मैं बैंक (कर्मचारी) पेंशन विनियम, 2018 के अनुरूप अपनी पेंशन के ----- अंश के सरांशीकरण हेतु इच्छुक हूँ। आवश्यक विवरण नीचे दिए गए हैं:

पूरा नाम (बड़े अक्षरों में) : \_\_\_\_\_  
सेवानिवृत्ति के समय पदनाम : \_\_\_\_\_  
कार्यालय/विभाग का नाम जिससे सेवानिवृत्त हुए : \_\_\_\_\_  
जन्म की तारीख (बैंक के सेवा अभिलेख के अनुसार) : \_\_\_\_\_  
सेवानिवृत्ति की तारीख : \_\_\_\_\_  
पेंशन की श्रेणी : \_\_\_\_\_  
पेंशन का वह भाग जिसका सरांशीकरण प्रस्तावित है  
जोकि पेंशन के 1/3 से अधिक नहीं होगा : \_\_\_\_\_

हस्ताक्षर

स्थान : पता: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**अभिस्वीकृति**

श्री/श्रीमती/कुमारी \_\_\_\_\_ से पेंशन के सरांशीकरण हेतु आवेदन  
प्राप्त हुआ है।

पूर्व पदनाम : \_\_\_\_\_

स्थान :

तारीख :

(पदनामित प्राधिकारी के हस्ताक्षर)



## अधिवर्षिता पेंशन के संबंध में आवेदक द्वारा घोषणा-पत्र

मैं .....क.कू.सं. ....घोषणा करता/करती हूँ कि मैं  
दिनांक ..... को ..... क्षेत्र के अधीन शाखा ..... से  
..... पद से सेवानिवृत्त हुआ था/हुई थी।

**सेवानिवृत्ति पश्चात् मेरे द्वारा कर्मचारी भविष्य निधि संगठन से –**

1. पी.एफ. हेतु आवेदन किया गया है/नहीं किया गया है।
2. पेंशन हेतु आवेदन किया गया है/नहीं किया गया है।
3. कर्मचारी भविष्य निधि संगठन से पेंशन के रूप में राशि रु...../– प्रतिमाह प्राप्त की जा रही है।

बड़ौदा राजस्थान क्षेत्रीय ग्रामीण बैंक (कर्मचारी) पेंशन विनियम-2018 के अन्तर्गत पेंशन प्रारम्भ करने के लिये लौटाई जाने वाली राशि (भविष्य निधि में बैंक अंशदान मय ब्याज) का समायोजन मेरे द्वारा आवेदित संराशीकरण राशि में से करने के लिये मैं बैंक को अधिकृत करता हूँ। बैंक को लौटाई जाने वाली राशि (भविष्य निधि में बैंक का अंशदान मय ब्याज) का विवरण मेरे द्वारा संलग्न किया जा रहा है। मैं बैंक को अधिकृत करता हूँ कि उक्त विवरण अथवा बैंक रिकार्ड अनुसार आंकलित राशि अथवा भविष्य निधि संगठन से प्राप्त विवरण के अनुसार राशि (भविष्य निधि में बैंक का अंशदान मय ब्याज) का समायोजन बैंक द्वारा मुझे भुगतान की जाने वाली संराशीकरण राशि में से कर लिया जाये।

तथापि भविष्य में, यदि समायोजित की गई उक्त राशि एवं कर्मचारी भविष्य निधि संगठन से प्राप्त जानकारी में किसी प्रकार का अन्तर पाया जाता है तो मैं बैंक को अन्तर राशि लौटाने/पेंशन में से कटौती करने के लिये अधिकृत करता हूँ।

भवदीय

दिनांक:—.....

स्थान:—.....

आवेदक के हस्ताक्षर:—

नाम:—

क.कू.सं.

पता:—

मोबाईल नं. —

**Revised Format**

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

The Chairman,  
Baroda Rajasthan Kshetriya Gramin Bank,  
Head Office,  
Ajmer

Dear Sir,

I hereby declare that I have read Baroda Rajasthan Kshetriya Gramin Bank (Employees') Pension Regulation, 2018 and have opted to become a member of Bank's Pension Scheme.

1. I declare that I have not withdrawn my Provident Fund amount (Bank's contribution and my contribution) from Employees Provident Fund Office, neither I applied for pension from EPFO.

I irrevocably authorise the EPFO/RPFC to transfer the entire contribution of the Bank alongwith interest thereon to the credit of Bank. I also irrevocably authorise the Bank to adjust Bank's contribution component including my non-refundable withdrawal from EPF balance (Bank's contribution component), with interest thereon.

**OR**

2. I declare that I have withdrawn my Provident Fund amount (Bank's contribution and my contribution) from Employees Provident Fund Office. Now, I am taking pension of Rs. \_\_\_\_\_ p.m. from EPFO as per Employees Pension Scheme, 1995 since \_\_\_\_\_. I will refund PF amount of Bank's contribution with interest to the Bank.

**I have applied for the commutation of pension. I also irrevocably authorise the Bank to hold commutation amount, arrear of pension and any other amount payable by BRKGB to me till :**

- (i) refund of PF contribution (Bank's contribution component with interest) by EPFO to the Bank**

**or**

- (ii) refund of PF amount (Bank's contribution component with interest) withdrawn by me, to the Bank.**

Yours faithfully,

( \_\_\_\_\_ )

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

EC No.: \_\_\_\_\_

\*Strike out whichever is not applicable.



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

पेंशन भुगतान करने वाली शाखा में प्रस्तुत किया जाए  
**To be submitted to pension paying branch**

दिनांक / Date : \_\_\_ / \_\_\_ / \_\_\_\_\_

महाप्रबन्धक / General Manager  
बड़ौदा राजस्थान क्षेत्रीय ग्रामीण बैंक  
Baroda Rajasthan Kshetriya Gramin Bank  
प्रधान कार्यालय / Head Office  
अजमेर / Ajmer

E.C.NO.	
PPO NO.	
PENSION PAYING BRANCH NAME	

विषय : सेवानिवृत्ति पर सेवा सह पहचान पत्र जारी करना।  
Re : Issue of "Service-cum-Identity Card on Retirement".

मुझे आपको सूचित करना है कि मैं अधिवर्षिता / स्वैच्छिक सेवानिवृत्ति / अन्य के आधार पर बैंक की सेवा से सेवानिवृत्त हो गया हूँ।  
I have to inform you that I Retired from Bank's service on Superannuation /voluntary retirement/Others.  
मैं आपसे अनुरोध करता हूँ कि कृपया मुझे सेवा-सह-पहचान-पत्र जारी करें। अपेक्षित विवरण निम्नानुसार है।  
I request you to kindly issue me Service-cum-Identity Card. I give below the required details.

1.	पूरा नाम (बड़े अक्षरों में) श्री / श्रीमति / सुश्री Full Name (IN CAPITAL LETTERS) Mr/Mrs/Ms	
2.	सेवानिवृत्ति / स्वैच्छिक सेवानिवृत्ति के समय पदनाम Designation at the time of Retirement/VRS	
3.	जन्म तिथि / Date of Birth	
4.	बैंक सेवा में नियुक्ति की दिनांक / Date of Joining	
5.	सेवानिवृत्ति / स्वैच्छिक सेवानिवृत्ति की तिथि Date of Retirement/ VRS	
6.	पूर्ण आवासीय पता (सेवानिवृत्ति पश्चात) Residential Address in full (Post Retirement) (बड़े अक्षरों में / IN CAPITAL LETTERS )	
		पिन कोड सं. / Pin Code No.
7.	मोबाइल नं. / Mobile No.	
8.	ब्लड ग्रुप / Blood Group	
9.	ईमेल आईडी / Email ID	
10.	आपातकालीन संपर्क नं. / Emergency Contact No. (स्वयं के नंबर से अन्य / Other than self-number)	

Please Paste Recent  
Colour Passport Size  
Photograph

(Don't do Cross  
Signature on  
Photo)

काली स्याही से कर्मचारी के हस्ताक्षर  
Employee Signature in Black Ink

\*हस्ताक्षर बॉक्स की सीमा के अन्दर ही करें।

\*फोटो पर हस्ताक्षर ना करें।

पेंशन प्रदान करने वाली शाखा द्वारा सत्यापित / Verified by Pension Paying Branch

शाखा का नाम / Branch Name .....  
दिनांक / Date .....

शाखा प्रबन्धक के हस्ताक्षर मय सील  
Signature of Branch Manager with seal  
क.कू.सं. / E.C.No. ....



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

**भविष्य निधि राशि हेतु दावा प्रपत्र**

न्यासी,  
बीआरकेजीबी (कर्मचारी) भविष्य निधि ट्रस्ट,  
बीआरकेजीबी, प्रधान कार्यालय  
अजमेर

**विषय : भविष्य निधि राशि के भुगतान हेतु।**

**भाग – क (दावेदार द्वारा भरा जाए)**

मैं/हम, श्री/श्रीमती/सुश्री ..... (पूर्ण पता) .....  
..... मो.न. .... आपसे भविष्य निधि ट्रस्ट  
मे जमा कुल राशि रु. .... /- का भुगतान करने का अनुरोध  
करता/करती/करते हैं।

1. स्टाफ सदस्य का पूरा नाम	
2. क.कू.सं.	
3. पदनाम	
4. अंतिम पदस्थापन शाखा/कार्यालय	सोल आईडी
5. जन्म तिथि	
6. बैंक में नियुक्ति तिथि	
7. सेवामुक्ति तिथि	
8. कुल सेवा काल	वर्ष      माह      दिवस
9. सेवा समाप्ति का कारण	
10. दावेदार का पूरा नाम	
11. दावेदार का मृतक स्टाफ से संबंध (स्टाफ की मृत्यु की स्थिति में)*	
12. दावेदार/दावेदारों व कानूनी वारिस/वारिसों का नाम (नामांकन नहीं होने की स्थिति में ही भरें)	

\* स्टाफ सदस्य की मृत्यु होने की स्थिति में मृत्यु प्रमाण पत्र की प्रति संलग्न करें।

**दावेदार/दावेदारों द्वारा घोषणा**

मेरे आवेदन पर बैंक द्वारा मेरी पात्रतानुसार/जमा भविष्य निधि राशि को बीआरकेजीबी (कर्मचारी) भविष्य निधि ट्रस्ट से बैंक शाखा ..... में स्थित मेरे बचत खाता संख्या ..... में अंतरित करने के लिए सहमत हो जाने के प्रतिफलस्वरूप मैं अद्योहस्ताक्षरकर्ता इस बात के लिए सहमत और वचनबद्ध हूँ कि यदि कोई राशि, जिसके लिए मैं पात्र नहीं हूँ या पात्रता से अधिक राशि बैंक द्वारा मेरे बचत खाते में जमा की जाती है तो मैं उक्त राशि बैंक को लौटाने के लिए उत्तरदायी रहूंगा।



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

(2)

मैं पुनः इस बात के लिए सहमत और वचनबद्ध हूँ कि मैं और मेरे समस्त उत्तराधिकारी, निष्पादक और प्रशासक बड़ौदा राजस्थान क्षेत्रीय ग्रामीण बैंक (कर्मचारी) पेंशन विनियम, 2018 के प्रावधानों के अंतर्गत बैंक द्वारा मेरे खाते में उक्तानुसार जमा की गई भविष्य निधि राशि के कारण बैंक को कोई भी नुकसान होने की स्थिति में नुकसान की भरपाई करने अथवा उक्त राशि बैंक को लौटाने के लिए प्रतिबद्ध रहेंगे अथवा कि नुकसान हुई राशि की वसूली बैंक में स्थित मेरे उक्त वर्णित बचत खाते/किसी भी अन्य खाते से करने हेतु बैंक अधिकृत है।

दिनांक :

स्थान :

दावेदार का नाम व हस्ताक्षर

**भाग – ख (शाखा द्वारा भरा जाए)**

मैंने श्री/श्रीमती/सुश्री ..... के उपरोक्त तथ्यों की जांच कर ली है एवं सभी तथ्य सही पाए गए हैं।

दिनांक :

स्थान :

शाखा प्रबंधक के हस्ताक्षर मय सील

**भाग – ग (क्षेत्रीय कार्यालय द्वारा भरा जाए)**

प्रमाणित किया जाता है कि बैंक द्वारा श्री/श्रीमती/सुश्री..... क.कू.सं. .... के माह फरवरी, 2020 से माह ..... (सेवामुक्ति दिनांक) तक के वेतन से प्रतिमाह काटी गयी भविष्य निधि की कुल राशि (स्वयं का अंशदान) रु. .... /- (शब्दों में ..... ) है।

हमारे द्वारा श्री/श्रीमती/सुश्री ..... (दावेदार का नाम) को देय भविष्य निधि राशि मय ब्याज के भुगतान की अनुशंसा की जाती है।

दिनांक :

स्थान :

क्षेत्रीय प्रबंधक के हस्ताक्षर मय सील

नोट – यदि स्टाफ के विरुद्ध कोई अनुशासनात्मक/अभियोजन का मामला लंबित/विचाराधीन है या बैंक को कोई वित्तीय हानि हुई है तो कृपया पूरा विवरण हमें भेजें।



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

महाप्रबन्धक,  
बड़ौदा राजस्थान क्षेत्रीय ग्रामीण बैंक,  
प्रधान कार्यालय, अजमेर

महोदय,

विषय : वित्तीय वर्ष 202 -2 की पेंशन से आयकर कटौती के संबंध में घोषणा बाबत।

विषयान्तर्गत निवेदन है कि मैं बड़ौदा राजस्थान क्षेत्रीय ग्रामीण बैंक का सेवानिवृत्त स्टाफ/मृतक स्टाफ के कुटुम्ब का सदस्य हूँ।

मैं घोषणा करता/करती हूँ कि वित्तीय वर्ष 202 -2 हेतु मेरी पेंशन पर आयकर कटौती की गणना

Old Tax Regime से की जाए।

New Tax Regime से की जाए।

भवदीय,

स्थान :

दिनांक :

हस्ताक्षर :

नाम :