

**FORMAT-1****ANDHRA PRADESH GRAMEENA VIKAS BANK**

Head Office: WARANGAL, Dist. WARANGAL

**Option Form to be filled in by the employees who are in service of the Bank and joined the bank
on or before 31.03.2010**

(To be submitted in quadruplicate through their present Branch / Office)

Date of receipt of application at Branch / Office		FOR HO USE ONLY OPTION NOTED IN SERVICE RECORD (Signature of the concerned Authority at HO with date)
Forwarded on		
Forwarded by (Name of the RO)		
Signature of the Regional Manager with office seal		

The Chairman
Andhra Pradesh Grameena Vikas Bank
Head Office, Warangal

Date: _____

I hereby declare that I have read and understood the Andhra Pradesh Grameena Vikas Bank (Employees') Pension Regulations, 2018 and I hereby opt to become a member of the Bank's Pension Scheme and irrevocably authorise the Bank / EPF Trustees / EPFO / RPFC to transfer the entire contribution of the Bank along with the interest thereon to the credit of Pension Fund to be created for this purpose. I understand that I am required to contribute to the Provident Fund Account at the rates determined by the Bank from time to time. I further understand that with effect from _____ (the date of implementation of Pension Scheme), the Bank shall not make any contribution to my Provident Fund Account. 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 up to the date of refund.

1	Signature	
2	Name in Full (in Block letters)	
3	Designation	
4	EPF No	ID No.
5	Present Residential Address	Mobile No.:
6	Date of Birth (DD/MM/YYYY)	
7	Date of joining in the Bank' service (DD/MM/YYYY)	
8	Present place of posting Branch / Office	

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



ANDHRA PRADESH GRAMEENA VIKAS BANK

BRANCH / OFFICE

Ref : _____

The Chief Manager
Per & HRD Department
Andhra Pradesh Grameena Vikas Bank
Head Office, Warangal

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 _____
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. Conveyance Loan		
7. Others, if any (<i>Mention details</i>)		
TOTAL LOAN BALANCE		

Yours faithfully,

Signature with Seal

Andhra Pradesh Grameena Vikas 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 "NIL" Certificate in case of no outstanding liability.



FORMAT-7

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:

ID No. of the Staff:

EPF 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.



Letter of undertaking by the Pensioner

The Branch Manager

Date : _____

.....Branch
Andhra Pradesh Grameena Vikas Bank

Dear Sir,

**Sub: Payment of Pension under PPO No. _____
through your Branch.**

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 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 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		
Name		
E.P.F No		
Address		
	Mobile No.:	Mobile No.:



Letter of undertaking by the Pensioner and Family Members / Nominees

The Branch Manager

Date : _____

.....**Branch**
Andhra Pradesh Grameena Vikas Bank

Dear Sir,

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

In consideration of making payment of Pension as per the Andhra Pradesh Grameena Vikas 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.

Yours faithfully,

Signature (Pensioner): _____

Signature of Family Members / Nominees: _____

Witness

Signature		
Name		
E.P.F No		
Address		
	Mobile No.:	Mobile No.:

**FORMAT-11****FORM OF NOMINATION**

To
 THE TRUSTEES, ANDHRA PRADESH GRAMEENA VIKAS BANK (EMPLOYEES') PENSION FUND

I, _____ PPO No/ EPF No _____ with ID 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
			(3)	(4)		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 : _____

WITNESSES:

Signature		
Name		
E.P.F No		
Address		
	Mobile No.:	Mobile No.:

ATTESTED by the Pension Disbursing Branch/ R.O/Deptt. at H O.

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.



FORMAT-15

ANDHRA PRADESH GRAMEENA VIKAS BANK

Head Office: WARANGAL, Dist. WARANGAL

***Application for grant of Superannuation Pension
(To be submitted in Duplicate)***

Passport size
Photograph of
Applicant

(Self-Attested)

The Chairman
Andhra Pradesh Grameena Vikas Bank
Head Office, Warangal

Date: _____

Dear Sir,

I hereby declare that as an eligible staff member to receive Pension in terms of Andhra Pradesh Grameena Vikas Bank (Employees') Pension Regulations, 2018, I am submitting below the requisite particulars for kind favour of sanction of Pension to me.

1	Name of the applicant (in BLOCK letters)		
	i) Date of Birth		Break –in- Service (If any)
	ii) Religion and Caste		
	iii) ID No.		Reasons (EOLs/ Suspensions/ Punishments awarded etc.,)
	iv) EPF No.		
	v) Date of Joining		Net Service Put in (YYs-MMs-DDs)
	vi) Date of retirement		
	vii) AADHAR		
	Viii) PAN		
2	Father's Name		
3	Mother's Maiden Name		
4	Residential address of the applicant (in BLOCK letters)		
			Mobile Nos: Email ID:

5	Name & age of surviving spouse/children/dependant parent			
	Sl No	Name	Relationship with the employee	Date of Birth (by Christian era)
6	Name of the Nominee (As in Format-11)			
7	Branch/Office in which the employee served last and post held by him/her			
8	a) Is the applicant a pensioner? If so, indicate the amount of monthly pension (Specify the type viz., Military Pension, EPS..)		YES / NO	PPO No. (With Prefix)
			Rs. _____ /-	
9	Signature/LTI ** of the applicant (Duly Attested by the Branch/Region/Dept. head with seal)		Signature/LTI of the applicant	
			SIGNATURE / LTI OF THE APPLICANT IS ATTESTED (Signature of the BM / RM / HOD with Seal)	
10	a) Name of the Branch of the Bank (With Code) through which Pension is to be drawn			
	b) SB Account No			
11	Particulars of Refund towards Employer's contribution to EPF		Rs. _____ /-	DD.No:
				DD Date:
12	List of Documents / evidence attached (Tick ✓ Appropriate)			
	a) Two copies of recent Joint Post Card size photographs with Spouse of the applicant.			
	b) i) Proof of Address ii) Proof of Identity of applicant and family eg: Aadhaar Card, Passport etc., Please Specify if any other : _____			
	c) Demand Draft towards Refund towards Employer's contribution to EPF			

I hereby declare that what are stated in this application and documents submitted herewith are true, correct and genuine.

Yours faithfully,

Signature/LTI of the applicant

**** To be furnished in case the applicant is not literate enough to sign his/her name or unable to sign due to poor health condition which also needs submission of Medical Certificate.**



ANDHRA PRADESH GRAMEENA VIKAS BANK

Head Office: WARANGAL, Dist. WARANGAL

Form VI

[See regulation 39 (9)]

Application for Commutation of Pension without Medical Examination

(to be submitted within one year from the date of retirement)

Space for
Affixing
attested
passport size
photograph

To
The Chairman
Andhra Pradesh Grameena Vikas Bank
Head Office, Warangal

Dear Sir,

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

Name in full (in block letters) : _____

Grade/ Designation at the time of Retirement : _____

Name of Branch/Office from which retired : _____

Date of birth (as per Bank's Service Record) : _____

Age as on Date of application : _____ Years _____ Months _____ Days

Date of Retirement : _____

Class of Pension –Superannuation/
Voluntary/others specify : _____

PPO No. & Amount of Basic Pension
(if pension is sanctioned) : _____

Fraction of Pension proposed
to be Commuted not exceeding 1/3rd thereof. : _____

Signature/LTI of the Applicant

Place :

Address: _____

Date :

Cell:

Signature / LTI of the Applicant is attested

Signature of the Branch/Region/ Dept. Head with Seal

Acknowledgement

Received from Shri/Smt/Kum _____ application for commutation of Pension.

Place :

Date :

(Signature of the Branch Manager)