

Formats to be submitted by the Retired/Resigned/CRS/Dismissed/Terminated staff for sanctioning of pension & commutation of pension:

S.No.	FORMAT No. (Circular No. 315 Dt 26.12.2018)	Description	Submitted Yes/No
For Pension			
1.	FORMAT - 2	Option form to be filled in by the employees of the Bank.	
2.	FORMAT - 6	Life certificate	
3.	FORMAT - 7	Acceptance / Non – acceptance of commercial employment	
4.	FORMAT - 9	Letter of undertaking by the Pensioner	
5.	FORMAT - 10	Letter of undertaking by the pensioner and Family Members/ Nominees	
6.	FORMAT - 11	Form of Nomination	
7.	Staff Member's Basic details	Pensioner Basic details	
8.	PAN	Self-Attested copy of PAN	
9.	Adhaar	Self-Attested copy of Adhaar	

For commutation of pension within one year from the date of retirement (Circular No. 062 Dt 19.03.2019)

1.	FORM – VI	Application for commutation of pension without Medical Examination (to be submitted within one year from the date of retirement)	
2.	Stamped receipt	Advance stamped receipt for Commutation of Pension	
3.	Undertaking letter	Undertaking letter to refund Employer Contribution of Provident fund	
4.	Copy of APGB account Pass Book		

For commutation of pension After one year from the date of retirement (Circular No. 062 Dt 19.03.2019)

1.	FORM – VII (Part - I)	Application for commutation of pension with Medical Examination	
2.	FORM – VIII (Part - I)	Declaration by the pensioner for facilitating Medical Examination by the Banks Medical Officer / Civil Surgeon	
3.	FORM – VIII (Part - II)	Medical details of the Pensioner	
4.	FORM – VIII (Part - III)	Certificate of Fitness for Payment of Commutation of pension	
5.	Stamped receipt	Advance stamped receipt for Commutation of Pension	
6.	Undertaking letter	Undertaking letter to refund Employer Contribution of Provident fund if not refunded	
7.	Copy of APGB account Pass Book		

Formats to be submitted by the eligible family members of the deceased staff for family pension:

S.No.	FORMAT No. (Cir.No-315/2018)	Description	Submitted Yes/No
For Family Pension			
1.	FORMAT - 3	Option form to be filled in by the family member of the deceased staff of the Bank who is eligible for family pension	
2.	FORMAT - 6	Life certificate of the applicant (family member)	
3.	FORMAT - 8	Certificate of Non – Marriage / Re marriage	
4.	FORMAT - 9	Letter of undertaking by the family member	
5.	FORMAT - 10	Letter of undertaking by the family member and Family Members/ Nominees	
6.	FORMAT - 11	Form of Nomination by the family member	
7.	FORMAT - 12	Application for grant of Family Pension in the event of death of the employee / pensioner	
8.	Staff Member's Basic details	Pensioner Basic details	
9.	Death certificate	Original death certificate of the deceased staff	
10.	Family Member's Certificate	Original Family Member's Certificate of the deceased staff	
11.	PAN	Self-Attested copy of PAN of the Family member	
12.	Aadhaar	Self-Attested copy of Adhaar of the Family member	
13.	Copy of APGB account Pass Book of the Family member		

Formats to be submitted through the Branch Manager for Regular Pension as well as Family Pension:

S.No.	FORMAT No. (Cir.No-315/2018)	Description	Submitted Yes/No
1.	FORMAT - 4	Ten months (prior to retirement / death) average pay & allowances by last working Branch	
2.	FORMAT - 5	Particulars of Outstanding Liabilities of the Employee / Retired Employee by last working Branch	
3.	FORMAT - 13	Clearance / Pre – disbursement formalities to be furnished by the proposed pension paying Branch	

Formats to be submitted through the Regional Manager:

S.No.	FORMAT No. (Cir.No-62/2019)	Description
1.	FORM – VII (Part - III)	Draft letter to Bank's Medical Officer referring the pensioner for Medical Examination

Retired staff or family member of deceased staff (for family pension) shall submit five sets of documents to the proposed pension paying Branch.

After submission of the applicable formats by the retired staff or family member of deceased staff for sanctioning of Pension/commutation of pension to the proposed pension paying Branch, the Branch Manager shall verify and forward five sets to the Regional Office.

The Regional Office after verification / processing shall submit two sets to the Pension cell, P&HRD Department, Head Office for final processing after retaining one set at RO for records and returning two sets to the Branch. Branch will return one set to the retired staff or family member of deceased staff and retain the other set for the record purpose.

While submitting the documents by the retired staff it is advisable to attach photos along with the spouse (joint photos) to all five sets.

All guidelines issued earlier as per the Andhra Pragathi Grameena Bank (Employees) Pension Regulations-2018, shall be followed without any deviation.

Retiree can apply for ID card as per Circular 101-2013-BC-STF dt 04.07.2013 in format 1C

For any further clarification or guidance while submitting the pension formats, Pension cell, P&HRD Department, Head Office may be contacted on mobile 9440459520 or through mail at apgbpension@apgb.in

ANDHRA PRAGATHI GRAMEENA BANK

ABSTRACT OF FORMATS

1.	Option Form to be filled in by the Employees who are in service of the Bank	FORMAT – 1
2.	Option Form to be filled in by the Retired Employees of the Bank	FORMAT – 2
3.	Option Form to be filled in by the family of those employees of the Bank who are eligible for family pension	FORMAT - 3
4.	Ten months (prior to retirement/ death) average pay & allowances	FORMAT - 4
5.	Particulars of Outstanding Liabilities of the Employee/ Retired Employee	FORMAT - 5
6.	Life Certificate	FORMAT -6
7.	Acceptance/ Non-acceptance of Commercial Employment	FORMAT -7
8.	Certificate of Non-Marriage / Re-marriage	FORMAT -8
9.	Letter of undertaking by the Pensioner	FORMAT -9
10.	Letter of undertaking by the Pensioner and Family Members /Nominees	FORMAT -10
11.	Form of Nomination	FORMAT -11
12.	Application for grant of Family Pension in the event of death of the Employee/Pensioner	FORMAT -12
13.	Clearance/ Pre-disbursement formalities to be furnished by the proposed Pension Paying Branch	FORMAT- 13
14.	Staff Member's Basic Details	

FORMAT - 1
ANDHRA PRAGATHI GRAMEENA BANK
 Head Office: KADAPA-516002 (ANDHRA PRADESH)

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	DATE OF FILLING THE FORMATS	Date of receipt of application at Regional Office	WHEN POST REACHED TO RO	FOR HO USE ONLY
Forwarded on	WHEN BR MNGR FORWARDING	Forwarded on	WHEN RM FORWARDING	OPTION NOTED IN SERVICE RECORD ON _____ (Date) (Signature of the concerned Authority at HO with date)
Forwarded by	BR MANAGER/IN CHARGE/CM/RM	Forwarded by		
Signature with Office seal (Branch/Office)	SIGNATURE	Signature with office seal (Regional Office)	SIGNATURE	

The Chairman,
 Andhra Pragathi Grameena Bank,
 Pension Cell, Personnel & HRD Dept.,
 Head Office- KADAPA.

Date: _____

I hereby declare that I have read and understood the **Andhra Pragathi Grameena 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: _____ Emp. No. _____.
2. Name in Full (in Block letters with Surname): _____
3. Date of Birth: _____ Joining in the Bank Service: _____
4. Designation/ Scale: _____ Branch: _____ Region: _____
5. E P F No: **GR/CDP/6075/**_____. UAN No: _____ Mobile No: _____.
6. Aadhar No. _____ PAN No: _____ e-Mail ID: _____
7. Present Residential Address: _____

Signature of the above staff member is attested by me

(Signature of the Branch/Office Head with Office Seal)

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

FORMAT - 2
ANDHRA PRAGATHI GRAMEENA BANK
 Head Office: KADAPA-516002 (ANDHRA PRADESH)

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

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

The Chairman,
 Andhra Pragathi Grameena Bank,
 Pension Cell, Personnel & HRD Dept.,
 Head Office-KADAPA.

Date: _____

I hereby declare that I have read and understood the **Andhra Pragathi Grameena 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/adjust the Bank's contribution to EPF Fund together with accrued interest thereon paid to me on my retirement/ exit from EPF. I also undertake to refund/adjust the EPS_1995 pension paid to me from time to time..

1. Signature: _____ Emp. No: _____

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

3. Designation/ Scale (at the time of retirement/Exit): _____ Date of Birth: _____

4. Date of Joining in the service: _____ Date of retirement: _____ Mobile No: _____

5. E P F No: **GR/CDP/6075/**_____. UAN No: _____ PPO No: _____.

6. Aadhar No. _____ PAN No: _____ e-Mail ID: _____

7. Present Residential Address: _____

8. Branch / Office where retired: _____ Region: _____

9. Bank & Branch details from where pension to be drawn: **ANDHRA PRAGATHI GRAMEENA BANK**

Branch: _____ SB A/c No. _____ IFSC No. APGB _____

Signature of the above staff member is attested by me

(Signature of the Branch/Office Head with Office Seal)

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

FORMAT - 3
ANDHRA PRAGATHI GRAMEENA BANK
 Head Office: KADAPA-516002 (ANDHRA PRADESH)

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		Date of receipt of application at Regional Office		Recent photograph of the applicant to be pasted here and then to be attested by the Branch /Office Head
Forwarded on		Forwarded on		
Forwarded by		Forwarded by		
Signature with Office seal (Branch/Office)		Signature with office seal (Regional Office)		
FOR HO USE ONLY		(Signature & Name of the concerned Authority at HO with date)		Photo attested by me
OPTION NOTED IN SERVICE RECORD / EPF RECORD OF THE DECEASED EMPLOYEE ON _____ (Date)				Signature of the Branch /Office Head

The Chairman,
 Andhra Pragathi Grameena Bank,
 Pension Cell, Personnel & HRD Dept.,
Head Office- KADAPA.

Date: _____

I hereby declare that I have read and understood the **Andhra Pragathi Grameena 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/adjust 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/adjust the EPS_1995 pension paid to me from time to time.

1. Name of the applicant/dependent of deceased employee in Full (in Block letters): _____
2. Name of guardian if applicant is minor; _____
3. Relation with the deceased employee: _____
4. Name of the deceased employee (in block letter with surname): _____
5. Emp. No. _____ Designation/ Scale of the employee at the time of exit: _____
6. Date of retirement: _____ Date of death: _____
7. Branch/ Office where the employee last worked: _____ Region: _____
8. EPF No of the deceased employee: **GR/CDP/6075/**_____. UAN No: _____
9. Applicant Details: PPO No: _____ PAN No.: _____ Aadhar No: _____

10. Present Residential Address of applicant(in block letter): _____

11. Bank & Branch details from where pension to be drawn: **ANDHRA PRAGATHI GRAMEENA BANK**

Branch: _____ SB A/c No. _____ IFSC No: **APGB** _____

12. List of documents / evidences to be attached:

- a) Copy of Superannuation / retirement order of the deceased employee (If applicable)
- b) Copy of Death Certificate & legal heir/ family members' certificate of the Employee
- c) Copy of Birth certificate of child eligible for pension
- d) Copy of AADHAAR CARD/ PAN card/ Other ID cards- KYC document in the name of applicant
- e) Any document in support of the stated relation of the applicant (Please specify).
 - (i)
 - (ii)

I hereby declare that what are stated in the application and documents submitted are true, correct and genuine.

(Signature & Name of the applicant)

Enclosures: As stated in point 12 above

Place: _____ Date: _____

Signature of Mr./Ms. _____ is attested by me

(Signature of the Branch/Office Head with Office Seal)

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

FORMAT - 4
ANDHRA PRAGATHI GRAMEENA BANK

Head Office: KADAPA-516002 (ANDHRA PRADESH) ::: Branch: _____

Ref: _____

Date: _____

The Chairman,
Andhra Pragathi Grameena Bank,
Pension Cell, Personnel & HRD Dept.,
Head Office.

Dear Sir,

Sub: Ten months (prior to death/ retirement/ Left from service) average pay & allowances of Shri/Smt. _____.

We are furnishing below the 10 months (prior to death/retirement) average pay & allowances of Shri/Smt. _____ Designation/Scale (at the time of retirement) _____, Emp. No _____ who retired / died / Left Service on _____ by way of _____ (Mode of Exit) for calculation of pension under Andhra Pragathi Grameena Bank (Employees') Pension Regulations, 2018.

PARTICULARS	AVERAGE AMOUNT
1. Basic Pay	
2. Stagnation increment	
3. Pay and Allowances rank for DA	
a) Operator- B allowance	
b) Cashier Allowance	
c) Physically Handicapped Allowance	
d) City Compensatory Allowance	
e) Deputation Allowance	
f) Washing Allowance	
g) Driving Allowance	
h) Daftary/ Rotation Allowance	
i) Cycle Allowance	
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	

The above information is true & correct.

Yours faithfully,

Signature of Branch/ Office Head with Seal

_____ Branch, _____ Region.

FORMAT – 4 (PAGE – 2)

ANDHRA PRAGATHI GRAMEENA BANK : : HEAD OFFICE : KADAPA

BRANCH/ OFFICE: _____

DETAILS OF LAST TEN MONTHS SALARY/ ALLOWANCES.

MONTHWISE BREAK UP YEAR & MONTH →										
1. Basic Pay										
2. Stagnation increment										
3. Pay and Allowances rank for DA										
a) Operator- B allowance										
b) Cashier Allowance										
c) Physically Handicapped Allowance										
d) City Compensatory Allowance										
e) Deputation Allowance										
f) Washing Allowance										
g) Driving Allowance										
h) Daftary/ Rotation Allowance										
i) Cycle Allowance										
TOTAL										
AVERAGE										

The above information is true & correct.

Signature of the Branch/ Office Head with Branch seal

Date: _____

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

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 Andhra Pragathi Grameena Bank (Employees') Pension Regulations, 2018

FORMAT - 5
ANDHRA PRAGATHI GRAMEENA BANK

Head Office: KADAPA-516002 (ANDHRA PRADESH) ::: Branch: _____

Ref : _____

Date: _____

The Chairman,
Andhra Pragathi Grameena Bank,
Pension Cell, Personnel & HRD Dept.,
Head Office-KADAPA.

Sir,

Sub: Particulars of Outstanding Liabilities of Shri/Smt. _____
_____ (EPF No:GR/CDP/6075/_____)

We are furnishing below the Particulars of Outstanding Liabilities/ Accountabilities/ responsibilities of Shri / Smt.
_____ Emp. No._____, Last Designation/ Scale:
_____ retired / died / Left Service on _____ by way of _____:

Particulars of Outstanding Loan	Account No	Date of loan	Amount of loan- Rs.	Balance-Rs.
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 of the Branch/Office Head with Seal

ANDHRA PRAGATHI GRAMEENA BANK

Branch: _____

Region: _____

Forwarded to Pension Cell, PHRD Dept., Head Office, Kadapa, confirming that no other liability/accountability/responsibility outstanding in the name of the above retired/deceased staff member.

Signature of the Regional Manager.

_____ Region.

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 "N I L" 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 Shri/Smt. _____

(name) _____

_____ (address) holder of PPO No. _____ and

that he /she is alive on this day. His/Her AADHAAR No _____ & PAN

No. _____.(enclose copy of the above documents)

X

(Signature & Name of the Pensioner/Family Pensioner with date)

**(Signature of the Branch/Office Head with Seal)
ANDHRA PRAGATHI GRAMEENA BANK**

Branch: _____ Region: _____

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

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:_____ X **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.)

Signed before me

Branch/ Office Head with seal

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

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)

X

Signature of the Family Pensioner:

Name of the pensioner: _____ PPO No. _____

Place: _____ Date: _____

I certify to the best of my knowledge and belief the above statement is correct & signed before me.

(Signature of the Bank's Officer or respectable /well known person)

Place : _____ Date: _____

Name : _____

S/o : _____

Designation: _____ Address. _____

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

FORMAT – 9

Letter of undertaking by the Pensioner

Place: _____

Date: _____.

The Branch Manager,
Andhra Pragathi Grameena Bank,
_____ **Branch.**

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,

X

Signature

Name in full with surname: _____

Address (in block letters) : _____

Phone/Mobile No _____ e-Mail ID: _____

Witness- 1

Witness-2

Signature		
Name		
E.P.F No		
Full Address With Mobile Number		

FORMAT -10

Letter of undertaking by the Pensioner and Family Members / Nominees

The Branch Manager,
Andhra Pragathi Grameena Bank,
_____ Branch.

Place: _____

Date: _____.

Dear Sir,

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

In consideration of making payment of Pension as per the Andhra Pragathi Grameena 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,

X
Signature of Pensioner

(Name in Full: _____)

Signature of Family Members / Nominees: 1. _____

2. _____ 3. _____

4. _____ 5. _____

Witness-1

Witness-2

	Witness-1	Witness-2
Signature		
Name		
E.P.F No		
Full Address With Mobile Number		

FORMAT - 11
FORM OF NOMINATION

To

THE TRUSTEES,
ANDHRA PRAGATHI GRAMEENA BANK (EMPLOYEES'S) PENSION FUND,
HEAD OFFICE : KADAPA.

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: _____ EMP. No. _____

Witness-1

Witness-2

Signature		
Name		
E.P.F No		
Full Address With Mobile Number		

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

SIGNATURE & 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

ANDHRA PRAGATHI GRAMEENA BANK

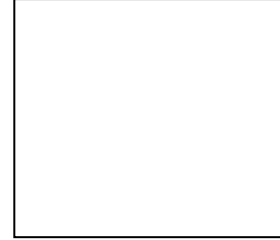
Head Office: KADAPA-516002 (ANDHRA PRADESH) ::: Branch: _____

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

Date: _____.

To

The Chairman,
Pension Cell, Personnel & HRD Dept.,
Andhra Pragathi Grameena Bank,
Head Office: Kadapa.



Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of **Andhra Pragathi Grameena 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 (in block letters) : _____

_____ Contact No: _____

03. Name & age of surviving parent/widow/widower/children of the deceased employee / pensioner:

S. No	Name	Relationship with the deceased employee/pensioner	Date of Birth (by Christian era)
1			
2			
3			
4			
5			

04. Name of the deceased employee/pensioner : _____

05. EPF No of the deceased employee: GR/CDP/6075/_____ UAN No. _____

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) **X** _____

SIGNATURE / LTI OF THE APPLICANT IS ATTESTED

(Signature of the Branch Head with Seal)

13. a) Name of the Bank & Branch 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, PAN Card etc.

15. I hereby declare that what are stated in this application and documents submitted herewith are true, correct and genuine.

Yours faithfully,

X _____
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

ANDHRA PRAGATHI GRAMEENA BANK

Head Office: KADAPA-516002 (ANDHRA PRADESH) ::: Branch: _____

***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**
Andhra Pragathi Grameena Bank

Date.....

ANDHRA PRAGATHI GRAMEENA BANK : : HEAD OFFICE : KADAPA

STAFF MEMBER'S BASIC DETAILS

RECENT PASSPORT
SIZE PHOTOGRAPH
SHALL BE AFFIXED
AND ATTESTED BY
THE HEAD OF THE
BRANCH/OFFICE

Emp. No				
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1.	Basic Details	Name in full												
		Father/ Husband Name												
		Marital status												
		PAN No.												
		Aadhar No.												
		Phone No.												
		e-Mail ID												
		Blood Group												
2	Service Details	Date of Birth	DD	MM	YYYY									
		DOJ in the Bank	DD	MM	YYYY									
		Date of Exit	DD	MM	YYYY									
		Mode of Exit (Indicate with ✓ mark)	Superannuation / Death / Resigned / CRS / Dismissed / Terminated /											
		Total service rendered Y..... md											
		Qualifying Service years											
		Cadre/designation at the time of exit	Officer/Office Asst/Office Atndt											
		Scale at the time of exit	Scale I / II / III / IV / V											
		Last Branch worked												
3	Spouse Details	Date of Death of staff/ retired Staff	DD	MM	YYYY									
		Name of Spouse in full												
		DOB of Spouse	DD	MM	YYYY									
		Aadhar No. of Spouse												
		PAN No. of Spouse												

4	EPF Details	EPF NO.	GR/CDP/6075/.....
		UAN No.	
		Bank's Share of EPF received	
		Date wise Amt of NRW drawn from Banks share of EPF amount	
5	Existing pension	PPO No.	
		Basic Family pension amount	
		Commutation If any	
		Net pension amount receiving	
		Pension drawing Bank	
		Pension drawing Branch	
		Account No.	
		IFSC No.	
6	Last drawn salary details	Basic pay for the month of _____	
		PQP	
		Special Allowance	
		DA	
		HRA	
		FPP	
		Other allowances	
		Total amount of salary	

Place:

Date:

Signature of the Retired Staff member/
Family of Deceased Staff member.

Name: _____

Relation: _____
(In case of deceased staff member)