

CHAITANYA GODAVARI GRAMEENA BANK

(A Government undertaking sponsored by Union Bank of India)

STAFF PENSION CELL::HUMAN RESOURCES DEPARTMENT

HEAD OFFICE :: GUNTUR

CHECK LIST OF FORMS TO BE SENT FOR PROCESSING OF FAMILY PENSION APPLICATION

- 1) Form 6 (application for Family Pension) : duly attested and witnessed by Chaitanya Godavari Grameena Bank Staff
- 2) Annexure IV : duly attested by the Branch Manager
- 3) Declaration by the applicant
- 4) Confirmation of opening of SB account for Family pension (along with a photocopy of pass book)
- 5) Original Death Certificate
- 6) Two Photographs and signatures of the applicant on the enclosed format duly attested by the Branch Manager
- 7) Applicant's Photo Identity proof (Ration Card, Voter Identity card, Passport, Aadhaar card etc establishing the identity as spouse of the deceased employee)
- 8) Copies of Date of Birth Certificates of Children attested by the Branch Manager (only in case of children below 25 years of age)
- 9) No Due Certificate-stating that there are no liabilities to the bank including Housing loan and CODST
- 10) Last Drawn Salary particulars (only in case of employee expired while in service)

FORM 6
(Regulation 22)

**FORM OF APPLICATION FOR THE GRANT OF FAMILY PENSION
ON THE DEATH OF AN EMPLOYEE/PENSIONER**

1. Name of the applicant

a) Widow/Widower :-----

b) Son/Daughter :-----

c) Guardian if the deceased person is
survived by minor child of children:

Kindly affix the
latest
photograph duly
attested by the
Branch Manager

**(Photograph to be attested
By the branch manager)**

2. Name and age of surviving widow/widower and children of the deceased employee/pensioner:

S No.	Name	Relationship with the deceased person	Date of Birth	Occupation

3. Name of the deceased employee/pensioner :-----

4. Code No. of the deceased employee/pensioner :-----

5. Date of death of the employee/pensioner :-----

6. Office/Department in which the deceased :-----
Employee/pensioner served last (with Branch code)

7. If the applicant is guardian, his date of birth :-----
and relationship with the deceased-
-

8. Full Address of ht applicant (with Pin Code) :-----

9. Indicate whether family pension is admissible from any other source: YES/NO
If yes, amount received per month

Military	Central Govt.	State Govt.	Public Sector Undertaking	Autonomous body
Rs.	Rs.	Rs.	Rs.	Rs.

10. Signature of left hand thumb impression of the Applicant:

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11. Attestation by two officers of our Bank duly furnishing their specimen signature number:

S. No.	Name	Code No.	Branch	Signature with specimen no.

12. Witness by two staff members of our Bank:

S. No.	Name	Code No.	Branch	Signature

ANNEXURE IV

(Option form to be filled in by the eligible family member of the deceased employee)

To
The Chairman
Chaitanya Godavari Grameena Bank Pension Trust
Staff Pension Cell
Human Resources Department, Head Office
Date _____
Guntur

Station _____

1) My Husband /Wife, Sri/Smt _____

Expired on _____ at _____ while in service/after retirement.

The Particulars of the deceased employee are given hereunder:

- a. Staff Code No. :
- b. Cadre at the time of death :
- c. Branch office last worked :
- d. Date of joining the Bank :
- e. Date of Birth :
- f. Date of retirement :
(if applicable)

2) I hereby declare that I have read and understood the Chaitanya Godavari Grameena Bank (Employees') Pension Regulations, 2018, and I here by opt to receive family pension by becoming a member of the Bank's Pension Fund As per the provision of the said Regulations.

3) I further declare that I shall bind myself to Chaitanya Godavari Grameena Bank (Employees') Pension Regulations, 2018, from Time to time and that there are no other claimants eligible to receive family pension.

4) The deceased employee opted for pension in lieu of contributory provident fund. I enclose herewith the ORIGINAL DEATH CERTIFICATE of the deceased employee.

Signature :

Signature of the Applicant Attested

Name in Full :

Residential :
Address

(Signature of Attesting Authority)

Name :

Specimen :
Signature No.

Occupation, :
If any

Designation :

Branch/Office :

FROM

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.....
.....

TO

The Chairman
Chaitanya Godavari Grameena Bank Pension Trust
Staff Pension Cell
Human Resources Department, Head Office
Guntur.

Dear Sir,

Ref: Payment of Family Pension –Mr/Mrs.....

Code No..... expired on

I, spouse of Mr/Mrs.....
do hereby declare the following:

- 1) I am working in at
.....as.....from
- 2) I am still a widow/widower. I note that I will not be eligible to receive Family Pension in case of remarriage. I undertake to inform the Bank about my remarriage immediately and return the pension amount received from the Bank by way of cheque or otherwise.
- 3) I declare that I was legally wedded to Mr/Mrs..... and there are no claimants to Family Pension on account of the deceased under Regulation No.39 and 40 of Chaitanya Godavari Grameena Bank (Employees) pension Regulations, 2018.
- 4) I am aware that Family Pension is being sanctioned based on my declaration to be true and correct, and in case it is found at a later date that my declaration, I hereby undertake to indemnify the loss/losses and damage incurred by the Bank.
- 5) I declare that I have mentioned all the surviving children of the deceased employee, in the application for the grant of Family pension, under column2, and there are no other persons legally entitled to receive Family Pension on account of the deceased employed. The Date of Birth noted in the application form are true and correct.
- 6) a) I declare that all the surviving children are maintain good health and that they are not physically crippled or mentally disabled.

b)The following family member/s are not healthy for the reasons given below:

Name of the family member	Relationship With the Deceased	Date of birth of the child	Completed age	Nature of Sickness

I enclose herewith the original certificate/s issued by the doctors to prove the above.

- 7) I have informed my children that in case of my death, to inform the Bank immediately about my death and not to encash the family pension.

Yours faithfully,

(Signature of the family pensioner)

CHAITANYA GODAVARI GRAMEENA BANK
(A Government undertaking sponsored by Union Bank of India)
STAFF PENSION CELL::HUMAN RESOURCES DEPARTMENT
HEAD OFFICE :: GUNTUR

FROM

TO

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.....

The Chairman
Chaitanya Godavari Grameena Bank
Staff Pension Cell
Human Resources Department, Head Office
Guntur.

Letter No.

Date:

Dear Sir,

Sub: Opening of account for pension transaction of

Sri/Smt..... Code No.....

We confirm having opened an SB a/c No, _____

Fvg _____ for the sole purpose of pension transactions.
We undertake not to allow any transaction other than pension transactions in to the account. We also note that the said account can not be closed/transferred without prior approval from Staff Pension Cell, HRD Head Office.

Yours faithfully,

Branch Manager

FAMILY PENSION RESPECT OF

Mr/MrS. _____

CODE NO. _____

Latest photograph of the family pensioner
duly attested by the branch manager

Latest photograph
Of the family
pensioner duly
Attested by the
branch manager

Latest photograph
Of the family
pensioner duly
Attested by the
branch manager

Signature of the family pensioner

Signature of the family pensioner

Attested

Branch Manager

CONTACT NO. OF THE FAMILY PENSIONER:-

LETTER OF UNDERTAKING

To

The Chairman,
Chaitanya Godavari Grameena Bank Pension Trust
Chaitanya Godavari Grameena Bank
Head Office
Guntur

Dear Sir,

Reg: Chaitanya Godavari Grameena Bank (Employees') Pension Regulations, 2018

In consideration of your having at my request agreed to make payment of pension due to me every month by credit to my account _____ with your _____ branch.

I, the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which might have been 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 credit my pension to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorize the bank to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the bank, without prejudice to the right of the bank to recover the said amount by any other means.

Yours faithfully,

(Signature)

Name:

Code No:

Place:

Date:

Witness:

Signature: 1)

2)

Name:

Address:

CHAITANYA GODAVARI GRAMEENA BANK

(A Government undertaking sponsored by Union Bank of India)

From:

The Branch Manager,

Chaitanya Godavari Grameena Bank,

..... Branch (Code)

To

The Chairman,

CGGB Pension Trust

Staff Pension Cell,

Human Resources Department,

Head Office, Guntur

Dear Sir,

Reg: No Dues Certificate-Staff Mrs/Mrs:.....

Code No.....Expired on.....

We furnish hereunder the details of loans and other liabilities closed in the name of the captioned staff as on date for settlement of pension benefits.

We have adjusted the following loans/liabilities:

**(BRANCH MANAGERS ARE ADVISED TO SUBMIT THE NO DUES CERTIFICATE ONLY
ADJUSTMENT OF ALL THE LIABILITES AND FURNISH THE INFORMATION IN FULL
WITHOUT LEAVING ANY BLANKS)**

S No	Nature of Loan/Advance	A/c With Branch	Liability	Closed on
1	COD staff (DP should not be Reduced-A/c should be closed)			
2	Clean Loans/Other loans in case of staff pensioners			
3	Staff Housing Loan			
4	Vehicle Loan			
5	Personal Loan			
6	Educational Loan to Children			
7	Festival Advance			
8	Credit Card Overdues, if any			
9	Society			

Yours faithfully, Dated:

BRANCH MANAGER

//Branch Seal//

(With Signature Code)