

FORM-1

APPLICATION FOR SANCTION OF PENSION

PLACE:

DATE:

TO
THE CHAIRMAN
CHAITANYA GODAVARI GRAMEENA BANK
HEAD OFFICE
PENSION CELL
GUNTUR

Attn: Pension Cell, Staff Dept

Sir,

Reg: Sanction of Pension Requested.

I request you to sanction pension under the Chaitanya Godavari Grameena Bank (Employees) Pension Regulations, 2018. I furnish here under the particulars, for doing the needful. I authorise you to deduct the amount of dues to the Bank from me from commutation amount payable to me. I also inform you that I will not take up any commercial employment with any institution/private organization within 2 years from the date of retirement without prior permission from the Bank.

- | | |
|--|---|
| 1. Name in Full (in block Letters) | : |
| 2. Father's/Husband's Name | : |
| 3. Staff Code No | : |
| 4. Date of Birth (by Christian era) | : |
| 5. Date of Joining the Bank | : |
| 6. Date of Retirement | : |
| 7. Nature of Retirement | : |
| 8. Cadre at the time of Joining the Bank | : |
| 9. Cadre at the time of Retirement | : |
| 10. Basic pay including stagnation increment drawn, if any, at the time of retirement: | |

.....
*** The expression Commercial employment means:**

- I. Employment in any capacity including that of an agent, under a company, co-operative Society, from or individual engaged in trading Commercial, Industrial, Financial or Professional, Business and includes also a directorship at such company and partnership of such firm, but does not include employment under a body corporate, wholly, substantially owned or controlled by the Central/State Government.
- II. Setting up practice either independently or as a partner of a firm as a adviser or consultant in matters in respect of which the pensioner—
 - a. Has no professional qualifications and the matter in respect of which the practice is to be set up or is carried on are relatable to his official knowledge or experience. (or)
 - b. Has professional qualifications and the matter in respect of which such practice is to be set up are such as are likely to give his clients and unfair advantage by reason of his previous official position. (or)
 - c. Has to undertake work involving liaison or contact with the offices or officers of the Government

11. a) Special allowance drawn if any at the time of Retirement :
b) PQP (if any) :
12. Officiating allowance/FPA drawn, if any, at the time of retirement: :
13. Name of the branch/Office at the time of retirement :
14. Total Service in the bank (mention Years, Months and Days) :
15. Whether the employee was suspended at any time :
during service in the Bank. If yes, furnish details :
16. Was any disciplinary action was initiated against the employee and :
punishment awarded during the service in the Bank. If yes, furnish details” :
17. Address :
18. Amount due by the employee, if any :
(Like Housing Loans, Personal Loans, etc.)

Nature of Amt. Due	Branch/Office	Appx. Amt. Due

19. Details of Family members as on date of retirement: :

S.NO	Name of the Family Member	Date of Birth	Completed Age (Years)	Relationship with the employee	Details of occupation, if any.	Remarks

*Please furnish the details of disorder, disability of mind or otherwise.

Pan Number:

Contact No:

e-mail ID:

Address:

20. Details of commercial employment taken by the employee :

- a) Name of the Organisation :
- b) Address of the Employer :
- c) Designation :
- d) Date of joining with the present employer :
- e) Nature of work :
- f) Salary drawn (furnish particulars) :
- g) Quote letter number for obtaining prior permission from the Competent Authority to take up commercial employment duly enclosing a photo copy of such permission letter:

21. Whether commutation was required separately ? :

22. Date and Amount of receipt of Provident Fund if any :

Declaration by Applicant

I declare that the particulars mentioned above are true and correct and the same are submitted to the best of my knowledge. I am full aware that by willfully making false statement or concealing a relevant fact, I shall incur the risk of losing the Pension.

Signature of the Employee

Acknowledgement

Received from Sri/Smt./Kumari.....Designation.....
application for Sanction of Pension.

Date:

Manager (Pension Cell)

From -2

(Regulation 24)

Form of Application for Sanction of a fraction of Pension

PART-I

Affix attested
passport
photograph.

To
The Chairman
Chaitanya Godavari Grameena Bank
Head Office
Guntur.

Photograph to be attested by
Manager/Officer

Attn: Pension Cell, Staff Department.

Dear Sir,

Commutation of Pension without Medical Examination

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 Chaitanya Godavari Grameena Bank (Employees) Pension Regulations, 2018.

1. Name in Full (in block Letters) :
2. Designation at the time of retirement :
3. Name of the Office/ branch from which retired :
4. Date of Birth (by Christian era) :
5. Date of Retirement :
6. *Fraction of Pension proposed to be commuted :

Place:

Signature:

Date:

Address:

*The applicant should indicate the fraction of amount of monthly pension (subject to a maximum of one third thereof) which he/she desires to commute and not the amount in Rupees.

PART-II

Acknowledgement

Received from Sri/Smt./KumariDesignation
application in Form-II for sanction of Pension.

Date:

Manager (Pension Cell)



CHAITANYA GODAVARI GRAMEENA BANK

(A Government undertaking sponsored by Union Bank of India)

HEAD OFFICE :: GUNTUR

Joint Photo with spouse

Photograph to be attested by Manager/Officer

FORM-5

(Regulation No.51) Nomination Facility

Name of the employee:	
Staff Code No:	
Designation at the time of Retirement:	
Date of Birth:	
Date of Joining in the Bank:	
Date of Retirement (Where applicable):	
Detail of the members of my family as on	
1. Thereby nominate the members of family to receive pension benefits under the Chaitanya Godavari Grameena Bank (Employees) Pension Regulation, 2018 in the event of my death, as per particulars noted overleaf	
2. I hereby undertake to keep the particulars up-to-date by notifying to the Trustees, Chaitanya Godavari Grameena Bank (Employees) Pension Fund, any addition or alteration.	
3. Nomination made herein invalidates my previous nomination.	
Place: Date:	Signature or Thumb Impression:
Witnesses (in case of thumb impression):	
1	2
Signature:	Signature:
Name:	Name:
Occupation:	Occupation:
Address:	Address:

From

To

Branch

Staff Pension Cell
Staff Department,
Head Office, Guntur



CHAITANYA GODAVARI GRAMEENA BANK

(A Government undertaking sponsored by Union Bank of India)

Lr.No. _____

Date: _____

Sir,

Sub: Opening of account for pension transactions of
Sri/Smt./Kumari.....Code No.....

We confirm having opened an SB a/c No. _____ Fvg. _____
For the sole purpose of pension transactions. We undertake not to allow any transaction other
than pension transactions in to the account. We also note that the said account cannot be
closed/transferred without prior approval from Pension Cell, H R Department, Head Office .

Yours faithfully,

Branch Manager

Note: A joint account can be opened with spouse with 'E' or 'S' clause.

We confirm having opened an SBOST a/c No. _____ Fvg. _____

LETTER OF UNDERTAKING

TO
The Secretary,
Chaitanya Godavari Grameena Bank (Employees') Pension Fund
Head Office, Guntur

Sir,

Reg: Chaitanya Godavari Grameena Bank (Employees') Pension Regulation, 2018.

In consideration of your having at my request agreed to make payment of pension due to me every month by credit to my account _____ with your _____ branch.

I, the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which might have been 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 in so credit my pension to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorize the bank to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the bank, without prejudice to the right of the bank to recover the said amount by any other means.

Yours faithfully,

(Signature)

Name:

Code No:

Place:

Date:

Witness:

Signature: 1)

2)

Name:

Address:

FROM
Smt./Sri _____

To

The Chairman,
Chaitanya Godavari Grameena Bank,
Pension Cell, Staff Department
Head Office, Guntur

Dear Sir,

Reg: Issuance of Identity Card to Staff Retired on
attaining superannuation

Affix Latest
Photograph

SPECIMEN SIGNATURE OF PENSIONER

I wish to state that I retired/resigned from Chaitanya Godavari Grameena Bank. I request you to issue identity card to enable me to avail certain concessions basing on the same. I furnish hereunder the information required for issuance of Identity Card.

1.	Name of the Employee		
2.	Staff Code No.		
3.	Date of Birth		
4.	Date of Retirement/Resignation		
5.	Type of Exit	Superannuation / Resignation	
6.	Designation (last held)		
7.	Blood Group		
8.	Branch/Office last worked		
9.	Residential Address		
		PIN CODE:	
10.	Phone No.		
11.	Whether Pension OR PF optee		
12.	Pension drawing branch	Name of Branch where account is maintained	

I further declare that I will not misuse the identity card issued to me and the card will be used solely for the purpose of identity only.

Yours faithfully,

()

Place:

Date:

.....
We recommend for issuance of identity card to the above ex-employee and certify that all the details mentioned above are found to be correct.

Date:

Signature of the forwarding Authority

Seal:

CHAITANYA GODAVARI GRAMEENA BANK

(A Government undertaking sponsored by Union Bank of India)

From:
The Branch Manager,
Chaitanya Godavari Grameena Bank
.....Branch (Code)

To
The Chairman
CGGB

Head Office, Guntur

Dear Sir,

Reg: No Dues Certificate – Staff Mr.....
Code No.....Retirement/VRS- Exited on

We hereunder furnish the detail loans and other liabilities closed/outstanding
In the name of the captioned staff as on date for settlement of Pension benefits.

We have adjusted the following loans/liabilities : **(Advised to submit after closure of all loans/Liabilities)**

S No	Nature of Loan/Advance	A/c Number	Liability	Adjusted on
1	COD staff			
2	Staff Housing Loan ***			
3	Vehicle Loan			
4	Personal Loan			
5	Educational Loan to Children			
6	Festival Advance			
7	Credit Card Overdues, if any			
8	Society			
9	Other Loans			

NOTE:***

Staff Housing Loans with repayment up to 75 years of Employees Retired on Superannuation:

Branches are advised to ensure that housing loan installment are not exceeded by 60% of monthly pension of the retired employee. Wherever the amount of installment is in excess of 60% of Pension, housing loan amount to be adjusted from terminal benefits of the retired employee such that the installment does not exceed 60% of the monthly pension.

Dated:

Yours faithfully,

//Branch Seal//

BRANCH MANAGER
(With Signature Code)

S.No	Name of the Nominee	Date of Birth of the Nominee	Relationship With the Employee	Occupation and Address	Share of Pensionary Benefits receivable	If Nominee is a minor, name address of person who may receive pension during the nominees' minority**	Name & address of other nominee in case the nominee under column (2) pre-deceases the pensioner	Remarks
1	2	3	4	5	6	7	8	9

Signature/Thumb Impression of the employee

XX. Family for this purpose means family as defined in Regulation 2 (0) of Chaitanya Godavari Grameena Bank (Employees') Pension Regulations , 2018.

** Strike out whichever is not applicable.

Note: Wife and husband shall include respectively judicially separated wife and husband.