



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.



CERTIFICATE OF NON- REMARRIAGE / NON-MARRIAGE
(APPLICABLE FOR FAMILY PENSIONERS ONLY)

* I hereby declare that I have not got re-married and I undertake to report the same promptly in the event of my re-marriage. (Applicable for widow / widower Family Pensioner)

* I hereby declare that I am not married and I undertake to report the same promptly in the event of my marriage. (Applicable for un-married daughter Family Pensioner)

(*Please strike-off which is not applicable)

Signature of the Family Pensioner:

Name of the pensioner:

Place:

Date:

I certify to the best of my knowledge and belief the above statement is correct.

(Signature of the Bank's Officer or respectable /well known person)

Name :

Designation:

Address:

.....

Place:

Date:



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 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-12(Revised)

ANDHRA PRADESH GRAMEENA VIKAS BANK

Head Office: WARANGAL, Dist. WARANGAL

**Application for grant of Family Pension in the event of death of Employee / Pensioner
(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 family member to receive Family 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 Family Pension to me.

A. Particulars of Eligible Family Member

1	Name of the applicant (in BLOCK letters)	
	i) Relation with the deceased employee / pensioner	
	ii) Date of Birth	
	iii) Marital status	Married / Unmarried
	iv) Is the applicant employed on compassionate grounds in our Bank? If so, particulars in detail of Present Grade, ID No. & Branch Working	YES / NO
	v) Name of the Guardian if the deceased Person is survived by minor child/children	
	vi) Religion and Caste	
	vii) AADHAR	PAN :

2	Present residential address of the applicant (in BLOCK letters)	Mobile No.:		
3	If the applicant is guardian, date of birth of minor & relationship with the deceased employee/pensioner			
4	a) Is the applicant (other than guardian) a pensioner? If so, indicate the amount of monthly pension	YES / NO	If Yes, Amount in Rs. _____/- Per month	
			PPO.No (with prefix)	
5	Description of the applicant including			
	(a) Height (in cm)			
	(b) Personal Identification marks, if any, on hand, face etc			
6	Name & age of surviving parent /widow/ widower/children of the deceased employee / pensioner			
	Sl No	Name	Relationship with the deceased employee/pensioner	Present Occupation & Monthly income
				Date of Birth (by Christian era)

B. Particulars of Deceased Employee

7	Name of the deceased employee/ pensioner	
8	a) ID No of the Staff Deceased	
	b) Date of Birth	
	c) Date of joining in the Bank	
	d) Date of retirement (in case of Pensioner)	
	e) Date of death of the employee /pensioner	
	f) Name of the Erstwhile Grameena Bank	
	g) Disciplinary punishments, if any & Date on which effected (Removal/Dismissal/Com.Retirement etc.)	

	h) PF No. of the deceased employee & Pension amount towards EPS	
	i) PPO No. of Family Pensioner	
9	Date of resignation of the deceased (please mention if applicable)	
10	a) Branch/Office in which the deceased employee/ Pensioner served last and post held by him/her	
11	b) PPO No. allotted by the Bank to the deceased, if any, with the class of pension & Disbursing Authority	
12	Signature/LTI ** of the applicant (Duly Attested by the Regional Manager with seal)	<u>Signature/LTI of the applicant</u> SIGNATURE / LTI OF THE APPLICANT IS ATTESTED (Signature of the BM / RM / HOD with Seal)
13	a) Name of the Branch of the Bank through which Family Pension is to be drawn	
	b) SB Account No	
14	List of Documents / evidence attached (Tick ✓ Appropriate)	
	a) Three copies of passport size recent photograph of the applicant, duly attested in front side	
	b) Attested copy of the Death Certificate of the deceased Employee/ Pensioner	
	c) Birth Certificate of the children eligible for pension	
	d) Any other document(s) indicating that the applicant is a genuine claimant e.g. AADHAAR Card, Voter Card/PAN Card etc. Please Specify_____	
	e) Documentary evidences pertaining to deceased employee like appointment Letter, Salary Pay in slip, Gratuity/ Leave encashment settlement letter etc	
	f) Death Certificate and Legal heir certificate/Family Member Certificate.	
	g) Pension Payment Order of the pensioner issued by Bank & EPFO (if applicable)	

I hereby declare that my monthly income from all sources is less than Rs.2,550/- (applicable, if the applicant is a childless widow/son/daughter of the deceased employee)

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.**