

### **Check list for forwarding Application / Claims for pension to Head Office**

Name of the Employee. \_\_\_\_\_

Staff No. \_\_\_\_\_

PF No. of the employee \_\_\_\_\_

#### **Check list**

<b>Format No.</b>	<b>Check Points</b>	<b>Whether complied</b>	<b>Remarks if any</b>
2	The format should be signed by the applicant and attested by the Regional Head. (In absence of RO head the next Senior Officer to him).	Yes/No	
2	Signature to be attested by the Branch / Office Head with seal in the Format - the same should be attested by Staff Section Head at Regional Office	Yes/No	
6	The format should be signed by the applicant and should be attested by Staff Section Head at Regional Office	Yes/No	
7	The format should be signed by the applicant	Yes/No	
9	The format should be signed by the applicant and witnessed by employees of the Bank by mentioning their EPF No. or Staff No.	Yes/No	
10	The format should be signed by the applicant and family members/Nominees and then witnessed by employees of the Bank by mentioning their EPF No. or Staff No.	Yes/No	
11	The format should be signed by the applicant and witnessed by employees of the Bank by mentioning their EPF No. or Staff No.	Yes/No	
11	In place of Pension Disbursing Branch the same should be attested by Staff Section Head at Regional Office	Yes/No	
15	The format should be signed by the applicant and should be attested by Staff Section Head at Regional Office	Yes/No	
17	The format should be signed by the applicant and witnessed	Yes/No	
5	Loan particulars if any in the name of the employee - Account No. to be given by the applicant, Balance in the account to be filled by Staff Section Head.	Yes/No	

**Note: The pension formats should be duly filled in all aspects**

**Other information/documents required:**

Erstwhile Bank joined	
Erstwhile Bank at the time of cessation	
Pension Payment Order (PPO) of EPFO. If PPO is not available then the Bank Statement reflecting the EPFO pension crediting to the Account	
Copy of EPFO A/c statement for full and final settlement at the time of cessation if available	
Copy of last 10 months salary slips if available	
Copy of EPFO yearly statement of any year issued while in service	
Details of break in service if any	
Details of suspension/s if any	
Net service put in the Bank	
Copy of cessation orders	
Copy of charge sheet if applicable	

Place:

Date:

Signature of Applicant

Checked & Forwarded by

Signature of Staff Section Head at Regional Office

Name of the Staff:

Staff No.:

Regional Office:

**FORMAT – 2**

**KARNATAKA GRAMIN BANK**

(A Scheduled Bank established by Government of India Sponsored by Canara Bank)

**HEAD OFFICE: BALLARI**

Option Form to be filled in by the Retired Employee of the Bank

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

To  
The Chairman  
Karnataka Gramin Bank  
Head Office, Ballari

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

I hereby declare that I have read and understood the Karnataka Gramin Bank (Employees') Pension (Amendment) Regulations, 2024 and I hereby voluntarily opt to become a member of the Bank's Pension Scheme and irrevocably authorise 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 the Bank's contribution to EPF Fund together with accrued interest thereon paid to me on my retirement. 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.

1. **Signature:** .....
2. Name in Full (in Block letters):.....
3. Designation (at the time of retirement):.....
4. E P F No:.....
5. Present Residential Address.....

- .....
6. Date of Birth: .....
  7. Date of joining in the Bank' service:.....
  8. Date of retiring from the Bank' service: .....
  9. Branch / Office from where retired: .....Branch / Office.
  10. Branch from where pension to be drawn.....Branch

**(Signature to be attested by the Branch /Office Head with Seal)**

**FORMAT – 6**

**KARNATAKA GRAMIN BANK**

(A Scheduled Bank established by Government of India Sponsored by Canara Bank)

HEAD OFFICE: BALLARI

.....STAFF PENSION* (GENERAL PENSION)		Customer ID	
..... FAMILY PENSION*		SB 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 Branch/Office seal)**

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

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

**FORMAT -7**

**KARNATAKA GRAMIN BANK**

(A Scheduled Bank established by Government of India: Sponsored by Canara Bank)

HEAD OFFICE: BALLARI

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**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: .....

**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.

**FORMAT 9**

**KARNATAKA GRAMIN BANK**

(A Scheduled Bank established by Government of India : Sponsored by Canara Bank)

**HEAD OFFICE: BALLARI**

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Letter of undertaking by the Pensioner

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The General Manager  
Karnataka Gramin Bank  
HR Wing, Head Office,  
Ballari

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

Dear Sir,

Sub: Payment of Pension under PPO No. \_\_\_\_\_

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 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,

**Signature in full** : \_\_\_\_\_

Address (in block letters) : \_\_\_\_\_

Phone/Mobile No \_\_\_\_\_

Witness

Signature	1. _____	2. _____
Name	_____	_____
E.P.F No	_____	_____
Address	_____	_____

**FORMAT -10**  
**KARNATAKA GRAMIN BANK**

(A Scheduled Bank established by Government of India: Sponsored by Canara Bank)  
HEAD OFFICE: BALLARI

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Letter of undertaking by the Pensioner and Family Members / Nominees

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The General Manager  
Karnataka Gramin Bank  
HR Wing, Head Office  
Ballari

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

Dear Sir,

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

In consideration of making payment of Pension as per the Karnataka Gramin Bank (Employees') Pension (Amendment) Regulations, 2024, 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,

**Signature (Pensioner):** \_\_\_\_\_

**Signature of Family Members / Nominees:** \_\_\_\_\_

Witness

Signature	1.	2.
Name		
E.P.F No		
Address		

**FORMAT – 11****KARNATAKA GRAMIN BANK**

(A Scheduled Bank established by Government of India: Sponsored by Canara Bank)

**HEAD OFFICE: BALLARI****FORM OF NOMINATION**

To

**THE TRUSTEES, KARNATAKA GRAMIN 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	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: \_\_\_\_\_

WITNESS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**Signature**

EPF No \_\_\_\_\_

**Signature**

EPF No \_\_\_\_\_

**Attested by the Pension Disbursing Branch****SEAL OF BRANCH/OFFICE**

**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- 15**  
**KARNATAKA GRAMIN BANK**

(A Scheduled Bank established by Government of India: Sponsored by Canara Bank)

**HEAD OFFICE: BALLARI**

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APPLICATION FOR SANCTION OF PENSION AND COMMUTATION OF PENSION

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To,  
The General Manager  
Karnataka Gramin Bank  
Human Resources Wing  
Head Office  
Ballari

Space for affixing attested photo of Ex-Employee with his/her spouse.

Dear Sir,

I have retired from the services of the Bank with effect from \_\_\_\_\_ and confirm having opted for Bank's pension Scheme. I request you to sanction eligible pension to me. I desire to commute a fraction of my pension in accordance with Karnataka Gramin Bank (Employees') Pension Regulations, 2019. The necessary particulars are furnished below:

1	Name in full as per Bank records (in Block letters)	
2	Staff number	
3	Designation at the time of retirement	
4	Branch / Office last worked with DP Code	
5	Regional Office	
6	Date of birth (as per Bank's record)	
7	Date of retirement	
8	Class of retirement	Superannuation/VRS/CRS/others(specify)
9	Fraction of pension proposed to be commuted	(Max:1/3 <sup>rd</sup> )
10	Income Tax PAN (in capital letters) (Mandatory)	

11	Phone number (Mandatory)		Landline number with STD code	
			Mobile number	
12	Address for communication			
	Email Id:		Pin Code:	State:
13	Whether Ex-Serviceman		Yes/No	
14	Details of SB account to which Commutation and Monthly Pension has to be credited			
	Savings Bank account number			
	Name of PKG Bank Branch			
	DP Code:		IFSC Code:	
16	<p>Details of my family members as required for the purpose of payment of family pension in accordance with the Provisions of the Karnataka Gramin Bank (Employees') Pension (Amendment) Regulations, 2024 .</p> <p>(Note: In 'Remarks' Column, details such as "Physically challenged/mentally retarded" may be furnished along with applicable supporting documents)</p>			
Sl No.	Name of the family member	Date of Birth	Relationship with the employee	Remarks, if any
1				
2				
3				
4				
5				
6				

I hereby undertake to keep up to date of any addition or alteration in the details of my family members and any change in my address for communication by notifying the Karnataka Gramin Bank (Employees') Pension Fund. I also undertake to inform the Employees Pension Fund about date of vacation of Quarters to enable them to release the communication amount.

Further, I undertake to refund or irrevocably authorize Bank/Pension Fund to recover any excess amount paid to me on account of salary revision/change in qualifying service/rate of pension etc.

Place:

Date:

**Signature of Ex-Employee / Pensioner**

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**Signature attested:** \_\_\_\_\_

Name and Staff No. \_\_\_\_\_

**(To be attested by authorized Signatory of the Branch / Office)**

**FORMAT-17****KARNATAKA GRAMIN BANK**

(A Scheduled Bank established by Government of India: Sponsored by Canara Bank)

HEAD OFFICE: BALLARI

FORM OF NOMINATION FOR RECEIPT OF COMMUTED VALUE IN THE EVENT OF DEATH OF THE PENSIONER WITHOUT RECEIVING THE COMMUTED VALUE

I, \_\_\_\_\_ hereby nominate the person named below to receive the Commuted value of Pension in the event of my death before receiving the Commuted Value of Pension.

1	Name of Nominee	
2	Address of the Nominee	
3	Relationship with pensioner	
4	Date of birth of nominee (in case of minor)	
5	If nominee is minor, Name and address of person who may receive the Commuted Value of pension during the nominee's minority.	
6	Name and address of other nominee in case the nominee under (1) above predeceases the pensioner	

7	Relationship with pensioner	
8	Date of birth (in case of minor)	
9	If the other nominee under (6) is minor, Name and address of the person who may receive the Commuted Value of pension during the other nominee's minority	

Place:

Date:

**Signature of Ex-Employee/Pensioner**

Name & Staff No.: \_\_\_\_\_ (       )

Designation: \_\_\_\_\_

Branch/Office: \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

Name & Address: \_\_\_\_\_

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**FORMAT – 5**  
**KARNATAKA GRAMIN BANK**

(A Scheduled Bank established by Government of India: Sponsored by Canara Bank)  
HEAD OFFICE: BALLARI

The Chief Manager  
Karnataka Gramin Bank  
HR Wing, Head Office,  
Ballari

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

Dear Sir,

Sub: Particulars of Outstanding Liabilities of Shri/Smt \_\_\_\_\_ (EPF No \_\_\_\_\_)

We are furnishing below the Particulars of Outstanding Liabilities of Shri / Smt \_\_\_\_\_  
Staff No. \_\_\_\_\_ Last Designation \_\_\_\_\_ EPF No \_\_\_\_\_ retired /died on \_\_\_\_\_:

Particulars of Outstanding Loan	Account No	Balance
1. House Building Loan		
2. Housing Loan (Commercial Scheme)		
3. Staff Over Draft		
4. Festival Advance		
5. Education Loan		
6. Vehicle (Conveyance) Loan		
7. ECDPN		
8. Others, if any (Mention details)		
9.		
10.		
TOTAL LOAN BALANCE		

Yours faithfully,

**Signature with Seal**

Karnataka Gramin Bank .....Branch

**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.