Address

of

#### APPLICATION FORM FOR FAMILY PENSION

Ban	Trustees ik of India mbai.	Pension Trust,	X TIMILET TENDION	
Dea	ır Sir,			
		Request for Family	<u>Pension</u>	
of tl		et to inform you that Shri / Smt ied on		_ who was employee
dec		his / her death, I am the first / ne ployee eligible for family pension.	xt family member being wife ,	/ son / daughter of
	I there	fore request you to grant me family p	ension as per Bank's Pension S	Scheme, 1995.
		nit the required particulars as under e applicable column)	:-	
	(i)	Full Name of the Applicant (a) Widow / Widower (b) Unmarried Son     (not over 25 years) (c) Un married Daughter     (not over 25 years) (d) guardian in case of minor /     physically & mentally     handicapped child	:	
	(ii)	Date of Birth (Family pensioner)	:	
	(iii)	Whether employed / not employed	:	
	(iv)	Savings Bank A/C No.	:	
	i. Ih ii. Ih Isubm (a) Ao	by declare that: - ave not again married / remarried ave been appointed / not appointed   nit herewith;- certified copy of death certificate of the	e pensioner	grounds
		certified copy of Birth Certificate / Sc		
		test Passport size photograph of self ( test Passport size photograph of t		hle for family
	pe	nsion her relevant documents establishin	_	•
	(f) In fro to he:	entity card, PAN Card etc. case of family pension for son or dau m disorder or disability of mind-cert the effect that the disability or hand r from earning livelihood, stating ex ach certificate is to be produced every	ificate from the Doctor approve icap is of such a nature as to cact mental or physical condit	d by the Bank prevent him /
			Yours faithfully	,
Witi	ness : (X) Signature Name Address	:	Signature / Thumb im of the applicant / legal	
(2)	Signature Name	:		

Ref No – F	Ref	No	– F	•		
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# (To be submitted in duplicate)

### ANNEXURE - F-2

Affix latest

I.		FAMILY PENSION	ER'S PROFILE	Passport size Photo of the applicant
	(1) (2) (3) (4) (5)	Full Name of Applicant : Mr./Mrs./Ms. (in block letters) Sex-Male / Female Identification Marks Date of Birth of Applicant Permanent Address of Applicant	:	
II.	(6) (7) (8) (9)	E-mail Tele No. Branch from where pension Payment is desired 15 digit Savings Account Number Relationship with the Deceased Pensioner (Widow / Widower / Son / Daughter) Marital Status of the Applicant Family members (only Sons Relation / Daughters)  Relation Deceased	State  Mobile No  Branch Zone  Unmarried / Remarkship with  employee DD	PIN  narried  Date of Birth  MM YY
		I hereby declare that above information ever require any documentary evidence, I sha	is true and correc	on demand.  mb Impression)
		FOR OFFICE USE	ONLY	
III	. (1 (2 (3 (4 (5 (6 (7	<ul> <li>Date of Birth</li> <li>Date of Joining Bank's service</li> <li>Date when retired (if applicable)</li> <li>Date of Demise</li> <li>Name of Branch from where retired / ceased to be in service</li> <li>Category at the time of Retirement / Death</li> </ul>		Substaff me)
		Sign. / Thumb impression of	Atteste	ed
		G. 1. 0.5. (		

Chief Manager / Manager (P.F No. .) \_\_\_\_\_Branch

#### **ANNEXURE F-3**

# (TO BE FILLED BY THE BRANCH / OFFICE)

BANK OF INDIA

REF.NO. F -	
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		DIMINI	Or INDIA			
	WODICOL		I V DENICION	_ ZONE	V	
		EET FOR FAMI	LY PENSION	CASES ONL	<u>, Y</u>	
I. Ex-s (Surna	taff: Shri / Smt .me) (First Na		Middle Name)			_
Catego	ory: Officer / Clerk /	Sub staff (Full	time / Part ti	me)	· 2/3 or 3/4)	
Date of	f Death :		PF Account N	No.:		
Last w	orking date :	Grade	<b>:</b>	Qualifica	tion:	<del></del>
(Attend	ling Office)					
Total s	ervice in Bank		Years_		Month	ıs
	on-Qualifying service					.S
	e qualifying for Pensi					
	1 5 5					
II.	Details of Emolume	nta Actually D	)******* / **********	hla far		
	the month prior to					
	_					
			ALLOWANC	FS DDAWN		
Last	Basic Pay	Special Pay	Graduatio	Fixed	CCA reckoned	Officiatin
Month /	(Including	(Only For	n Pay /	Personal	for PF Award	Allowanc
Year	Stagnation	Award Staff)	PQP '	Pay	Staff only	
	Increments)(Rs.)	(Rs.)	(Rs.)	(Rs.)	(Rs.)	(Rs.)
Actual						
Salary Drawn @						
Payable for						
the last						
month @@						
TOTAL	1 1: 00 B	<u> </u>	1.1 6.11	.1.1	( ( 1)	
(a) As per las	t salary slip ; @@ Ba		rable on full n			
	We certify that,		CERT	IFICALI	<u>2</u>	
	we cortify that,					
		has opted for P				
					nplated against t	.he
		ne <u>time of Retire</u> on given in the			daamaat	
	(3) The information	on given in the	sneet is verin	ed and loun	a correct.	
Brancl	n Recommendation e	ndorsed	Verified 8	& Recommer	nded	_
			Chief Ma	nager / Mar	nager	
Zonal l	Manager		Name			-
	Zone	:			Bran	ch
	•					

Branch Seal:

### Declaration regarding non-marriage / re-marriage To be submitted by surviving spouse at the time of Initial disbursement and thereafter once in six month As of May and November

The Assistant General Manager / The Chief Manager / Manager		
Branch		
<u>My P</u>	ension Account	
I am / will be drawing Family I the Bank of India (Employees') Pensio I am, after the death of my spouse, no any future date, I undertake to a immediately.	n Regulations, 199 ot re-married. Fu	rther, in case I get remarried at
		Signature / Thumb
Place:		impression
Date :		Name of the Pensioner
Certificate	e from Branch Of	ficer
I hereby certify that to the declaration made bycorrect.		owledge and belief the above signed in my presence is
		(Signature of Bank Officer with P.F. No)
Place:	Name:	
Date:	Designation : _	
[ Note : This certificate is to be retain	ned at the Branch	and the Branch to inform the

[ Note: This certificate is to be retained at the Branch and the Branch to inform the Head Office, Terminal Benefits Department to STOP the Pension, if the Family pensioner declares that he/she has got married, which renders him/her ineligible to draw family pension ]

### Certificate of Non-marriage to be submitted by unmarried Daughter / Son at the time of Initial disbursement and thereafter once in six month As of May and November

The Assistant General Mana The Chief Manager	ger /	
	_ Branch	
I hereby declare that l I undertake to immed married at any future date.		disbursing Branch in case I get
		Signature / Thumb Impression
Place :		
 Date :		Name of the Pensioner
The Assistant General Mana The Chief Manager	ger /	
B	Branch	
		nowledge and belief the above signed in my presence is
		(Signature of Bank Officer with P.F No)
Place :	Name :	
Date :	Designation:	

[ Note: This certificate is to be retained at the Branch and the Branch to inform the Head Office, Terminal Benefits Department to STOP the Pension, if the Family pensioner i.e the Son / daughter declares that he/she has got married, which renders him/her ineligible to draw family pension ]

### Non-employment / Re-employment Certificate

employed / re-employed under Go Autonomous Body. I further declar absorbed in a Central / State Gover	(Pension Ref. ) hereby declare that I am not overnment / Public Sector Undertakings / e that I am not employed / re-employed or rnment / Corporation Undertakings or in an y employment / re-employment I shall intimate ation No.40 (1) (b) / 50.
Date : Name : Pension Reference : Address :	Signature
I hereby certify that to the	best of my knowledge and belief the above signed in my presence is
	(Signature of Bank Officer with P.F. No)
Place:	Name:
Date:	Designation :
[ Note : This certificate is to be retained	at the Branch ]

Ref No – F	Ref	No	– F	•		
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# (To be submitted in duplicate)

### ANNEXURE - F-2

Affix latest

(1) Full Name of Applicant : Mr./Mrs./Ms. (in block letters) (2) Sex-Male / Female (3) Identification Marks : (4) Date of Birth of Applicant : (5) Permanent Address of Applicant :  E-mail State PIN Tele No. Mobile No Mobile No Payment is desired Payment is desired Payment is desired (7) 15 digit Savings Account Number (Widow / Widower / Son / Daughter) (9) Marital Status of the Applicant Family members (only Sons Relationship with Date of Birth / Daughters)  Thereby declare that above information is true and correct. Should you however require any documentary evidence, I shall produce the same on demand.  For Office USE ONLY  I. PERSONNEL DATA OF THE DECASED EMPLOYEE (1) Full Name (in block letters) (2) Date of Birth (3) Date of Joining Bank's service (4) Date when retired (if applicable) (5) Date of Demise (6) Name of Branch from where retired / ceased to be in service (7) Category at the time of Retirement / Category at Retirement		FAMILY PENSION	ER'S PROFILE	Passport size Photo of the applicant
(in block letters) (2) Sex-Male / Female (3) Identification Marks (4) Date of Birth of Applicant (5) Permanent Address of Applicant  E-mail State PIN  Tele No. Mobile No Date of Branch from where pension Payment is desired (7) 15 digit Savings Account Number (8) Relationship with the Deceased Pensioner (Widow / Widower / Son / Daughter) (9) Marital Status of the Applicant  Family members (only Sons Relationship with Date of Birth Deceased employee DD MMM YY  (1)	(1) F	Full Name of Applicant : Mr./Mrs./Ms.		
(3) Identification Marks (4) Date of Birth of Applicant (5) Permanent Address of Applicant  E-mail State PIN Tele No. Mobile No Data of Birth of Mobile No Nobile N	. ,			
(4) Date of Birth of Applicant (5) Permanent Address of Applicant  E-mail  Tele No.  (6) Branch from where pension Payment is desired (7) 15 digit Savings Account Number (8) Relationship with the Deceased Pensioner (Widow / Widower / Son / Daughter) (9) Marital Status of the Applicant Family members (only Sons / Daughters)  (1)			:	
E-mail State PIN Tele No. Mobile No Service  [8] Relationship with the Deceased Pensioner (Widow / Widower / Son / Daughter)  [9] Marital Status of the Applicant Family members (only Sons / Daughters)  [1] I hereby declare that above information is true and correct. Should you however require any documentary evidence, I shall produce the same on demand.  [8] PERSONNEL DATA OF THE DECEASED EMPLOYEE  [9] I Full Name (in block letters)  [1] Cate of Birth  [1] Jate of Joining Bank's service  [2] Date of Birth  [3] Date of Joining Bank's service  [4] Date when retired (if applicable)  [5] Date of Branch from where retired / ceased to be in service  [7] Category at the time of Retirement / : Officer / Clerk / Substaff (full time / part time)	` '		:	
E-mail State PIN  Tele No. Mobile No Mobile No Date of Birth Deceased Pensioner (Widow / Widower / Son / Daughter)  (9) Marital Status of the Applicant Family members (only Sons / Daughters)  I hereby declare that above information is true and correct. Should you however require any documentary evidence, I shall produce the same on demand.  FOR OFFICE USE ONLY  (1) Signature / Thumb Impression) of family pension applicant  FOR OFFICE USE ONLY  (2) Date of Birth Deceased EmpLOYEE  (1) Full Name (in block letters) (2) Date of Birth (3) Date of Joining Bank's service (4) Date when retired (if applicable) (5) Date of Demise (6) Name of Branch from where retired / ceased to be in service (7) Category at the time of Retirement / Officer / Clerk / Substaff (full time / part time)	. ,	= =	:	
Tele No.	(5) F	Permanent Address of Applicant	:	
Tele No.	-	a :1	- Ct. t	DIM
Content   Cont			_	PIN
Payment is desired (7) 15 digit Savings Account Number (8) Relationship with the Deceased Pensioner: (Widow / Widower / Son / Daughter) (9) Marital Status of the Applicant Family members (only Sons / Daughters) (1)				
(7) 15 digit Savings Account Number (8) Relationship with the Deceased Pensioner: (Widow / Widower / Son / Daughter) (9) Marital Status of the Applicant Family members (only Sons / Daughters) (1)				
(8) Relationship with the Deceased Pensioner (Widow / Widower / Son / Daughter) (9) Marital Status of the Applicant : Unmarried / Remarried   Family members (only Sons   Relationship with   Date of Birth   Daughters)   Deceased employee   DD   MM   YY   (1)		· ·		
(Widow / Widower / Son / Daughter)  Marital Status of the Applicant  Family members (only Sons / Daughters)  Paughters)  Relationship with Date of Birth Deceased employee  DD MM YY  (1)  (2)  I hereby declare that above information is true and correct. Should you however require any documentary evidence, I shall produce the same on demand.  (Signature / Thumb Impression) of family pension applicant  FOR OFFICE USE ONLY  (1)  PERSONNEL DATA OF THE DECEASED EMPLOYEE  (1) Full Name (in block letters)  (2) Date of Birth  (3) Date of Joining Bank's service (4) Date when retired (if applicable) (5) Date of Demise (6) Name of Branch from where retired / ceased to be in service (7) Category at the time of Retirement / : Officer / Clerk / Substaff (full time / part time)				
(Signature / Thumb Impression) of family pension applicant  FOR OFFICE USE ONLY  PERSONNEL DATA OF THE DECEASED EMPLOYEE  (1) Full Name (in block letters)  (2) Date of Birth  (3) Date of Joining Bank's service (4) Date when retired (if applicable) (5) Date of Demise (6) Name of Branch from where retired / ceased to be in service (7) Category at the time of Retirement / : Officer / Clerk / Substaff (full time / part time)			•	
Family members (only Sons / Date of Birth / Daughters)  Relationship with Deceased employee  (1)			: Unmarried / Re	married
(1)			ıshi <mark>p with</mark>	Date of Birth
I hereby declare that above information is true and correct. Should you however require any documentary evidence, I shall produce the same on demand.    Signature / Thumb Impression of family pension applicant		/ Daughters) Deceased	l employee DD	MM YY
I hereby declare that above information is true and correct. Should you however require any documentary evidence, I shall produce the same on demand.    Signature / Thumb Impression of family pension applicant				
I hereby declare that above information is true and correct. Should you however require any documentary evidence, I shall produce the same on demand.    Signature / Thumb Impression of family pension applicant	(1) _	······································	<del></del>	
however require any documentary evidence, I shall produce the same on demand.    Date :	(2) _			
I. PERSONNEL DATA OF THE DECEASED EMPLOYEE  (1) Full Name (in block letters) :	howev		n is true and corre	
(1) Full Name (in block letters) :		ver require any documentary evidence, I sha —	n is true and correctly produce the same	on demand.  umb Impression)
(2) Date of Birth :		ver require any documentary evidence, I sha	n is true and correctly produce the same  (Signature / Thue of family pensions)	on demand.  umb Impression)
(3) Date of Joining Bank's service : (4) Date when retired (if applicable) : (5) Date of Demise : (6) Name of Branch from where retired / : ceased to be in service (7) Category at the time of Retirement / : Officer / Clerk / Substaff (full time / part time)	Date :	rer require any documentary evidence, I sha	(Signature / The of family pension of Signature / The of family pension of Signature / Signature / The of family pension of Signature / Signature / The of family pension of Signature / Signature / The of family pension of Signature / Signature / Signature / The office of Signature / Signature / The office of Signature / Signatur	amb Impression) on applicant
(4) Date when retired (if applicable) : (5) Date of Demise : (6) Name of Branch from where retired / : ceased to be in service (7) Category at the time of Retirement / : Officer / Clerk / Substaff (full time / part time)	Date :	FOR OFFICE USE  PERSONNEL DATA OF THE DE Full Name (in block letters)	(Signature / The of family pension of family pension)  CEASED EMPLOYER	on demand.  amb Impression) on applicant
(5) Date of Demise :	Date : (1) (2)	FOR OFFICE USE  PERSONNEL DATA OF THE DE Full Name (in block letters) Date of Birth	(Signature / The of family pension of Signature / The of family pension of Signature / CEASED EMPLOYER	on demand.  umb Impression) on applicant
(6) Name of Branch from where retired / : ceased to be in service (7) Category at the time of Retirement / : Officer / Clerk / Substaff Death (full time / part time)	Date : (1) (2) (3)	FOR OFFICE USE  PERSONNEL DATA OF THE DE  Full Name (in block letters) Date of Birth Date of Joining Bank's service	(Signature / Thu of family pension of family pen	on demand.  umb Impression) on applicant  E
ceased to be in service  (7) Category at the time of Retirement / : Officer / Clerk / Substaff Death (full time / part time)	Date : (1) (2) (3) (4)	FOR OFFICE USE  PERSONNEL DATA OF THE DE  Full Name (in block letters) Date of Birth Date of Joining Bank's service Date when retired (if applicable)	(Signature / The of family pension of family pen	on demand.  Limb Impression) on applicant
(7) Category at the time of Retirement / : Officer / Clerk / Substaff Death (full time / part time)	Date : (1) (2) (3) (4) (5)	FOR OFFICE USE  PERSONNEL DATA OF THE DE  Full Name (in block letters) Date of Birth Date of Joining Bank's service Date when retired (if applicable) Date of Demise	(Signature / The of family pension of family pen	on demand.  umb Impression) on applicant
Death (full time / part time)	Date : (1) (2) (3) (4) (5)	FOR OFFICE USE  PERSONNEL DATA OF THE DE Full Name (in block letters) Date of Birth Date of Joining Bank's service Date when retired (if applicable) Date of Demise Name of Branch from where retired /	(Signature / The of family pension of family pen	on demand.  umb Impression) on applicant
<u> </u>	Date :  (1) (2) (3) (4) (5) (6)	FOR OFFICE USE  PERSONNEL DATA OF THE DE Full Name (in block letters) Date of Birth Date of Joining Bank's service Date when retired (if applicable) Date of Demise Name of Branch from where retired / ceased to be in service	(Signature / The of family pension of family pen	on demand.  umb Impression) on applicant
(b) Provident Pana Recoant No.	Date : (1) (2) (3) (4) (5) (6)	FOR OFFICE USE  PERSONNEL DATA OF THE DE  Full Name (in block letters) Date of Birth Date of Joining Bank's service Date when retired (if applicable) Date of Demise Name of Branch from where retired / ceased to be in service Category at the time of Retirement /	(Signature / The of family pension of family pen	on demand.  Limb Impression) on applicant  E  Substaff
	Date :  (1) (2) (3) (4) (5) (6) (7)	FOR OFFICE USE  PERSONNEL DATA OF THE DE  Full Name (in block letters) Date of Birth Date of Joining Bank's service Date when retired (if applicable) Date of Demise Name of Branch from where retired / ceased to be in service Category at the time of Retirement / Death	(Signature / Thu of family pension of family pen	on demand.  Limb Impression) on applicant  E  Substaff cime)
Sign. / Thumb impression of Attested	Date :  (1) (2) (3) (4) (5) (6) (7)	FOR OFFICE USE  PERSONNEL DATA OF THE DE  Full Name (in block letters) Date of Birth Date of Joining Bank's service Date when retired (if applicable) Date of Demise Name of Branch from where retired / ceased to be in service Category at the time of Retirement / Death	(Signature / Thu of family pension of family pen	on demand.  Limb Impression) on applicant  E  Substaff cime)

\_\_\_\_\_Branch