



Tamil Nadu Grama Bank

Pension Cell, HRM
No 6, Yercaud Road, Hasthampatti,
Salem 636007

Joint Photograph

to be attested by

Branch Manager

APPLICATION FORM FOR PENSION

1. Name: PAN No :
 SR No : Designation : Date of Birth :
 Date of Appointment : Date of Retirement :
2. Address for Correspondence :

 Mobile No : Email :
 Phone No :
3. Name of the Branch with code where desire to draw pension with SB Account Number
 Branch : Code :
 SB Account Number :
4. Type of Retirement :
5. Whether Opting for : YES/NO
 Commutation
 If so fraction to be :
 Commuted
6. Nomination submitted for :
 Life Time arrears /
 Pension commutation
7. Whether Ex – Serviceman : Yes/No

8. Indicate whether the employee :
- is drawing pension from any other
source (Military/ State/ Central Govt
/ Public Sector Undertaking
/ Autonomous body) If, so details
- a) Service No. / Rank :
- b) PPO Number :
- c) Particulars of Pension :
- Sanctioning Authority
- d) Date of Retirement :
- e) Amount of Pension :
- f) Whether commuted, if so, :
- give details
9. Worked in foreign service, if so
- a. Place :
- b. Period :
- c. PF Particulars :
- d. Whether P.F. received back :
- /Recredited to C.O Account
10. Enclosures sent with application form :
- (see Note column below)

Signature :

Name of the Employee :

SR NO :

Place :

Date :

Note : 1.Three copies of the passport size recent joint photograph with spouse
(one should be pasted, attested on the form and the rest of the two should be sent
along with the application form)



Tamil Nadu Grama Bank

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Pension Cell, HRM
No 6, Yercaud Road, Hasthampatti,
Salem 636007

DETAILS OF FAMILY

1. Name of the employee :
2. SR No :
3. Designation :
4. Date of Birth :
5. Date of Appointment :
6. Date of Retirement :
7. Details of my family members as on* :

S.No	Name of Family Member	Date of Birth	Relationship with employee	Remarks

8. Contact Address :
-

I hereby give the details of the members of family in the order of preference to receive Family Pension under the TNGB (Employees) Pension Regulations in the event of my death and undertake to keep the above particulars upto date notifying to the Officer (Pension Cell) any addition or alteration.

Place : Signature :

Date : Name & SR No:

* Family for this purpose means family as defined in TNGB (Employees) Pension Regulations

Tamil Nadu Grama Bank

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

**Attested by Branch
Manager**

Dear Sir,

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

- 1. Name in full (in block letters) :
- 2. SR No :
- 3. Designation at the time of retirement :
- 4. Name of Office/Department from which retired :
- 5. Date of birth (as per Bank's service Record) :
- 6. Date of Retirement :
- 7. Class of Pension (as below**) :
- 8. Fraction of Pension proposed to be Commuted not exceeding 1/3rd thereof. :
- 9. Contact Address :
-

Place : Signature :

Date :

** Superannuation/Premature/Compulsory Retirement/ Voluntary Retirement/ Invalid / Compassionate Allowance

Nomination form to receive commuted value pension / life time arrears in case of death of a retiree

Chief Manager,
Pension Cell, HRM,
Tamil Nadu Grama Bank,
Head Office – Salem

I,.....(Name) (SR No) hereby nominate the person named below, under TNGB Employees pension Regulations to receive commuted value of pension / life time arrears.

Name & Address of the Nominee 1	Relationship 2	Date of Birth 3	Name & Address of Person who may receive the said value during the Nominee's minority (if nominee is minor) 4	Name & Address of other nominee in case the nominee in col 1 pre-deceased the pensioner 5	Relationship 6	Date of Birth if the other nominee is minor 7	Name & Address of person who may receive the said value during the other nominees Minority 8	Remarks 9

Place : Date :
Witness Signature :
Name & Address :
SR No :

Signature or Thumb impression of the Pensioner

FORM OF NOMINATION

TO
THE TRUSTEES, TAMIL NADU GRAMA BANK (EMPLOYEES'S) 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 onwhich stand cancelled.

Place :

Date : Signature :

Name of Pensioner/Employee:

WITNESS :

1.

Signature :

EPF No :

Address :

2.

Signature :

EPF No :

Address :

ATTESTED by the Pension Disbursing Branch/ Dept. At H O / Branch

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.*

Tamil Nadu Grama Bank

..... **Branch /Office**

**Clearance / Pre-disbursement formalities to be furnished by
the proposed Pension Paying Branch**

01. Date of Report	
02. Name of the Pension Paying Branch	
03. Branch Code No / SOL ID	
04. Pensioner's name	
05. Pension Type (General or /Family Pension)	
06. PPO No / EPF No (in case of Family Pension , mention EPF No of original pensioner	
07. S B Account No	
08. Date of Certificates	
a) Life Certificate	
b) Non-Marriage/Re-Marriage Certificate (For Family Pensioner only)	
c) Non-Employment/Re-Employment Certificate	
d) Disability Certificate	
09. Whether Undertaking for refund of Excess Payment is taken	YES / NO

Branch Manager
(Please use Branch Seal)

.....**Branch**
.....**Bank**

Date :

Letter of undertaking by the Pensioner and Family Members / Nominees

The Branch Manager

Tamil Nadu Grama Bank

Date :

.....**Branch**

Dear Sir,

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

In consideration of making payment of Pension as per the Tamil Nadu Pension Regulations, 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:

Signature		
Name		
E.P.F No		
Address		

Tamil Nadu Grama Bank

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



Phone : 0427-2522934

E-mail : hrm@tngb.co.in

FORMAT – 3

**Option Form to be filled in by the Retired Employees of the Bank
(To be submitted in quadruplicate through the Branch / Office from where retired)**

FOR BRANCH/RO USE ONLY		FOR HO USE ONLY
Date of receipt of application at Branch / Office		OPTION NOTED IN SERVICE RECORD
Forwarded to RO on		
Forwarded to HO on		
Forwarded by	Forwarded by	
Signature with Seal of BM	Signature with Seal of RM	General Manager - Admin

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 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 :
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 :
9. Branch/Office from where retired :
10. Branch from where pension to be drawn :

Signature

Signature Attested

Branch Manager/Regional Manager/Chief Manager with Official Seal

FORMAT -5

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 NoMobile :.....

Note: This declaration is required to be submitted for a period of two years from the date of retirement.

	TAMIL NADU GRAMA BANK	
	_____ 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	
Average						


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 (t) of Tamil Nadu Grama Bank (Employees') Pension Regulations, 2018

	TAMIL NADU GRAMA BANK	
	_____ 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 _____: EPF

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)		
	TOTAL LOAN BALANCE		

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.