

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 _____ 14 Digit Saving Fund a/c No. of retired/ retiring employee:_____			

*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).									
	S. No.	Month & year	Basic Pay including stagnation increment	Increment component of FPP	PQP	Other allowances ranking for PF & DA	Officiating allowance, if any. (Basic component only)	PF deducted on Officiating allowance	Date of remittance of PF on officiating	
	1	2	3	4	5	6	7	8	9	
	1)									
	2)									
	3)									
	4)									
	5)									
	6)									
	7)									
	8)									
	9)									
	10)									
11										
TOTAL										
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.										
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>Basic Pension =</p> $\frac{\text{Average Monthly emoluments (as per Column (19.g))}}{2} \times \left(\frac{\text{No. of years of qualifying service with a max. of 33- (as per column No.16)}}{33} \right) =$ <p style="text-align: right;">=</p>	
21.	<p>Additional Pension in case of Officer staff only</p> $\frac{\text{Total of officiating allowance As per Column 19 (7)}}{2 \times 10} \times \left(\frac{\text{No. of years of qualifying service (Max. of 33 years) (As per column No.16)}}{33} \right) =$ <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>NOTE: 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 22 or 23 above (whichever is applicable).	
25.	Amount sought to be commuted from pension (Max. 1/3 rd of pension and additional pension)	
26.	Commutation value for a pension of Rs.1/- p.a. (Refer to commutation table) [Regulation 39]	
27.	<p>Amount of commutation</p> $\frac{\text{Amount sought to be commuted (As per Col.25)}}{12} \times \left(\frac{\text{Commutation value x 12 (As per col. 26)}}{12} \right) =$	
28.	Address after retirement with Telephone No.	
29.	Recovery, if any, to be made out of pensionary dues (full details to be given)	

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	

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)

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

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.

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 1/3rd 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.)

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)

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 _____

1/3rd thereof. : _____

Signature

Place:

Address:

.....

.....

Acknowledgement

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

Former Designation

Place:

Date:

.....
(Signature of Designated Authority)

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 1/3rd
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		
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)

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
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.

ANNEXURE-12

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.	Pension credited after date of death (Amount recoverable)			
	Month	Amount	Month	Amount
	TOTAL			
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