

e - STATE BANK OF HYDERABAD
PPF & G DEPARTMENT

F/PPG/PEN.REG.1995/

DATE:

To

Dear Sir / Madam,

PAYMENT OF FAMILY PENSION UNDER e-SBH EMPLOYEES
PENSION REGULATION, 1995 IN RESPECT

SRI /SMT._____, **P.F.NO.**_____

With reference to the above in terms of the provisions contained in e- SBH (Employees') Pension Regulations, 1995 for consideration of Family Pension to Smt/Sri_____, widow/widower family member of late Sri/Smt_____(Designation) _____ at our _____Branch.

You are advised to submit the prescribed application form which is enclosed.

The Family Pension will be payable as per the provisions contained in e-SBH (Employees') Pension Regulations, 1995.

Yours faithfully,

CHIEF MANAGER (PPG)

Encl: (as above)

PLACE: _____
DATE: _____
PF NO: _____

The Trustees
'e'State Bank Of Hyderabad
(Employees') Pension Trust 1995

AND

The Assistant General Manager
State Bank of India
PPF&G Department

Gentlemen,

'e'STATE BANK OF HYDERABAD (EMPLOYEES')
PENSION REGULATION 1995 – FAMILY PENSION

Please refer to the option exercised by me / late Sri/Smt: _____
to become member of the 'e'State Bank Of Hyderabad (Employees') Pension Fund 1995.

2. Consequent upon expiry of Sri/Smt _____ on
_____ as a family of the deceased employee of your Bank late Sri/Smt
_____ my relationship _____
designation _____ (place last worked) _____.

I request you to arrange for making payment of Family Pension applicable under the said Pension Regulations and I abide by the said Regulations. I do hereby authorise the Bank to adjust the Banks' Contribution to Provident Fund, if any received by late Sri/Smt: _____ which is required to be refunded by me to the Bank as laid down in the Pension Regulations 1995, from the amount of arrears of Family Pension payable to me.

3. I further request you to credit the monthly family pension payable to me, to my Savings Bank account NO: _____ opened in my sole name at your _____ Branch.

Yours faithfully,

Address: _____

(SIGNATURE/THUMB IMPRESSION)
of family member of late
Sri/Smt _____

BRANCH MANAGER (with stamp)

APPLICATION FOR GRANT OF FAMILY PENSION
UNDER 'e'SBH (EMPLOYEES') PENSION REGULATIONS 1995

(To be submitted in duplicate duly attested by Branch Manager/Head of the Department)

1. Name of the applicant : _____
2. Name of the deceased employees/
Pensioner of the Bank : _____

PF No: _____

3. Designation : _____

4. Date of death of the Employee/
Pensioner (to be supported by
death certificate) : _____

5. Full Address of the applicant : _____

6. Phone / Mobile No : _____

7. Date of Birth of the applicant : _____

8. Names with age of the surviving members (widow/widower) and children of the deceased employee/pensioner (applicant's name also should be included) particulars of twins if any to be mentioned

Sl .No.	Name	Relationship with the deceased employee/ pensioner	Date of Birth	Age
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1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

9. Name(s) of the disabled member(s) of the deceased employee/pensioner. Supporting doctors certificate(s) should be attached.

1. _____
2. _____
3. _____

10. Name of the branch through which the Nature of Account: _____
Family Pension is desired to be paid/credited.
A/c No: _____

11. Document attached:

- i) Death Certificate
- ii) KYC of the applicant
- iii) Doctor's Certificate of disability in the case of disabled child.
- iv) Evidence of age in the case of children.

DECLARATION FROM THE APPLICANT:

a) I declare that the above particulars are correct.

b) I have not remarried after the death of my husband/wife
Sri/Smt _____ who was an employee/pensioner
of your bank. I undertake to inform the bank in case of my re-marriage.

12. Identification marks: 1. _____

2. _____

13. I request you to sanction and arrange payment of Family pension as per the S.B.H
Employees' Pension Regulations 1995.

Recent Photograph
duly attested by
Branch Manager

(Signature / left hand thumb Impression of the applicant)

Photograph to be
attested by Branch Manager
(with Stamp)

Attested the above signature/verified the
thumb impression taken before me.

Branch Manager / Head of the Department
(with stamp)

Required Papers:

1. Original Death Certificate
2. Aadhar card & PAN / Voter card xerox copies attested by Branch Manager.
3. Photo to be attested by Branch Manager.
4. Family Pensioner Savings Bank pass book 1st page xerox copy should be attested by Branch Manager.
5. Salary Slips – 12 months (In case of Inservice Death)

STAFF : : AWARD/SUPERVISING : : SANCTION OF RETIREMENT

1.	NAME OF THE OFFICIAL / EMPLOYEE	
2.	PF INDEX No.	
3.	SPECIMEN SIGNATURE No.	
4.	GRADE	
5.	PRESENT ASSIGNMENT	
6.	DATE OF BIRTH	
7.	AGE AS ON DATE OF RETIREMENT	
8.	DATE OF APPOINTMENT	
9.	APPOINTED AS	
10.	DATE OF ADMISSION TO PENSION FUND	
11.	DATE UPTO WHICH THE SERVICE COUNTS FOR PENSION	
12.	EXTRA ORDINARY LEAVE ON LOSS OF PAY AVAILED DURING THE ENTIRE SERVICE/ PENSIONABLE SERVICE	
13.	PENSIONABLE SERVICE	
14.	DISCIPLINARY/VIGILANCE CASE PENDING / CONTEMPLATED, IF ANY	
15.	WHETHER ANY PUNISHMENT/PENALTY WAS INFLICTED ON THE OFFICIAL/EMPLOYEE DURING ENTIRE SERVICE PERIOD? IF SO DETAILS THEREOF	
16.	POSITION REGARDING SUBMISSION OF ASSETS & LIABILITIES STATEMENT BY THE OFICIAL	
17.	WHETHER AARF ON THE OFFICIAL/ EMPLOYEE HAS BEEN COMPLIED UPTO DATE?	
18.	REASONS FOR RETIREMENT	

We recommend that the retirement of SHRI/SMT _____ PF No. _____ from the Bank's service as at the close of business on _____ be permitted in terms of Rule 15 of IBI/SBI Employees Pension Fund Rules.

Scrutinised & submitted for sanction

APPROVED

MANAGER (HR)
RBO, Region

Regional Manager / AGM
RBO, Region