

**SARYA HARYANA GRAMIN BANK****PENSION PAYMENT PROPOSAL**

1.	Name of the employee with UID	
2.	Category (GEN/SC/ST/EX-SERVICEMAN)	
3.	Provident Fund Account No.	
4.	Designation, Scale/Grade/Cadre	
5.	Date of Birth	
6.	Date of appointment in the Bank on permanent basis	
7.	Office/Branch, Circle from where retired	
8.	Date of Retirement on superannuation/Date of cessation from service (specify reasons)	
9.	Whether the employee is eligible for pension for the service rendered in Defence Services?  <i>If yes, submit option for Family Pension in terms of HRDD circular No. 46/2018 dated 26.12.2018 along with two duly attested copies of Defence PPO/Discharge Certificate.</i>	
10.	Date of Notice in case of voluntary retirement  <i>In case of Voluntary Retirement, copy of letter conveying acceptance of Voluntary Retirement by the Competent Authority must be submitted.</i>	

11.	Whether employee was under suspension/ absent from duty on extra ordinary leave on loss of pay during his service period.  <i>If yes, month/yearwise details of LWP/Suspension period must be submitted along with confirmation that the same relates to the entire period of service of the Retiree.</i>			
12.	Class of Pension viz. superannuation/pre-mature/ voluntary retirement/ compulsory retirement/invalid pension/ deemed retirement			
13.	Period of Service (From date of joining to Date of relieving)	<u>Years</u>	<u>Months</u>	<u>Days</u>
14.	A. Additional service, if any, in terms of Regulation 24			
	B. Period disqualifying for service, if any, (Chapter IV of Pension Regulations, 2018)  <i>Period of LWP/Suspension is to be reduced from the period of service to arrive at qualifying service as mentioned in Column No.11 above unless directed by the sanctioning authority that the period shall count for service for all purposes including pension.</i>			
15.	Total period of Service for pension as on the date of retirement	<u>Years</u>	<u>Months</u>	<u>Days</u>
16.	*Qualifying service for pension (Regulation 13 to 25)	Years		
17.	Branch name from where pension is to be paid _____  Branch Code _____ <b>14 Digit Saving Fund a/c No. of retired/ retiring employee:_____</b>			

\*Broken period of service more than 6 months is to be treated as one year

\*Broken period of service of 6 months or less is to be ignored.

18.	Details of family : [Members eligible for Family Pension]									
	<u>S.No.</u> 1. 2.	<u>Name</u>			<u>Date of Birth</u>			<u>Relationship</u>		
19.	Details of pay during the last 10 months of service (including the month of cessation from service) (Regulation 36).									
	<b>S. No.</b>	<b>Month &amp; year</b>	<b>Basic Pay including stagnation increment</b>	<b>Increment component of FPP</b>	<b>PQP</b>	<b>Other allowances ranking for PF &amp; DA</b>	<b>Officiating allowance, if any. (Basic component only)</b>	<b>PF deducted on Officiating allowance</b>	<b>Date of remittance of PF on officiating</b>	
	1	2	3	4	5	6	7	8	9	
	1)									
	2)									
	3)									
	4)									
	5)									
	6)									
	7)									
	8)									
	9)									
	10)									
11										
<b>TOTAL</b>										
<b>NOTE: Please attach income tax register of the staff for the period as above and explain the figures appearing against Other PF in each month. Also attach calculation sheet if there is any late release of stagnation/AGI/or any such arrears.</b>										
a)	Total of Basic Pay									
b)	Total of FPP									
c)	Total of PQP									
d)	Total of other Allowances									
e)	Total of officiating allowance Col. 7 (in case of workmen staff only)									
f)	Grand Total									
g)	Average Monthly Emoluments (Grand Total/10)									

20.	<p><b>Basic Pension =</b></p> $\frac{\text{Average Monthly emoluments (as per Column (20 g))}}{2} \times \left( \frac{\text{No. of years of qualifying service with a max. of 33- (as per column No.16)}}{33} \right) =$ <p style="text-align: right;">=</p>	
21.	<p><b>Additional Pension in case of Officer staff only</b></p> $\frac{\text{Total of officiating allowance As per Column 20(7)}}{2 \times 10} \times \left( \frac{\text{No. of years of qualifying service (Max. of 33 years) (As per column No.16)}}{33} \right) =$ <p style="text-align: right;">=</p>	
22.	Date of Receipt of request for commutation (Request letter in original must be enclosed)	
23.	<p>Date of medical certificate</p> <p><b>NOTE:</b> Medical certificate from Bank's approved Medical Officer is required in case of compulsory retirement, invalid pension and in case when commutation is desired after expiry of one year of retirement as such this be enclosed with the proposal.</p>	
24.	Age next birthday with reference to clause 23 or 24 above (whichever is applicable).	
25.	Amount sought to be commuted from pension (Max. 1/3 <sup>rd</sup> of pension and additional pension)	
26.	Commutation value for a pension of Rs.1/- p.a. (Refer to commutation table) [Regulation 39]	
27.	<p><b>Amount of commutation</b></p> $\frac{\text{Amount sought to be commuted (As per Col.26)}}{1} \times \left( \frac{\text{Commutation value x 12 (As per col. 27)}}{1} \right) =$	
28.	Address after retirement with Telephone No.	
29.	<p>Recovery, if any, to be made out of pensionary dues (full details to be given)</p>	

30.	Details of refund of entire final amounts received by the applicant (the corpus comprising of Bank's contribution to provident fund under the Employees' Pension Scheme, 1995 and interest accrued thereon till the date of receipt by him of the amount) in terms of Regulation 3 of PR, 2018	Amount refunded: Rs.....  Transaction Id : D.....  Dated.....
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31. Details of Pension component under EPS, 1995

Amount of Pension : Rs. \_\_\_\_\_

Branch & A/c No. : \_\_\_\_\_

PPO No. \_\_\_\_\_ (Enclosed a copy of PPO issued by EPFO)

32. Recommended for sanction as under in terms of SHGB (Employees) Pension Regulations 2018:

Basic Pension : Rs \_\_\_\_\_

Less: Amount commuted Rs.

Addl. Pension : Rs. \_\_\_\_ Less Amount commuted Rs. \_\_\_\_\_

Plus Dearness relief as applicable, Per Month \_\_\_\_\_

From \_\_\_\_\_ Date) and \_\_\_\_\_

Commutation Value : \_\_\_\_\_

Commutation portion to be restored **on** \_\_\_\_\_ ( Date)

Seal of the Branch/Office

Signature of recommending officer

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

Date :

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

33. SANCTIONED Pension as under in terms of SHGB (Employees) Pension Regulations 2018:

Basic Pension : Rs. \_\_\_\_\_

Less: Amount commuted \_\_\_\_\_

Addl. Pension : Rs. \_\_\_\_\_ Less Amount commuted Rs. \_\_\_\_\_

Plus Dearness relief as applicable, Per Month \_\_\_\_\_

From \_\_\_\_\_ Date and \_\_\_\_\_

Commutation Value : \_\_\_\_\_

Commutation portion to be restored on \_\_\_\_\_ ` ( Date)

CHECKING OFFICIAL  
Seal of the Office

SIGNATURE OF SANCTIONING AUTHORITY

Designation : \_\_\_\_\_

Date :

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

Office : \_\_\_\_\_

Note : One copy of this proposal along with Nomination Form and four copies of identification forms should be sent to Pension and PF Cell, HO Rohtak.

## IDENTIFICATION FORM

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

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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.**



**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
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</p> <p>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:** \_\_\_\_\_

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

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

**Subject: COMMUTATION OF PENSION**

Dear Sir,

I am retiring from service on \_\_\_\_\_ (Date) on superannuation / VRS.  
Kindly commute 1/3<sup>rd</sup> of my pension as per bank rules on my attaining superannuation / on completion of notice period, as I am a pension optee.

Thanking you,

Yours faithfully,

(Signature)

Name.....

Designation.....

(Note: In case of VRS, date of commutation request will be the succeeding date from the completion of notice period of three months.)

**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,  
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

**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.

**Form VI**

[See regulation 39 (9)]

Name of the Bank:- Sarva Haryana Gramin Bank

**Application for Commutation of Pension without Medical Examination**

(to be submitted within one year from the date of retirement)

Space for  
Affixing  
attested  
passport  
size  
photograph

To  
Designated Authority

Dear Sir,

I retired/will retire from the Bank's service with effect from \_\_\_\_\_ and have opted for Bank's Pension Scheme. I desire to commute a fraction of my pension in accordance with the \_\_\_\_\_ Bank (Employees') Pension Regulations, 2018. The necessary particulars are furnished below:

Name in full (in block letters): \_\_\_\_\_

Designation at the time of Retirement: \_\_\_\_\_

Retirement : \_\_\_\_\_

Name of Office/Department from \_\_\_\_\_

Which retired : \_\_\_\_\_

Date of birth (as per Bank's \_\_\_\_\_

Service Record) : \_\_\_\_\_

Date of Retirement : \_\_\_\_\_

Class of Pension : \_\_\_\_\_

Fraction of Pension Proposed \_\_\_\_\_

To be commuted not exceeding \_\_\_\_\_

1/3<sup>rd</sup> thereof. : \_\_\_\_\_

\_\_\_\_\_  
Signature

Place:

Address: .....

.....  
.....

**Acknowledgement**

Received from Shri/Smt/Kum \_\_\_\_\_ application for commutation of \_\_\_\_\_ Pension.

Former Designation

Place:

Date:

.....  
(Signature of Designated Authority)

**Form VII**

[See regulation 39 (9)]

Name of the Bank: Sarva Haryana Gramin Bank

**Application for commutation of Pension subject to Medical Examination**

(to be submitted in duplicated)

**PART-I**

Space for  
Affixing  
attested  
passport size  
photograph

To  
Designated Authority  
Dear Sir,

I desire to commute a fraction of my pension in accordance with \_\_\_\_\_ Bank (Employees') Pension Regulation, 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 : \_\_\_\_\_

\_\_\_\_\_  
Signature

Place:

Address: .....  
.....  
.....

**Acknowledgement**

Received from Shri/Smt/Kum \_\_\_\_\_ application for commutation of Pension.

(Former Designation)

Place:  
Date:

.....  
(Signature of Designated Authority)

**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

\_\_\_\_\_

Added Years		
Normal Age .....	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).

Copy forwarded to Shri/Smt./Kum. \_\_\_\_\_  
(give complete postal address)

With the remarks that subject to the Bank's Medical Officer's recommendations, 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		
	Added Years	
Normal Age .....		
	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)

**Form VII- Part III**

**Name of Bank: Sarva Haryana Gramin Bank**

**(Draft Letter to Bank's Medical Officer  
Referring the pensioner for Medical Examination)**

Ref. No.:.....

Date:.....

To

Dr. \_\_\_\_\_  
(Bank's Medical Officer)

Sir/Madam,

**Medical Examination-Commutation of Pension**

Shri/Smt./Kum. \_\_\_\_\_ who retired from the service on \_\_\_\_\_ as \_\_\_\_\_ (Designation) has applied for commuting a fraction of his/her pension for a lump sum payment. The following documents are forwarded herewith.

- (a) Application in Form No. VII in original.
- (b)\* Report or statement of the applicant's case if he has been granted invalid pension or has previously commuted a fraction of his pension or declined to accept commutation on the basis of addition of years to his actual age or has been refused commutation on Medical Grounds.

In terms of regulation \_\_\_\_\_ of Sarva Haryana Gramin Bank (Employees' Pension Regulations, 2018 (commutation of pension), Shri/Smt./Kum. \_\_\_\_\_ should be examined by a Bank's Medical Officer. It is requested that expeditiously as possible preferably within four weeks.

A copy of this letter is being endorsed to him/her so that he/she may appear for medical examination before you at the earliest.

The receipt of this letter may please be acknowledged.

Yours faithfully

(Designated Authority)

- Strike off whichever not applicable



[See regulation 39(9)]  
Part I

Name of Bank: Sarva Haryana Gramin Bank

Space for  
Affixing  
attested  
passport size  
photograph

**Declaration by the Pensioner for facilitating  
Medical Examination by the Bank's Medical Officer**

The Applicant must complete this statement prior to his examination by Bank's Medical Officer and must sign the declaration appended thereto in the presence of Bank's medical Officer.

1. Name in full (in block letters)
2. Date of Birth (as per Bank's Service Record)
3. Particulars regarding parents
  - Father's age, if living and state of health  
  
Father's age at death and cause of death.
  - b) Mother's age, if living and state of health  
  
Mother's age at death and cause of death
4. Have you been considered for grant of invalid pension? If so, state the ground thereof.
5. Have you been granted leave on Medical certificate during the last three years of your service? If so, state period of leave and nature of illness.
6. Have you during the last three years period
  - a) Suffered from any major illness requiring hospitalization? If so, the nature of illness and period of hospitalization may please be indicated; or.
  - b) Undergone any major surgical operation
  - c) Lost or gained weight markedly.

**DECLARATION BY APPLICANT  
To be signed in presence of the Bank's Medical Officer**

I declare all the above answers to be, to the most of my belief, true and correct.  
I am fully aware that by willfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation.

Applicant's Signature or Thumb-Impression in case of illiterate applicant

(To be signed in presence of the Doctor)

**PART II**  
**(To be filled by the examining Medical Officer)**

1. Apparent age
2. Height
3. Weight
4. Describe any scars or identification marks of the applicant
5. Pulse rate
  - (a) Sitting
  - (b) StandingWhat is the character of the pulse?
6. Blood Pressure
  - (a) Systolic
  - (b) Diastolic
7. Is there any evidence of disease of the main organs
  - (a) Heart
  - (b) Lungs
  - (c) Liver
  - (d) Spleen
  - (e) Kidney
8. Investigations (wherever considered necessary by the Bank's Medical Officer)
  - (a) Urine (State specific gravity)
  - (b) Blood
  - (c) X-Ray Chest
  - (d) ECG
9. Any additional findings

Form VIII- Part III  
Certificate of Fitness for Payment of Commutation of Pension  
(To be filled by the examining medical Officer)

I /We have carefully examined Shri/Smt./Kumari \_\_\_\_\_ and am/are of opinion that:

He/She is in good bodily health and has the prospect of an average duration life.

OR

He/She is not in good bodily health and it is not a fit subject for commutation.

OR

Although he/She is suffering from \_\_\_\_\_ He/She is considered fit subject for commutation but his/her age for the purpose of commutation i.e. the age next birthday should be taken to be \_\_\_\_\_ (In words) years more than his/her actual age.

Place:

Date :

Signature & Seal of Bank's Doctor/Civil Surgeon/CMO

# TO BE SUBMITTED BY EX-SERVICEMEN TO THE APPOINTING AUTHORITY

Date\_\_\_\_\_

The Regional Manager,  
Regional Office

\_\_\_\_\_

## REG: OPTION ABOUT FAMILY PENSION.

I am drawing pension from the Government in respect of my service in defence service under PPO No. \_\_\_\_\_ and my family is entitled to family pension after my death. I am also eligible for pension from the Bank after my retirement under SHGB (Employees') Pension Regulations and my family is also eligible for family pension from the Bank after my death. I am aware that two family pensions cannot be paid in respect of one person in terms of pension rules of the Government. I, therefore, submit my irrevocable option as under:

1. My family shall draw pension from the Government and not from the Bank

OR

2. My family shall draw family pension from the Bank and not from the Government. A confirmation from the PPO issuing authority that no family pension will be paid is attached herewith/shall be submitted shortly. You may withhold the payment of family pension till such confirmation is submitted to you.

(STRIKE OFF ONE OF THE TWO CLAUSES)

Thanking you,

Yours faithfully,

( )

### NOTE:

1. This option is to be obtained from all Ex-servicemen: -
  - i) who are in the service of the Bank and have opted for pension
  - ii) who have been appointed in the Bank on or after 01.09.1987
  - iii) who are being appointed now
2. This option should be attached with the history sheet of the employee and the option be duly noted in the History Sheet and in the LPC at the time of the employee.
3. In case of employees who have opted for pension, one copy of this undertaking may be sent to the Pension Fund Department, HO, Rohtak giving PF A/c No. thereon.

**SARVA HARYANA GRAMIN BANK, ROHTAK**

**INFORMATION SHEET FOR RETIRED/DECEASED/RESIGNED 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