

**FORM OF APPLICATION FOR GRANT OF FAMILY PENSION ON THE DEATH OF AN EMPLOYEE/PENSIONER**

The Trustees,  
SHGB (Employees') Pension Fund,  
HO: Rohtak.

**REG: APPLICATION FOR GRANT OF FAMILY PENSION**

I want to inform you that Shri/Smt. \_\_\_\_\_ who was drawing pension vide PPO No. \_\_\_\_\_ / who was serving at \_\_\_\_\_ (office) as \_\_\_\_\_ (Designation) died on \_\_\_\_\_ and being the spouse/family member of the deceased, I request for sanction of family pension. Necessary details are submitted hereunder: -

1.	Name of applicant i) Widow/Widower/Son/Daughter ii) Guardian, if the deceased person is survived by minor child/children	
2.	Name and age of surviving widow/ widower and children of the deceased employee/pensioner	
S. NO.	NAME	RELATIONSHIP WITH THE DECEASED
		DATE OF BIRTH
i.		
ii.		
iii.		
iv.		
v.		
vi.		
3.	Name and No. of PPO (if any) of the deceased employee/pensioner	
3(a)	i) Whether the application is eligible to receive family pension from the Government on account of services rendered by the spouse in deference services.	
	ii) If yes, whether the applicant wishes to draw family pension from the Government or from the Bank.	
	iii) Details of PPO issued by the Government.  Name of the employee : _____ PPO No.: _____ Address of the PPO issuing authority: _____	

4.	Date of death of the employee/pensioner	
5.	Office/Branch in which the deceased employee/Pensioner last served	
6.	If the applicant is guardian, his date of birth and relationship with the deceased employee/pensioner	
7.	<p>Whether the applicant is already in receipt of Family Pension of Father/Mother if so,</p> <p>i) Date of death and Retirement of Father/Mother</p> <p>ii) PPO NO.</p> <p>iii) Name</p> <p>iv) Amount of Family Pension</p>	<hr/> <hr/> <hr/> <hr/>
8.	Signature, Name And Address Of The Applicant	<p>SIGNATURE: _____</p> <p>NAME : _____</p> <p>ADDRESS: _____</p> <hr/>
9.	Branch where Family Pension is desired to be paid	
10.	<b>ATTESTED BY</b>	<p>SIGNATURE: _____</p> <p>NAME : _____</p> <p>BRANCH/OFFICE SEAL: _____</p> <hr/> <p>UID NO. _____</p>

11.	<b>WITNESSES</b>	SIGNATURE: _____ NAME : _____ ADDRESS: _____ _____ A/C NO., IF ANY _____
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**ENCLOSURES: -**

- (i) Identification Form :  
(As enclosed with Pension Payment Proposal)
  
- (ii) Certificate of age with four attested copies showing the dates of birth of the children

**FAMILY PENSION PAYMENT PROPOSAL**

(To be submitted in case of employees who died while in service)

1.	Name of the Deceased Employee			
2.	PF Account No.			
3.	Designation at the time of death			
4.	Office/Branch, Region/Head Office where the deceased employee was last posted			
5.	Date of Birth			
6.	Date of Appointment in Bank's Service			
7.	Date of Death (Attach Death Certificate)			
8.	i) Whether the applicant is eligible to receive family pension from the Government on account of services rendered by the spouse in Defence Services.			
	ii) If yes, whether the applicant wishes to draw family pension from the Government or from the Bank.			
	iii) Details of PPO issued by the Government.  Name of the employee. PPO NO. Address of the PPO issuing authority			
9.	Details of Family Members eligible for Family Pension			
	S.No.	Name	Date of Birth	Relationship with the Deceased Employee
Attach birth certificate in case of son or daughter.				

10.	Address for correspondence	
11.	If the deceased employee was working on part time scale. (Please mention 1/3, 1/2 or 3/4)	
12.	<p>Details of pay last drawn by the deceased employee</p> <p>a) Basic Pay including stagnation increment</p> <p>b) Allowance reckoning for PF &amp; DA</p> <p>i)</p> <p>ii)</p> <p>iii)</p> <p>iv)</p> <p>TOTAL</p>	<p>Rs. _____</p> <p>Rs. _____</p> <p>Rs. _____</p>
13.	Whether any compensation has been paid under Workmen Compensation Act.	
14.	Branch where pension is to be paid Distinctive No.	<p>_____</p> <p>_____</p>
15.	<p>Family Pension (Calculated in terms of Regulation 37 &amp; 38)</p> <p>On Enhanced Rate : Basic Family Pension : Rs. _____ Addl. Family Pension : Rs. _____</p> <p>On Normal Rate : Basic Family Pension : Rs. _____ Addl. Family Pension : Rs. _____</p>	

Recommended for sanction of Family Pension as above in terms of SHGB (Employees) Pension Regulations 2018, on enhanced rate w.e.f. \_\_\_\_\_ and on normal rate w.e.f. \_\_\_\_\_ plus dearness relief as applicable from time to time.

Seal

Signature of Recommending Officer

Name \_\_\_\_\_

Branch/Office \_\_\_\_\_

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

UID No. \_\_\_\_\_

Sanctioned Family Pension as recommended, in terms of SHGB (Employees) Pension Regulations 2018, as amended from time to time.

Signature and Seal of Sanctioning Authority

Designation \_\_\_\_\_

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

UID No. \_\_\_\_\_

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**NOTE :**

1. Before recommending and sanctioning the Family Pension please refer Regulation No. 37 & 38 of SHGB (Employees') Pension Regulations 2018.
2. One copy of the proposal duly sanctioned along with four copies of identification form must be sent to Pension Fund Department, HO for disbursement.

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

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

## IDENTIFICATION FORM

1.	<b>NAME</b>	
2.	<b>SEX (MALE/FEMALE)</b>	
3.	<b>COMPLETE POSTAL ADDRESS</b>	
4.	<b>PHOTOGRAPH (JOINT WITH SPOUSE, IF ALIVE)</b> (Photograph should bear the signature & seal of the Branch Manager)  <i>If spouse not alive, Attach Death Certificate (duly attested)</i>	<b>AFFIX PHOTO HERE</b>
5.	<b>SPECIMEN SIGNATURE</b>	
6.	<b>LEFT/RIGHT HAND THUMB IMPRESSION OF THE EMPLOYEE</b>	
7.	<b>DATE</b>	

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### FOR OFFICE USE ONLY

**Signature & Seal of the Branch Manager with UID No.  
in token of having attested the above.**

*(THIS FORMS PART OF PPO)*

**FORM OF NOMINATION FOR PENSION DUES**

The Trustees,  
Sarva Haryana Gramin Bank (Employees')  
Pension Fund Trust,  
HO:Rohtak.

I, \_\_\_\_\_ hereby nominate the person named below under Regulation 49 of the SHGB (Employees') Pension Regulations 2018.

Name and address of the Nominee	Relationship with Pensioner	Date of Birth of Nominee	Name and address of person who may received the said pension during the nominee's minority (if nominee is minor)	
(1)	(2)	(3)	(4)	
Name and address of other nominee in case the nominee under column (1) above pre-deceases the pensioner	Relationship with pensioner	Date of birth if the other nominee is minor	Name and address of person who may receive the pension during the other nominee's minority	Contingency on happening of which nomination shall become invalid
(5)	(6)	(7)	(8)	(9)

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

Signature (or thumb impression, if illiterate)

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

Name of the Pensioner: \_\_\_\_\_

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

**Witness:**

Signature: \_\_\_\_\_

Name & Address: \_\_\_\_\_

Received on \_\_\_\_\_

Signature of Receiving Authority: \_\_\_\_\_

*Note: One copy each to be kept with (1) Last Served Branch (2) Concerned Regional Office (3) Pension Cell at HO.*



**LETTER OF UNDERTAKING**

The Chief Manager  
Sarva Haryana Gramin Bank,  
PF & Pension Fund Department,  
HO : Rohtak.

Sir,

**REG: PAYMENT OF PENSION**

Having regard to the Wage revision Settlement, I request you to compute my Pension Provisionally on the basis of 'Pay' as defined in Clause (16) of Settlement dated \_\_\_\_\_ & clause (7) of joint note dated \_\_\_\_\_.

Further, I hereby undertake and authorise you and/or the Bank to make suitable adjustments or effect recovery, if any, from the Pension/Family Pension payable to me/my family in future, if necessitated due to amendment in SHGB (Employees') Pension Regulations, 2018.

Thanking you,

Yours faithfully,

Dated : \_\_\_\_\_

(SIGNATURE OF THE EMPLOYEE)

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

PF A/c No. \_\_\_\_\_

Branch/Office : \_\_\_\_\_

**2. SIGNATURE**

(Family members eligible for family pension)

FORM V  
[See regulation 37(1)(c)]

**COMPUTATION OF BASIC FAMILY PENSION AND ADDITIONAL FAMILY PENSION**

The formula for computing basic family pension and additional family pension in respect of employees who were in the service of the Bank or or after the 1<sup>st</sup> day of September, 1987 and had died while in service on or before the 31<sup>st</sup> day of October, 1987 or had retired on or before the 31<sup>st</sup> day of October, 1987 but died shall be as under:-

- (1) Basic Family Pension
- (A) Pay drawn by the deceased employee at the time of death/retirement Rs. \_\_\_\_\_
- (B) Basic family pension at the ordinary rates as per Table given below Rs. \_\_\_\_\_
- (C) Dearness Relief at index 600 in the All India Average Consumer Price Index for Industrial Workers in the series 1960 =100 as per Table I given in Appendix-I on the basic family pension calculated at (B) above. Rs. \_\_\_\_\_
- (D) Updated basic family pension i.e (B) +(C) Rs. \_\_\_\_\_
- (E) Updated basic family pension as per (D) above (rounded off to next higher rupee) Rs. \_\_\_\_\_
- (F) Basic family pension at one and half times or twice the updated basic Family pension as the case may be of (D) above (rounded off to next higher rupee) Rs. \_\_\_\_\_

- (2) Additional Family pension:  
Special allowance to the extent of the amount ranking for making contributions to the Provident Fund in terms of the Bipartite Settlement dated 10<sup>th</sup> April, 1989 or Service Regulations corresponding to special allowance drawn before the retirement or death shall be reckoned for the purpose of additional family pension.

- (3) The basic family pension shall be at the rates given as under:

**TABLE**

Pay Range	Amount of family pension
Below Rs. 664	30 percent of pay shall be the basic family pension plus 30 percent of the allowances which counted for making contributions to Provident Fund but not for dearness allowance shall be the additional family pension with a minimum of Rs. 100 and maximum of Rs. 166.
Rs. 664 and above but below Rs. 1992	15 percent of pay shall be the basic family pension and updated additional family pension falls short of Rs. 375, the pensioner may be paid Rs. 375 with dearness relief thereon in which case no updated additional family pension shall be payable.
Rs.1992 and above	12 per cent of pay shall be the basic family pension plus 12 per cent of allowances which counted for making contributions to Provident Fund but not for dearness allowance shall be the additional family pension with a minimum of Rs.266 and maximum of Rs.415.

- Note: 1. Dearness relief is not payable on additional family pension.  
2. In case the aggregate of updated basic family pension and updated additional family pension falls short of Rs.375, the pensioner may be paid Rs.375 with dearness relief thereon in which case no updated additional family pension shall be payable.

**SARVA HARYANA GRAMIN BANK, ROHTAK**

**INFORMATION SHEET FOR RETIRED/DECEASED/ OFFICERS/EMPLOYEES**

Name of the Officer/Employee (In Block Letters)			
Father/Husband Name			
Present Residential Address			
Aadhaar Number		PAN Number	
EPF Number		UAN Number	
Date of Birth		Date of Joining	
Date of Retirement		Mobile No.	
Name of Spouse		Date of Birth of the Spouse	
Email Address if any			
Last Pay Drawn	Basic Pay		FPP
	Special Pay		HRA
	PQP		DA
	Other Allowances		Gross
Details of PF received	Employer's Contribution	Rs.	
	Employee's Contribution	Rs.	
	Total Amount Received	Rs.	
	Non-Refundable withdrawal if any	Date	Amount
	Total amount apportioned towards Pension Fund (8.33%)	Rs.	
Details of Pension received	PPO No.		
	Current Pension in Payment		
	Commutation Amount		
	Bank A/C No.		
	Bank Name		
	Branch		
	IFSC		
	Date of Death of Officer/Employee		
	Name of Pension Holder		
	Date of Birth		
	Relation with Deceased		
	Family Pension start Date		
	Family Pension Amount		
	PPO No.		

I hereby declare that the above information are true to the best of my knowledge.

Date:

Signature of the Retired Officer/Employee/Pension Holder

**PROFORMA OF LETTER OF INTIMATING DEATH OF  
PENSIONER/FAMILY PENSIONER**

(One copy to be sent to HO and two copies to Regional Office)

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

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

The Chief Manager,  
Pension Fund Department,  
Head Office,  
Rohtak.

**REG: PPO NO.** \_\_\_\_\_ **IN THE NAME OF** \_\_\_\_\_

We have to intimate you that the death of above pensioner/family pensioner has come to our notice on \_\_\_\_\_. The necessary information is furnished below.

1.	Name of the deceased	
2.	Whether the deceased was a pensioner or a family pensioner	
3.	Date of death	
3(a)	i) Whether the application is eligible to receive family pension from the Government on account of services rendered by the spouse in deference services.	
	ii) If yes, whether the applicant wishes to draw family pension from the Government or from the Bank.	
	iii) Details of PPO issued by the Government.  Name of the employee : _____ PPO No.: _____ Address of the PPO issuing authority: _____	
4.	Date upto which pension/family pension has been credited to pensioner's account.	

5.	<b>Pension credited after date of death (Amount recoverable)</b>			
	<b>Month</b>	<b>Amount</b>	<b>Month</b>	<b>Amount</b>
	<b>TOTAL</b>			
6.	Amount recovered from the account of the pensioner and remitted to Pension Fund Department, HO by crediting account No.8397		TM NO. _____ Dated _____ For Rs. _____	
7.	Balance to be recovered		Rs. _____	
8.	If there is a balance to be recovered, please mention  i) Date of last Life Certificate held on record. ii) How the amount was drawn after death		_____ _____ _____	
9.	If applied for family pension give name of the applicant . (Attach application)			
10.	Please indicate reasons if applied by a person other than mentioned in the PPO.			

MANAGER

Copy to: The Regional Manager, \_\_\_\_\_ for information (in duplicate)

MANAGER