



# Pandyan Grama Bank

PENSION CELL, PAD

Administrative Office : 2-70-1 Collectorate Complex,  
Virudhunagar - 626 002.

Format 10

## APPLICATION FORM FOR PENSION

Joint Photograph to be Attested by the Branch Manager

Joint Photograph  
to be attested by  
Branch Manager

1. Name ..... PAN No. ....  
Roll No. .... Designation ..... Date of birth .....  
Date of appointment ..... Date of retirement .....

2. (a) Present Address : .....  
.....

(b) Address after retirement : .....  
.....

(c) Phone No. .... E-mail Address : .....

(d) Mobile No. ....

3. Name of the branch with code  
where desire to draw pension  
with SB Account Number

Branch ..... Code .....  
SB 15 Digit No. ....

4. Type of retirement : .....

5. Whether the employee : YES / NO  
Opting for commutation

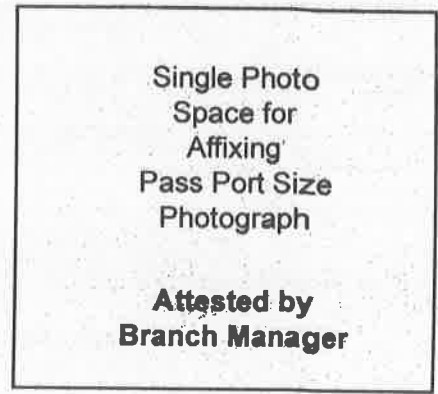
If so, traction of pension :   
to be commuted

6. Nomination submitted for : YES / NO  
Life time arrears / pension  
Commutation



# Pandyan Grama Bank

Application for Commutation of Pension without Medical Examination  
(To be submitted within one year from the date of retirement)



**Photograph to be Attested by the Branch Manager**

Dear Sir / Madam ,

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

1. Name in Full (in Block Letters)
2. Roll No.
3. Designation at the time of retirement
4. Name of Branch / Office / Department from which retired
5. Date of Birth (as per Bank's Service Record)
6. Date of Retirement
7. Class of Pension (as below\*\*)
8. Franction of Pension proposed to be commuted not exceeding 1/3 thereof

Date:  
Place :

**Signature**

**Address :** .....

.....

.....

\*\* Superannuation Pension / Premature / Compulsory Retirement Pension / Voluntary Retirement Pension / Invalid Pension / Compassionate allowance.

**NOMINATION FORM TO RECEIVE COMMUTED VALUE PENSION /  
LIFE TIME APPEARS IN CASE OF DEATH OF A RETIREE**

Chief Officer,  
PENSION CELL, PAD  
Pandyan Grama Bank,  
Administrative Office :  
2-70-1 Collectorate Complex,  
Virudhunagar - 626 002.

I, \_\_\_\_\_ (Name) \_\_\_\_\_ (Roll No.) hereby nominate the person named below, under PGB Employees' Pension Regulations 2018, to receive commuted value of pension/ Life time arrears.

1 Name & Address of the Nominee	2 Relationship	3 Date of Birth	4 Name & Address of Person who may receive the said value during the Nominee's minority (if nominee is minor)	5 Name & Address of other nominee in case the nominee in col.1 pre-deceased the pensioner	6 Relation- ship	7 Date of Birth if the other Nominee is minor	8 Name & Address of person who may receive the said value during the other nominee's Minority	9 Remarks

Place :

Date :

Witness Signature :

Name & Address :

Roll Number :

Signature of Thumb Impression of the pensioner

**FORM OF NOMINATION**

To  
THE TRUSTEES, PANDYAN GRAMA BANK (EMPLOYEES') PENSION FUND

I, \_\_\_\_\_ PPO No / EPF No. \_\_\_\_\_ hereby nominate the person(s) named below and confer on him / them the right to receive , to the extent specified below, the amount of pensionary benefits under the Pension Regulations in the event of my death before the amount become Payable, or having become payable, has not been paid.

Name and address of the Nominee(s)	Relationship with the pensioner	Age	Amount of share (%)		Date of Birth	IF NOMINEE IS MINOR
						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	Relation ship 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	Contingen cy on happening of which nomination shall become invalid
(7)	(8)	(9)	(10)	(11)	(12)	(13)

This Nomination supersedes the nomination made on \_\_\_\_\_ Which stand cancelled.

Place :

Signature / Thumb Impression (if illiterate) of Pensioner / Employee .

Date :

Name of Pensioner / Employee :

**WITNESS:**

1.

Signature  
EPF No.

Address:

2.

Signature  
EPF No.


Address:

**ATTESTED by the Pension Disbursing Branch / Dept at H O / Regional Office**

**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.

	<b>Pandyan Grama Bank</b>	
	_____ Branch / Office	
Ref. No.	Date :	

**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 / 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**  
..... **Bank**

Date :

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**Letter of undertaking by the Pensioner and Family Members / Nominees**

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**The Branch Manager**

**Pandyan Grama Bank**

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

..... **Branch**

Dear Sir,

**Sub : Payment of Pension under PPO no. \_\_\_\_\_ through your Branch**

In consideration of making payment of Pension as per the Pandyan Grama Bank (Employees') 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.  
your faithfully,

Signature (Pensioner) :

Signature of Family Members / Nominees :

Signature		
Name		
E.P.F. No.		
Address		



	<b>Pandyan Grama Bank</b>	
	_____ Branch / Office	
Ref. No.	Date :	

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

( Please ✓ as applicable )

**LIFE CERTIFICATE**

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

Certified that I have seen the Pensioner .....(Name)

.....

..... (Address) holder of PPO No. .... and that he / she is alive on this

day. His / Her AADHAAR No. ....

(Signature of the Pensioner / Family Pensioner with date )

(Signature with Office Seal)

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

Place ..... Designation : ..... Branch : .....