

**MODEL FORMAT RELATED TO RRB (EMPLOYEES') PENSION SCHEME, 2018
OF
CENTRAL MADHYA PRDESH GRAMIN BANK**

**(Addition / Alteration / Modification by the concerned
RRB may be done in consultation with the Sponsor Bank**

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FORMAT - 1
CENTRAL MADHYA PRDESH GRAMIN BANK

Head Office: Chhindwara , Dist. Chhindwara

Option Form to be filled in by the employees who are in service of the Bank

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

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

The Chairman
Central Madhya Pradesh Gramin Bank
Head Office Chhindwara

Date: _____

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

1. Signature : _____

2. Name in Full (in Block letters): _____

3. Designation: _____

4. 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)

FORMAT - 2
CENTRAL MADHYA PRDESH GRAMIN BANK
Head Office: Chhindwara, Dist. Chhindwara

Option Form to be filled in by the Retired Employees of the Bank
(To be submitted in quadruplicate through the Branch / Office from where retired)

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

The Chairman
 Central Madhya Pradesh Gramin Bank
Head Office Chhindwara

Date: _____

I hereby declare that I have read and understood the Central Madhya Pradesh Gramin Bank (Employees') Pension Regulations, 2018 and I hereby voluntarily opt to become a member of the Bank's Pension Scheme and irrevocably authorise the EPFO / RPFC to transfer my entire Pension Fund kept with them to Bank to credit Pension Fund to be created for this purpose. I undertake to refund the Bank's contribution to EPF Fund together with accrued interest thereon paid to me on my retirement. I also undertake to refund my non-refundable withdrawal from EPF balance (Bank's contribution component), if any, together with interest at EPF rate from time to time.

1. Signature: _____
2. Name in Full (in Block letters): _____
3. Designation (at the time of retirement): _____
4. E P F No: _____
5. Present Residential Address: _____

6. Date of Birth: _____
7. Date of joining in the Bank' service: _____
8. Date of retiring from the Bank' service: _____
9. Branch / Office from where retired: _____ Branch / Office.
10. Branch from where pension to be drawn: _____ Branch

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

FORMAT - 3
CENTRAL MADHYA PRDESH GRAMIN BANK
 Head Office: Chhindwara , P.O. Chhindwara, Dist. Chhindwara

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
 Central Madhya Pradesh Gramin Bank
 Head Office Chhindwara

Date: _____

I hereby declare that I have read and understood the Central Madhya Pradesh 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 _____

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

FORMAT - 4
CENTRAL MADHYA PRADESH GRAMIN BANK
_____ BRANCH / OFFICE

Ref : _____

The Chief Manager
P & A Department
Central Madhya Pradesh Gramin Bank
Head Office Chhindwara

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 Central Madhya Pradesh 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 Central Madhya Pradesh Gramin 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 Allowances rank for DA										
a) (Mention nature of allowance)										
b)										
c)										
d)										
TOTAL										
AVERAGE										

Note: 1. Delete which is not applicable 2. No columns should be left blank 3. Basic Pay & Stagnation Increment to be reported separately in the columns specified 4. For arriving at the ten months' average please refer to Regulation 36 read with Regulations 2 (c) & 2 (t) of Central Madhya Pradesh Gramin Bank (Employees') Pension Regulations, 2018

Date _____

Signature with seal

FORMAT - 5
CENTRAL MADHYA PRADESH GRAMIN BANK
BRANCH / OFFICE

Ref : _____

The Chief Manager
P & A Department
Central Madhya Pradesh Gramin Bank
Head Office Chhindwara

Date: _____

Dear Sir,

Sub: Particulars of Outstanding Liabilities of Shri / Smt _____
_____ (EPF No _____)

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

Last Designation _____ EPF No _____ retired / died
on _____:

Particulars of Outstanding Loan	Account No	Balance
1. House Building Loan		
2. Housing Loan (Commercial Scheme)		
3. Staff Over Draft		
4. Festival Advance		
5. Education Loan		
6. Conveyance Loan		
7. Others, if any (<i>Mention details</i>)		
TOTAL LOAN BALANCE		

Yours faithfully,

Signature with Seal

.....BankBranch

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

..... STAFF PENSION* (GENERAL PENSION)		Customer ID	
..... FAMILY PENSION*		S B A/C No	

(*Please ✓ as applicable)

LIFE CERTIFICATE

(To be submitted by the Pensioner once in a year in November)

Certified that I have seen the pensioner
(name)
.....(address) holder of PPO No..... and that he /she is alive
on this day. His / Her AADHAAR No

(Signature of the Pensioner/Family Pensioner with date)

(Signature with office seal)

Date:..... Name:.....

Place:..... Designation:.....Branch: BGVB ,.....

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 - 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)

Place :

Date :

Name :

Designation:

Address:

FORMAT - 9

Letter of undertaking by the Pensioner

The Branch Manager

Date : _____

.....**Branch**
Central Madhya Pradesh Gramin Bank

Dear Sir,

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

In consideration of your having, at my request, agreed to make payment of Pension due to me every month by credit to my SB Account No _____ with you I, the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successors, executors, and administrators to indemnify the Bank from and against any loss suffered or incurred by the Bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the Bank to recover the amount due by debit to my said Savings Bank Account or any other account belonging to me in the possession of the Bank.

Yours faithfully,

Signature in full : _____

Address (in block letters) : _____

Phone/Mobile No _____

Witness

Signature		
Name		
E.P.F No		
Address		

FORMAT – 10

Letter of undertaking by the Pensioner and Family Members / Nominees

The Branch Manager

.....**Branch**

Central Madhya Pradesh Gramin Bank

Date: _____

Dear Sir,

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

In consideration of making payment of Pension as per the Central Madhya Pradesh 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 - 11

FORM OF NOMINATION

TO
THE TRUSTEES, CENTRAL MADHYA PRADESH 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 _____

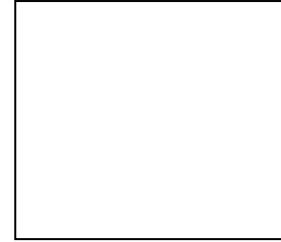
ATTESTED by the Pension Disbursing Branch/ Deptt. at H O / Branch

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 – 12
CENTRAL MADHYA PRADESH GRAMIN BANK
Head Office: Chhindwara, P.O. Chhindwara , Dist. Chhindwara

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



The Chairman
Central Madhya Pradesh Gramin Bank
Head Office Chhindwara

Date: _____

Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of Central Madhya Pradesh 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) : _____

_____ Cotact 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

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
CENTRAL MADHYA PRADESH GRAMIN BANK
Head Office: Chhindwara, P.O. Chhindwara, Dist. Chhindwara

**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**
Central Madhya Pradesh Gramin Bank

Date; _____

FORMAT - 14
CENTRAL MADHYA PRADESH GRAMIN BANK
Head Office: Chhindwara, P.O. Chhindwara, Dist. Chhindwara

**Option Form to be filled in by the employees who joined the service of the Bank
between 01 April 2010 and 31 March 2018**

(In terms of Central Madhya Pradesh Gramin Bank(Employees') Pension Regulations, 2018 (Refer Chapter II, Regulation 3(3))

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

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

The Chairman
Central Madhya Pradesh Gramin Bank
Head Office Chhindwara

Date: _____

I hereby declare that I have read and understood the Bank (Employees') Pension Regulations, 2018.

*I am presently covered under EPF Scheme 1995 and hereby irrevocably undertake and opt remain covered under EPF Scheme 1995 only **OR**

*I hereby opt to become a member of the National Pension System (NPS) and irrevocably authorise the Bank / EPF Trustees / EPFO / RPFC to transfer the entire contribution of Myself and the Bank along with the interest thereon to the credit of Fund Manager to be appointed for this purpose. I understand that I am required to contribute to the NPS at the rates determined by the Bank/PFRDA from time to time. 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)

***Strikeout whichever is not applicable.**