



## Tamil Nadu Grama Bank

Pension Cell, HRM  
No 6, Yercaud Road, Hasthampatti,  
Salem 636007  
Phone - 0427-2522934

Photograph  
to be attested by  
Branch Manager

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

1. Name of the Applicant :
2. Relationship with the deceased  
employee/pensioner :
3. Name and age of surviving widow/  
widower and children of the  
deceased employee/ pensioner :

S.No	Name	Relationship	Date of Birth
1			
2			
3			
4			
5			

4. Name and Roll No of the deceased employee / pensioner :
5. P.P.O No. if any :
6. Full Address of the Applicant :
  
7. If the applicant is the guardian of the minor beneficiary, the date of birth of the minor and relationship with the deceased employee/pensioner :
8. Enclosures to be sent with the application (see below) :
  
9. Indicate whether family pension is admissible from any other source (Military or State Government and/ or Public Sector Undertaking/ Autonomous Body/ Local Fund under the Central or a State Government) :
  - i. Service :
  - ii. Basic Pension :
  - iii. Period From :
  - iv. Sanctioning Authority :
10. Name of the Branch and SB(Single) at which pension payment is desired :
11. Signature or Left Hand Thumb\* impression of the applicant :

12. Attested by Branch Officials :

	<b>Name</b>	<b>Address</b>	<b>Signature</b>
1			
2			

13. Witnesses (2 Persons) :

	<b>Name</b>	<b>Address</b>	<b>Signature</b>
1			
2			

Note : Attestation should be done by two Officers.

\*To be furnished in case the applicant is not literate enough to sign his name

Enclosures :

- I. Two Specimen Signatures of the applicant, duly attested (in two separate sheet)
- II. Three passport size photos of the applicant, out of which one should be pasted and attested on the application and the rest two photos should be sent along with the application form.
- III. Certificate(s) of age (in original) with two attested copies showing the date of birth of the children.
  - i. (The certificate should be from the Municipal Authorities or from the head of a recognized school. This information should be furnished in respect of such children or child, the particulars of whose date of birth are not available with the Office).
- IV. Copy of Legal Heir and Death Certificate are to be forwarded along with the application.

**TAMIL NADU GRAMA BANK (EMPLOYEES') PENSION REGULATION 2018**

**Specimen Signature of Shri/ Smt .....**

Signature 1.

2.

**Personal Identification marks of Shri/ Smt .....**

Height :

Personal Identification Marks :

Attesting Officer's Signature :

Name :

SR No :

Designation :

Branch/ Dept :

Place :

Date :

Seal:

**Tamil Nadu Grama Bank**

Head Office  
 HRM Department  
 No.6 Yercaud Road, Hasthampatti  
 Salem –636007



Phone : 0427 - 2402904  
 Fax : 0427 - 2402900  
 E-mail : headoffice@tngb.co.in

**FORMAT – 4**

**Option Form to be filled in by the family of those employees of the Bank who are eligible for family pension (To be submitted in quadruplicate through the Branch / Office from where retired/posted at the time of death)**

FOR BRANCH/RO USE ONLY		Recent Photograph of the applicant to be pasted here and then to be attested by the Branch/Office head	FOR HO USE ONLY
Date of receipt of application at Branch / Office			<b>OPTION NOTED IN SERVICE RECORD</b>
Forwarded to RO on			
Forwarded to HO on			
<b>Forwarded by</b>	<b>Forwarded by</b>		
<b>Signature with Seal of BM</b>	<b>Signature with Seal of RM</b>		<b>General Manager - Admin</b>

The Chairman  
 Tamil Nadu Grama Bank  
 Head Office, Salem - 636007

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

I hereby declare that I have read and understood the Tamil Nadu Grama Bank (Employees) Pension Regulations, 2018 and I hereby voluntarily opt to become a member of the Bank's Pension Scheme and irrevocably authorize the EPFO / RPF 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 my husband/wife/father/mother/son/daughter (delete whichever is not applicable) on his/her death while in service/after retirement from Bank's service. I also undertake to refund the non-refundable withdrawal from EPF balance (Bank's contribution component) availed by my husband/wife/father/mother/son/daughter (delete whichever is not applicable), if any, together with interest at EPF rate from time to time up to the date of retirement / death.

1. Name of the applicant/dependent of deceased employee in Full (in Block letters):
2. Name of the deceased employee in Full (in block letter):
3. EPF No of the deceased employee:
4. Relationship with the deceased employee:
5. Name of guardian if applicant is minor:
6. Present Residential Address (in block letter):
  
7. Date of death of the deceased employee (Documentary evidence to be attached):
8. Date of retirement from Bank's service:
9. Branch /Office last served and post held

10. Branch from where pension to be drawn:

11. List of documents / evidences to be attached:

- a) Copy of Superannuation / retirement order of the deceased employee (If applicable)
- b) Copy of Death Certificate of the Employee
- c) Copy of Birth certificate of child eligible for pension
- d) Copy of AADHAAR CARD/ KYC document in the name of applicant
- e) Any document in support of the stated relation of the applicant

(Mention the name / nature of document)

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

Enclosures: As stated in point 11 above.

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

Place: \_\_\_\_\_

(Signature of the Applicant)

**Signature Attested**

**Branch Manager/Regional Manager/Chief Manager with official Seal**

FORMAT - 6

**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 delete 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)


Place : .....

Date : .....

Name : .....

Designation: .....

Address: .....

	<b>TAMIL NADU GRAMA BANK</b>
	_____ Branch/Office
Ref No. :	Date:

**FORMAT 7**

**Application for grant of Family Pension in the event of death of Employee / Pensioner**

To

The Chairman  
Tamil Nadu Grama Bank  
Head Office, Salem – 636007.

Date:

Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of Tamil Nadu Grama Bank (Employees') Pension Regulations, 2018, I am submitting below the requisite particulars for kind favour of sanction of Family Pension to me.

1. Name of the applicant (in block letters) :

i) Relation with the deceased employee/pensioner:

ii) Date of Birth :

iii) Name of the Guardian if the deceased Person is survived by minor child/children

iv) . Religion and Caste :

02. Present residential address of the applicant (in block letters) :

Contact No:

03. Name & age of surviving parent/widow/widower/children of the deceased employee / pensioner:

SI No	Name	Relationship with the deceased employee/pensioner	Date of Birth ( by Christian era)

04. Name of the deceased employee/pensioner

05. EPF No of the deceased employee :

06. Date of death of the employee /pensioner:

07. Date of retirement (in case of Pensioner):



08. a) Branch/Office in which the deceased employee/  
Pensioner served last and post held by him/her

b) PPO No of the deceased, if any, with the nature  
of pension & Disbursing Authority. :

09. If the applicant is guardian, date of birth of minor  
& relationship with the deceased employee/pensioner

10. a) Is the applicant (other than guardian) a pensioner ? **YES / NO**

if so, indicate the amount of monthly pension :

b) Is the applicant employed? If so, particulars **YES / NO**  
in details with last pay drawn certificate from employer :

11. Description of the applicant including

(a) Height: cm

(b) Personal Identification marks, if any, on hand, face etc.

12. Signature/LTI \*\* of the applicant (Duly Attested by the Branch head with seal)

**SIGNATURE / LTI OF THE APPLICANT**

**SIGNATURE IS ATTESTED**

**(Branch/Regional/Chief Manager with Official 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 :

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 etc.

15. 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.**

	<b>TAMIL NADU GRAMA BANK</b>	
	_____ Branch/Office	
Ref No. :		Date:

**FORMAT 8**

To

The Chief Manager  
 HRM Department  
 Tamil Nadu Grama Bank  
 Head Office  
 Salem

**Dear Sir,**

**Sub: Ten months (prior to death/retirement) average pay & allowances of  
 Shri/Smt. \_\_\_\_\_  
 EPF No \_\_\_\_\_**

We are furnishing below the 10 months (prior to death/retirement) average pay & allowances of Shri/Smt. \_\_\_\_\_ Designation (Last) \_\_\_\_\_, EPF No \_\_\_\_\_ who retired / died on \_\_\_\_\_ for calculation of pension under Tamil Nadu Grama Bank (Employees') Pension Regulations, 2018.

1	Basic Pay	
2	Stagnation Increment	
3	Pay and Allowances rank for DA	
	a) Special Allowance	
	b) Professional Qualification Pay (PQP)	
	c) Special Pay (Key/Daftry/Driving Allowance)	
4	Period of Extra Ordinary Leave on Loss of Pay sanctioned by the Competent Authority and enjoyed during the Service Period	
5	Leave Without Pay during Service Period	

Details of Last Ten Months Salary						
Month wise Breakup Year & Month	Basic Pay	Stagnation Increment	Pay and Allowances Rank for DA			Total
			a	b	c	
			SA	PQP	SP	
<b>Average</b>						


Yours Faithfully,

Branch/Regional Manager (with seal)

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

**Note:**

- 1. Delete which is not applicable
- 2. No columns should be left blank
- 3. Basic Pay & Stagnation Increment to be reported separately in the columns specified
- 4. For arriving at the ten months' average please refer to Regulation 36 read with Regulations 2 (c) & 2 (f) of Tamil Nadu Grama Bank (Employees') Pension Regulations, 2018

	<b>TAMIL NADU GRAMA BANK</b>	
	_____ Branch/Office	
Ref No. :		Date:

**FORMAT 9**

To

The Chief Manager  
HRM Department  
Tamil Nadu Grama Bank  
Head Office  
Salem

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 \_\_\_\_\_  
No \_\_\_\_\_ Retired / died on \_\_\_\_\_:

S No	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 (Mention details)		
	<b>TOTAL LOAN BALANCE</b>		

Yours Faithfully,

Branch Manager (with seal)

\_\_\_\_\_ 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.**