

राजस्थान मरुधरा ग्रामीण बैंक, प्रधान कार्यालय, जोधपुर

परिपत्र संख्या /176/पेंशन/61/2018-19

दिनांक 01.01.2019

राजस्थान मरुधरा ग्रामीण बैंक (कर्मचारी) पेंशन विनियम, 2018 का क्रियान्वयन – आवश्यक दिशा निर्देश

कृपया संदर्भित विषयान्तर्गत बैंक द्वारा जारी परिपत्र संख्या : 175 पेंशन/60/2018-19 दिनांक 01.01.2019 का अवलोकन करें। जिसके द्वारा भारत सरकार के राजपत्र दिनांक 21.12.2018 में अधिसूचित राजस्थान मरुधरा ग्रामीण बैंक (कर्मचारी) पेंशन विनियम 2018 की प्रति संलग्न कर प्रेषित की गई थी जिसके अनुसार :-

1. प्रभावी तिथि – 01.04.2018
2. राजस्थान मरुधरा ग्रामीण बैंक (कर्मचारी) पेंशन विनियम 2018 प्रवृत्त होने की दिनांक 21.12.2018
3. पात्रता :- राजस्थान मरुधरा ग्रामीण बैंक (कर्मचारी) पेंशन विनियम 2018 के विनियम संख्या 3 के अनुसार होगी।

(अ) दिनांक 01.9.87 को कार्यरत कार्मिक एवं इसके पश्चात दिनांक 31.03.2010 तक बैंक सेवा में नियुक्त कार्मिक जो वर्तमान में कार्यरत हैं, यदि कर्मचारी पेंशन स्कीम 1995 एवं कर्मचारी भविष्य निधि एवं विविध प्रावधान अधिनियम 1952 के सदस्य के स्थान पर राजस्थान मरुधरा ग्रामीण बैंक (कर्मचारी) पेंशन विनियम 2018 के तहत गठित पेंशन निधि का सदस्य बनना चाहते हैं तो अधिसूचित दिनांक 21.12.2018 से 120 दिन के भीतर (दिनांक 19.04.2019 को या इससे पूर्व) इस परिपत्र के साथ संलग्न Format 1 में अपना विकल्प चार प्रतियों में वर्तमान कार्यरत शाखा/कार्यालयों के शा.प्र./विभागाध्यक्ष/क्षेत्रीय प्रबन्धक को सुपुर्द करें।

(ब) पात्र सेवा निवृत्त कार्मिक यदि कर्मचारी पेंशन स्कीम 1995 एवं कर्मचारी भविष्य निधि एवं विविध प्रावधान अधिनियम 1952 के सदस्य के स्थान पर राजस्थान मरुधरा ग्रामीण बैंक (कर्मचारी) पेंशन विनियम 2018 के तहत गठित पेंशन निधि का सदस्य बनना चाहते हैं तो अधिसूचित दिनांक 21.12.2018 से 120 दिन के भीतर (दिनांक 19.04.2019 को या इससे पूर्व) इस परिपत्र के साथ संलग्न Format 2 में अपना विकल्प चार प्रतियों में प्रेषित किया जाना है।

(स) पात्र मृत कार्मिक के परिवार सदस्य जो पारिवारिक पेंशन लेने की पात्रता रखते हैं एवं कर्मचारी पेंशन स्कीम 1995 एवं कर्मचारी भविष्य निधि एवं विविध प्रावधान अधिनियम 1952 के सदस्य के स्थान पर राजस्थान मरुधरा ग्रामीण बैंक (कर्मचारी) पेंशन विनियम 2018 के तहत गठित पेंशन निधि का सदस्य बनना चाहते हैं तो अधिसूचित दिनांक 21.12.2018 से 120 दिन के भीतर (दिनांक 19.04.2019 को या इससे पूर्व) इस परिपत्र के साथ संलग्न Format 3 में अपना विकल्प चार प्रतियों में प्रेषित किया जाना है।

नोट :- सेवानिवृत्त/पारिवारिक पेंशन हेतु पात्र सेवानिवृत्त कार्मिक/मृत कार्मिक के परिवार जो कि पेंशन योजना में शामिल होना चाहते हैं, अपना विकल्प निम्नांकित में से किसी भी शाखा/कार्यालय में प्रस्तुत कर सकेंगे।

- (1) उनके स्थायी निवास के नजदीकी हमारे बैंक की शाखा।
- (2) बैंक की वह शाखा जहां से वे सेवानिवृत्त हुए हैं।
- (3) हमारे बैंक की वह शाखा जहां वह अपना खाता रखते हैं।
- (4) हमारे बैंक की वह शाखा जहां से वह पेंशन प्राप्त करना/लेना प्रस्तावित करते हैं।

शाखाओं / कार्यालयों द्वारा सेवानिवृत्त कर्मचारियों /उन कर्मचारियों के परिवार सदस्य जो पारिवारिक पेंशन हेतु पात्र हैं,द्वारा प्रस्तुत विकल्प पत्रों को,यह ध्यान रखें बिना कि वे कर्मचारी उसी शाखा से सेवानिवृत्त हुए अथवा अन्तिम समय पदस्थापित थे,प्राप्त/पावति करनी चाहिये तथा विकल्पियों के हस्ताक्षर को प्रमाणित कर उसी दिन अथवा अगले दिन विकल्प पत्र की चार प्रतियों पेंशन प्रकोष्ठ ,प्रधान कार्यालय,जोधपुर को प्रेषित किये जायेंगे तथा इसके प्रेषण का अभिलेख रखा जायेगा ।

(द) दिनांक 01.04.2010 से दिनांक 31.03.2018 तक नियुक्त एवं वर्तमान में कार्यरत कार्मिक यदि कर्मचारी पेंशन स्कीम 1995 एवं कर्मचारी भविष्य निधि एवं विविध प्रावधान अधिनियम 1952 के सदस्य के स्थान पर राजस्थान मरुधरा ग्रामीण बैंक (कर्मचारी) पेंशन विनियम 2018 के अनुसार लागू एनपीएस का सदस्य बनना चाहते हैं तो अधिसूचित दिनांक 21.12.2018 से 120 दिन के भीतर (दिनांक 19.04.2019 को या इससे पूर्व) इस परिपत्र के साथ संलग्न Format 14 में अपना विकल्प चार प्रतियों में वर्तमान कार्यरत शाखा के शा.प्र. /विभागाध्यक्ष/क्षेत्रीय प्रबन्धक को सुपुर्द करें ।

(य) दिनांक 01.04.2018 से नियुक्त एवं वर्तमान में कार्यरत कार्मिकों को अनिवार्य रूप से राष्ट्रीय पेंशन प्रणाली (एनपीएस) की सदस्यता लेनी होगी जिसके लिये आवश्यक सदस्यता फार्म भरने हेतु पृथक से दिशा निर्देश जारी किये जा रहे हैं ।

नोट:- बिन्दु क्रमोंक 3 (अ) व (द) शाखा /क्षेत्रीय कार्यालय/विभागाध्यक्ष को दैनिक आधार पर प्राप्त विकल्प पत्र की चार प्रतियों पेंशन प्रकोष्ठ ,प्रधान कार्यालय,जोधपुर को प्रेषित किये जायेंगे तथा इसके प्रेषण का अभिलेख रखा जायेगा ।

4. पेंशन निधि में सदस्यता बिन्दु संख्या 3 (अ से द) में वर्णित कार्मिकों के द्वारा पेंशन निधि के सदस्य बनने का विकल्प अधिसूचना दिनांक 21.12.2018 से 120 दिन के अंदर अर्थात अन्तिम दिनांक 19.04.2019 . तक बैंक को निर्धारित प्रारूप में विकल्प नहीं प्रदान करता है तो विकल्प न देने की स्थिति में उन कार्मिकों को कर्मचारी पेंशन स्कीम 1995 एवं कर्मचारी भविष्य निधि एवं विविध प्रावधान अधिनियम 1952 का ही सदस्य माना जायेगा ।

5. **बैंक द्वारा भविष्य निधि मद में किये गये अंशदान मय ब्याज के जमा कराने के क्रम में :-**

(अ) दिनांक 01.9.87 को कार्यरत कार्मिक एवं इसके पश्चात दिनांक 31.03.2010 तक बैंक सेवा में नियुक्त कार्मिक जो वर्तमान में कार्यरत हैं तथा जिन्होंने पेंशन निधि का सदस्य बनने का विकल्प दिया है उनका कर्मचारी एवं बैंक अंशदान की भविष्य निधि राशि मय ब्याज के भविष्य निधि कार्यालय से भुगतान प्राप्त कर बैंक अंशदान को पेंशन निधि में तथा कर्मचारी अंशदान को भविष्य निधि ट्रस्ट में जमा किया जायेगा ।

(ब) बिन्दु संख्या 1 (ब एवं स) में वर्णित पात्र सेवानिवृत्त कार्मिकों/मृत कार्मिकों के परिवार ने पेंशन निधि का सदस्य बनने का विकल्प दिया है उनको विकल्प देने की निर्धारित अंतिम तिथि 19.04.2019 के 60 दिवस के अन्दर अर्थात दिनांक 18.06.2019 तक राजस्थान मरुधरा ग्रामीण बैंक (कर्मचारी) पेंशन विनियम 2018 के विनियम संख्या 3 के अनुसार बैंक अंशदान मय ब्याज की धन राशि को बैंक में जमा करानी होगी । यदि किसी कार्मिक ने बैंक अंशदान से अग्रिम /ऋण प्राप्त किया गया है तो वह राशि भी मय ब्याज के बैंक में जमा करानी होगी ।

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कृपया नोट करें निर्धारित अंतिम तिथि 18.06.2019 तक उक्त धन राशि वापिस नहीं किये जाने की स्थिति वह कार्मिक कर्मचारी पेंशन स्कीम 1995 एवं कर्मचारी भविष्य निधि एवं विविध प्रावधान अधिनियम 1952 के अन्तर्गत आच्छादित होगा तथा वह पेंशन विनियम संख्या 3 के अन्तर्गत पेंशन निधि के सदस्य हेतु पात्र नहीं होगा ।

6. कर्मचारी पेंशन योजना 1995 के अधीन देय पेंशन राशि के सम्बन्ध में –
अधिसूचना दिनांक 21.12.2018 के पूर्व पात्र सेवानिवृत्त कार्मिक एवं मृतक कार्मिक के परिवार कर्मचारी पेंशन योजना 1995 के अधीन पेंशन घटक की राशि प्राप्त करता रहेगा और राजस्थान मरुधरा ग्रामीण बैंक (कर्मचारी) पेंशन विनियम 2018 के अन्तर्गत देय पेंशन की शेष राशि निधि में से दी जायेगी । ऐसे सभी पात्र सेवानिवृत्त कार्मिक एवं मृतक कार्मिक के परिवार द्वारा अपने विकल्प पत्र में पीपीओ नं. और पेंशन घटक की राशि को अनिवार्य रूप से उल्लेखित किया जाना है ।
7. राजस्थान मरुधरा ग्रामीण बैंक (कर्मचारी) पेंशन विनियम 2018 में वर्णित अन्य प्रावधानों के क्रियान्वयन के लिये आवश्यक कार्यवाही जारी है तथा तदनुसार उनकी जानकारी यथासमय अलग से अवगत करवाई जायेगी ।
8. पेंशन फॉर्मेट्स – इस परिपत्र के साथ निम्नानुसार 17 फॉर्मेट्स संलग्न किये जा रहे हैं ,जो पेंशन प्रक्रिया के तहत काम में आयेगें । इन फॉर्मेट्स में पात्र सदस्यों के द्वारा किसी प्रकार का परिवर्तन नहीं किया जायेगा तथा निर्धारित फॉर्मेट में ही सूचनाएँ प्रेषित की जायेगी ।

1.	Option Form to be filled in by the Employees who are in service of the Bank	FORMAT – 1
2.	Option Form to be filled in by the Retired Employees of the Bank	FORMAT – 2
3.	Option Form to be filled in by the family of those employees of the Bank who are eligible for family pension	FORMAT - 3
4.	Ten months (prior to retirement / death) average pay & allowances	FORMAT - 4
5.	Particulars of Outstanding Liabilities of the Employee / Retired Employee	FORMAT - 5
6.	Life Certificate	FORMAT - 6
7.	Acceptance / Non-acceptance of Commercial Employment	FORMAT -7
8.	Certificate of Non-Marriage / Re-marriage	FORMAT -8
9.	Letter of undertaking by the Pensioner	FORMAT -9
10.	Letter of undertaking by the Pensioner and Family Members / Nominees	FORMAT -10
11.	Form of Nomination	FORMAT -11
12.	Application for grant of Family Pension in the event of death of the Employee/Pensioner	FORMAT -12
13.	Clearance/ Pre-disbursement formalities to be furnished by the proposed Pension Paying Branch	FORMAT- 13
14.	Option Form to be filled in by the employees who joined the service of the Bank between 01 April 2010 and 31 March 2018	FORMAT- 14
15.	Application for Commutation of Pension without Medical Examination	Notification - Form VI
16.	Application for Commutation of Pension subject to Medical Examination	Notification - Form VII (Part I to III)
17.	Declaration by the Pensioner for facilitating Medical Examination by the Bank's Medical Officer	Notification - Form VIII (Part I to III)

विशेष :- पात्र सेवानिवृत्त कार्मिको/मृतक परिवार के सदस्य सेवानिवृत्ति के समय/मृत्यु के समय भविष्य निधि कार्यालय से प्राप्त अंतिम भुगतान का साक्ष्य एवं बैंक अंशदान से कोई ऋण /अग्रिम लिया गया तो उसका साक्ष्य भी अपने विकल्प फॉर्मेट के साथ संलग्न करें । पात्र सेवानिवृत्त कार्मिको /मृतक परिवार के सदस्य जो सारांशीकरण के लिये पात्र होंगे,को निर्धारित प्रपत्र में आवेदन बाद में अलग से सूचना दिये जाने पर प्रस्तुत करने हैं ।

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9. निर्दिष्ट तिथि –


(1) विकल्प देने की अंतिम दिनांक 19.04.2019

(2) बैंक अंशदान जमा कराने की अंतिम दिनांक 18.06.2019 (विकल्प देने की अंतिम दिनांक से 60 दिन के भीतर)

समस्त शाखा प्रबन्धकों /क्षेत्रीय प्रबन्धकों/विभागाध्यक्षों को निर्देशित किया जाता है कि कृपया इस परिपत्र की विषय वस्तु शाखाओं/कार्यालयों में कार्यरत समस्त कार्मिकों के संज्ञान में लाया जाना एवं पृष्टि स्वरूप परिपत्र पर सभी कार्मिकों के हस्ताक्षर प्राप्त किया जाना सुनिश्चित करें । परिपत्र की एक प्रति शाखा/कार्यालय के नोटिस बोर्ड पर लगावें ।

समस्त शाखाओं/क्षेत्रीय कार्यालयों को निर्देश है कि अपनी शाखा/कार्यालय से पात्र सेवानिवृत्त कार्मिकों/मृतक कार्मिकों के परिवार को उक्त परिपत्र को पंजीकृत मय पावति डाक से प्रेषित किया जाना एवं पुष्टि स्वरूप पावति को अभिलेखों में सुरक्षित रखा जाना सुनिश्चित करे ।

राजस्थान मरुधरा ग्रामीण बैंक (कर्मचारी) पेंशन विनियम 2018 की अधिसूचित राजपत्र की प्रति हमारी बैंक की वेबसाइट www.rmgb.in पर अपलोड की गई है । तदनुसार सबको अवगत करावें ।



अध्यक्ष
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**FORMAT RELATED TO RAJASTHAN MARUDHARA GRAMIN BANK (EMPLOYEES')
PENSION SCHEME, 2018**

CONTENTS

1.	Option Form to be filled in by the Employees who are in service of the Bank	FORMAT - 1
2.	Option Form to be filled in by the Retired Employees of the Bank	FORMAT - 2
3.	Option Form to be filled in by the family of those employees of the Bank who are eligible for family pension	FORMAT - 3
4.	Ten months (prior to retirement / death) average pay & allowances	FORMAT - 4
5.	Particulars of Outstanding Liabilities of the Employee / Retired Employee	FORMAT - 5
6.	Life Certificate	FORMAT - 6
7.	Acceptance / Non-acceptance of Commercial Employment	FORMAT - 7
8.	Certificate of Non-Marriage / Re-marriage	FORMAT - 8
9.	Letter of undertaking by the Pensioner	FORMAT - 9
10.	Letter of undertaking by the Pensioner and Family Members / Nominees	FORMAT - 10
11.	Form of Nomination	FORMAT - 11
12.	Application for grant of Family Pension in the event of death of the Employee/Pensioner	FORMAT - 12
13.	Clearance/ Pre-disbursement formalities to be furnished by the proposed Pension Paying Branch	FORMAT- 13
14.	Option Form to be filled in by the employees who joined the service of the Bank between 01 April 2010 and 31 March 2018	FORMAT- 14
15.	Application for Commutation of Pension without Medical Examination	Notification - Form VI
16.	Application for Commutation of Pension subject to Medical Examination	Notification - Form VII (Part I to III)
17.	Declaration by the Pensioner for facilitating Medical Examination by the Bank's Medical Officer	Notification - Form VIII (Part I to III)

FORMAT – 1
**RAJASTHAN MARUDHARA GRAMIN BANK, HEAD OFFICE
TULSI TOWER, 9TH B ROAD, SARDARAPURA, JODHPUR**

*Option Form to be filled in by the employees who are in service of the Bank
(To be submitted in quadruplicate through their present Branch / Office)*

Date of receipt of application at Branch / Office		FOR HO USE ONLY
Forwarded on		
Forwarded by		
Signature with office seal (Branch/Office)		(Signature of the concerned Authority at HO with date)

The Chairman
Rajasthan Marudhara Gramin Bank
Head Office, JODHPUR

Date : _____

I hereby declare that I have read and understood the Rajasthan Marudhara Gramin 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 01 APRIL 2018 (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. E P F No: _____

5. Present Residential Address: _____

6. Date of Birth: _____

7. Date of joining in the Bank' service: _____

8. Present place of posting: _____ Branch / Office.

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

FORMAT - 2

**RAJASTHAN MARUDHARA GRAMIN BANK, HEAD OFFICE
TULSI TOWER, 9TH B ROAD, SARDARAPURA, JODHPUR**

**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)**

Date of receipt of application at Branch / Office		FOR HO USE ONLY
Forwarded on		
Forwarded by		
Signature with office seal (Branch/Office)		(Signature of the concerned Authority at HO with date)

The Chairman
Rajasthan Marudhara Gramin Bank
Head Office, JODHPUR

Date : _____

I hereby declare that I have read and understood the Rajasthan Marudhara Gramin Bank (Employees') Pension Regulations, 2018 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 (at the time of retirement): _____
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' service: _____
9. Branch / Office from where retired: _____ Branch / Office.
10. Branch from where pension to be drawn: _____ Branch

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

FORMAT - 3



**RAJASTHAN MARUDHARA GRAMIN BANK, HEAD OFFICE
TULSI TOWER, 9TH B ROAD, SARDARAPURA, JODHPUR**

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)

Date of receipt of application at Branch / Office	Recent photograph of the applicant to be pasted here and then to be attested by the Branch /Office Head	FOR HO USE ONLY
Forwarded on:		OPTION NOTED IN SERVICE RECORD / EPF RECORD OF THE DECEASED EMPLOYEE
Forwarded by:		
Signature with office seal (Branch/Office)		(Signature of the concerned Authority at HO with date)

The Chairman
Rajasthan Marudhara Gramin Bank
Head Office, JODHPUR

Date : _____

I hereby declare that I have read and understood the Rajasthan Marudhara Gramin 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 / 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 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: _____ Branch
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.

(Signature of the applicant)

Date: _____

Place: _____

Signature attested by the Branch/Office Head with Office Seal



FORMAT - 4

RAJASTHAN MARUDHARA GRAMIN BANK, HEAD OFFICE
TULSI TOWER, 9TH B ROAD, SARDARAPURA, JODHPUR

Ref : _____

The Chief Manager
Pension Cell
Rajasthan Marudhara Gramin Bank
Head Office, Jodhpur

Date: _____

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 Rajasthan Marudhara Gramin Bank (Employees') Regulations, 2018.

1. Basic Pay	
2. Stagnation increment	
3. Pay and Allowances rank for DA	
a) (Mention nature of allowance)	
b)	
c)	
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	

Yours faithfully,

Signature with Seal

....., Branch

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 _____ of _____ Bank (Employees') Pension Regulations, 2018



FORMAT – 4 (PAGE – 2)
RAJASTHAN MARUDHARA GRAMIN BANK,
BRANCH / OFFICE :

DETAILS OF LAST TEN MONTHS SALARY

MONTHWISE BREAK UP YEAR & MONTH →										
1. Basic Pay										
2. Stagnation increment										
3. Pay and Allowances rank for DA										
a) (Mention nature of allowance)										
b)										
c)										
d)										
TOTAL										
AVERAGE										

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 Rajasthan Marudhara Gramin Bank (Employees') Pension Regulations, 2018

Date _____

Signature with seal



FORMAT - 5
RAJASTHAN MARUDHARA GRAMIN BANK,
BRANCH / OFFICE :

Ref : _____

The Chief Manager

Pension Cell

Rajasthan Marudhara Gramin Bank

Head Office Jodhpur

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

Rajasthan Marudhara Gramin 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 "N | L" Certificate in case of no outstanding liability.

FORMAT - 6

..... STAFF PENSION* (GENERAL PENSION)		Customer ID	
..... FAMILY PENSION*		S B A/C No	

(*Please ✓ as applicable)

LIFE CERTIFICATE

(To be submitted by the Pensioner once in a year in November)

Certified that I have seen the pensioner (name)
.....
.....(address) holder of PPO No..... and that he /she is alive on this
day. His / Her AADHAAR No

(Signature of the Pensioner/Family Pensioner with date)

(Signature with office seal)

Date:.....

Name:.....

Place:.....

Designation:.....Branch:

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:

SB (Pension) Account No Mobile :.....

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

FORMAT - 8

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:

FORMAT - 9

Letter of undertaking by the Pensioner

The Branch Manager
Rajasthan Marudhara Gramin Bank
Branch

Date : _____

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		

FORMAT – 10

Letter of undertaking by the Pensioner and Family Members / Nominees

The Branch Manager
Rajasthan Marudhara Gramin Bank
Branch

Date: _____

Dear Sir,

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

In consideration of making payment of Pension as per the Rajasthan Marudhara Gramin Bank 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		

FORMAT - 11

FORM OF NOMINATION

TO

THE TRUSTEES, Rajasthan Marudhara Gramin 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
			(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 : _____

WITNESS : 1. _____

2. _____

Address : _____

Address : _____

Signature

EPF No _____

Signature

EPF No _____

ATTESTED by the Pension Disbursing Branch/ Deptt. 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.

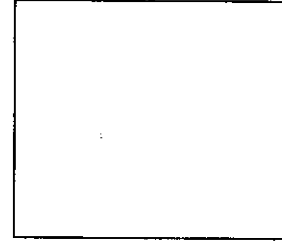
3. Strike out which is not applicable.



FORMAT – 12
RAJASTHAN MARUDHARA GRAMIN BANK, HEAD OFFICE
TULSI TOWER, 9TH B ROAD, SARDARAPURA, JODHPUR

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

The Chairman
Rajasthan Marudhara Gramin Bank
Head Office, JODHPUR



Date : _____

Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of Rajasthan Marudhara Gramin 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:

Sl 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
IS ATTESTED**

(Signature of the Branch Head 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 :

- 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.**

**FORMAT - 13****RAJASTHAN MARUDHARA GRAMIN BANK, HEAD OFFICE
TULSI TOWER, 9TH B ROAD, SARDARAPURA, JODHPUR****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)***Rajasthan Marudhara Gramin Bank****Branch**

Date: _____



FORMAT - 14
RAJASTHAN MARUDHARA GRAMIN BANK, HEAD OFFICE
TULSI TOWER, 9TH B ROAD, SARDARAPURA, JODHPUR

Option Form to be filled in by the employees who joined the service of the Bank
between 01 April 2010 and 31 March 2018

(In terms of Rajasthan Marudhara Gramin Bank (Employees') Pension Regulations, 2018 (Refer Chapter II, Regulation 3(3))
(To be submitted in quadruplicate through their present Branch / Office)

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

The Chairman
Rajasthan Marudhara Gramin Bank
Head Office, JODHPUR

Date: _____

I hereby declare that I have read and understood the Rajasthan Marudhara Gramin Bank (Employees') Pension Regulations, 2018.

*I am presently covered under EPF Scheme 1995 and hereby irrevocably undertake and opt remain covered under EPF Scheme 1995 only

OR

*I hereby opt to become a member of the National Pension System (NPS) and irrevocably authorise the Bank / EPF Trustees / EPFO / RPFC to transfer the entire contribution of Myself and the Bank along with the interest thereon to the credit of Fund Manager to be appointed for this purpose. I understand that I am required to contribute to the NPS at the rates determined by the Bank/PFRDA from time to time. 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. E P F No: _____

5. Present Residential Address: _____

6. Date of Birth: _____ 7. Date of joining in the Bank' service: _____

8. Present place of posting: _____ Branch / Office.

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

*Strikeout whichever is not applicable.



Notification - Form VI

[See regulation 39 (9)]

Rajasthan Marudhara Gramin Bank

Application for Commutation of Pension without Medical Examination

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

To

Designated Authority

Space for
Affixing
attested
passport
size
photograph

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 **Rajasthan Marudhara Gramin Bank** (Employee's) Pension Regulations, 2018. The necessary particulars are furnished below:

Name in full (in block letters) : _____
Designation at the time of Retirement : _____
Name of Office/Department from which retired : _____
Date of birth (as per Bank's Service Record) : _____
Date of Retirement : _____
Class of Pension : _____
Fraction of Pension proposed to be Commuted not exceeding 1/3rd thereof. : _____

Signature

Place :

Address: _____

Date

Acknowledgement

Received from Shri/Smt/Kum _____

application for commutation of Pension.

Former Designation

Place :

Date :

(Signature of Designated Authority)



Notification - Form VII

[See regulation 39 (9)]

Rajasthan Marudhara Gramin Bank

Application for Commutation of Pension subject to Medical Examination
(to be submitted in duplicated)

PART - I

To
Designated Authority

Space for
Affixing
attested
passport
size
photograph

Dear Sir,

I desire to commute a fraction of my pension in accordance with **Rajasthan Marudhara Gramin Bank** (Employee's) Pension Regulations, 2018. An attested copy of my photograph is affixed on the application and an unattested copy is enclosed. The necessary particulars are furnished below:

1. Name in full (in block letters) : _____
2. Designation at the time of retirement : _____
3. Name of Office/Department from which retired : _____
4. Date of birth (as per Bank's Service Record) : _____
5. Date of Retirement : _____
6. Class of Pension : _____
7. Fraction of Pension proposed to be commuted not exceeding 1/3rd thereof : _____
8. Preference for station where medical examination is desired to take place : _____

Place :

Date :

Signature

Address : _____

Acknowledgement

Received from Shri/Smt/Kum. _____
_____ application for commutation of Pension.
(Former Designation)

Place :

Date :

(Signature of Designated Authority)



Notification - Form VII - PART - II

[See regulation 39 (9)]

Rajasthan Marudhara Gramin Bank

(To be completed by the Designated Authority)

1. Name of the Applicant : _____
2. Date of birth (as per Bank's Service Record) : _____
3. Date of Retirement : _____
4. Class of Pension : _____
5. Amount of Pension : _____
6. Amount of Pension desired to be commuted : _____

On the basis of

Normal Age	Added Years	
	1 Year	2 Years
_____	_____	_____
Rs.	Rs.	Rs.

- 7.(i) Sum payable if commutation becomes absolute before the applicant's next birthday which falls on _____ : _____
- (ii) Sum payable if commutation becomes absolute after the applicant's next birthday which falls on _____ : _____
8. Number of enclosures, if any (see note below)

Place :

Date :

(Signature of Designated Authority)

Note: The Designated Authority should enclose with the Form, a copy of the receipt or statement of the applicant's case if the applicant has been granted invalid pension or has previously commuted a part of his pension or declined to accept commutation on the basis of an addition of years to actual age, or has been refused (commutation) on medical grounds.



Notification - Form VII - PART - II (contd.)

[See regulation 39 (9)]

Rajasthan Marudhara Gramin Bank

Copy forwarded to Shri/Smt./Kum. _____

(give complete postal address)

with the remarks that subject to the Bank's Medical Officer's recommendation, he/she will, on the basis of the report of the Designated Authority be eligible for the lump sum payment in lieu of the amount of pension to be commuted as follows:-

On the basis of		
Normal Age	Added Years	
	1 Year	2 Years
Rs.	Rs.	Rs.
_____	_____	_____

- (i) Sum payable if commutation becomes absolute before the applicant's next birthday which falls on _____ : _____
- (ii) Sum payable if commutation becomes absolute after the applicant's next birthday which falls on _____ : _____

Note: The Table of the present value, on the basis of which calculation by the Designated Authority has been made, is subject to alteration at any time without notice and consequently the basis is liable to revision before payment is made and the sum payable will be the sum appropriate to the applicant's age on his birthday next after the date on which the commutation becomes absolute or if the medical authority directs that years will be added to that age, to the consequent assumed age.

Acknowledgement

Shri/Smt./Kum. _____ should report for medical examination to the Bank's Medical Officer at Bank's Dispensary between _____ a.m. and _____ p.m. on _____. He/She should take with him/her the enclosed Form No.VIII with the particulars required in Part-1 completed except the signature or thumb impressions.

Place :
Date :

(Signature of Designated Authority)



Notification - Form VII - PART III

[See regulation 39 (9)]

Rajasthan Marudhara Gramin Bank

Ref. No.:
Date :

To

Dr. _____
(Bank's Medical Officer)

Sir/Madam,

Medical Examination-Commutation of Pension

Shri /Smt./ Kum. _____ who retired from the service on _____
_____ as _____ (Designation) has applied for commuting a
fraction of his/her pension for a lump sum payment. The following documents are forwarded herewith.

- (a) Application in Form No.VII in original.
(b)* Report or statement of the applicant's case if he has been granted invalid pension or has previously commuted a fraction of his pension or declined to accept commutation on the basis of addition of years to his actual age or has been refused commutation on Medical Grounds.

In terms of regulation _____ of **Rajasthan Marudhara Gramin Bank** (Employees' Pension Regulations, 2018 (commutation of pension), Shri/Smt./Kum. _____ should be examined by a Bank's Medical Officer. It is requested that arrangement may be made to get Shri / Smt. / Kum _____ examined as expeditiously as possible preferably within four weeks.

A copy of this letter is being endorsed to him/her so that he/she may appear for medical examination before you at the earliest.

The receipt of this letter may please be acknowledged.

Yours faithfully

(Designated Authority)

*Strike off whichever not applicable



Notification - Form VIII

[See regulation 39(9)]

Rajasthan Marudhara Gramin Bank

PART I

Name of Bank - **Rajasthan Marudhara Gramin Bank**

**Declaration by the Pensioner for facilitating
Medical Examination by the Bank's Medical Officer.**

Space for
Affixing attested
passport size
photograph

The applicant must complete this statement prior to his examination by Bank's Medical Officer and must sign the declaration appended thereto in the presence of Bank's Medical Officer.

1. Name in full (in block letters)
2. Date of birth (as per Bank's Service Record)
3. Particulars regarding Parents.
Father's age, if living and state of health.
Father's age at death and cause of death.
Mother's age, if living and state of health.
Mother's age at death and cause of death.
4. Have you been considered for grant of invalid Pension
If so, state the ground thereof.
5. Have you been granted leave on Medical certificate during the Last three years of your service if so, state period of leave and nature of illness.
6. Have you during the last three years period
 - (a) suffered from any major illness requiring hospitalization
If so, the nature of illness and period of hospitalization may please be indicated; or
 - (b) undergone any major surgical operation
 - (c) lost or gained weight markedly

**Declaration by Applicant
To be signed in presence of the Bank's Medical Officer**

I declare all the above answers to be, to the most of my belief, true and correct.

I am fully aware that by wilfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation.

Applicant's signature or thumb- impression in case of illiterate applicant

(Signature of Bank's Medical Officer)



Notification - Form VIII - PART II
Rajasthan Marudhara Gramin Bank

Medical details of the Pensioner
(To be filled by the examining Medical Officer)

1. Apparent age
2. Height
3. Weight
4. Describe any scars or identifying Marks of the applicant
5. Pulse rate-
 - a) Sitting
 - b) Standing

What is the character of the pulse

6. Blood pressure-
 - a) Systolic
 - b) Diastolic
7. Is there any evidence of disease of the main organs -
 - a) Heart
 - b) Lungs
 - c) Liver
 - d) Spleen
 - e) Kidney
8. Investigations (wherever considered necessary by the Bank's Medical Officer)
 - (i) Urine (State specific gravity)
 - (ii) Blood
 - (iii) X-R-ray Chest
 - (iv) E.C.G.
9. Any additional finding



Notification - Form VIII - PART III
Rajasthan Marudhara Gramin Bank

Certificate of Fitness for Payment of Commutation of pension
(To be filled by the examining Medical Officer)

I/We have carefully examined Shri/Smt./Kum. _____ and am/are of opinion that-

He /She is in good bodily health and has the prospect of an average duration of life.

OR

He /She is not in good bodily health and is not a fit subject for commutation.

OR

Although he/she is suffering from _____

_____ he/she is considered fit subject for commutation but his/her age for the purpose of commutation, i.e. the age next birthday should be taken to be _____ (In words) years more than his/her actual age.

Place :

Date :

(Signature and Designation of
Examining Medical Officer)