

ANDHRA PRAGATHI GRAMEENA BANK

HEAD OFFICE:: KADAPA

CIR. No. 315-2018-BC-STF

Date: 26.12.2018.

NOTIFICATION OF ANDHRA PRAGATHI GRAMEENA BANK(EMPLOYEES') PENSION REGULATIONS, 2018& ANDHRA PRAGATHI GRAMEENA BANK (OFFICERS AND EMPLOYEES) SERVICE (AMENDMENT) REGULATIONS, 2018- OPERATIONAL GUIDELINES

Pursuant to the directions of Dept. of Financial Services, Ministry of Finance, Govt. of India as per letter F.No.8/20/2010-RRB dated 23.10.2018 and as per instructions of NABARD vide Letter No. NB.IDD/344/316 (Pension)/2018-19, dated 23.10.2018, Board of Directors of our Bank in their Meeting dated 03.11.2018 approved Andhra PragathiGrameena Bank (Employees') Pension Regulations, 2018 and Andhra PragathiGrameena Bank (Officers & Employees)Service (Amendment)Regulations, 2018 for publication in the Official Gazette of Govt. of India. Accordingly these regulations were published in the Official Gazette of Govt. of India Extraordinary, part-III, Section-4 on 11.12.2018. The extracts of Andhra PragathiGrameena Bank (Employees') Pension Regulations, 2018 and Andhra PragathiGrameena Bank (Officers& Employees)Service (Amendment) Regulations, 2018 are enclosed for reference of all concerned. The Branches / Offices are advised to adhere to and follow the operational guidelines as mentioned below.

OPERATIONAL GUIDELINES:

1. As per Regulation No. 3 of Andhra PragathiGrameena Bank (Employees') Pension Regulations, 2018, the eligible serving staff members, the retired staff members and the family of deceased staff members are required to exercise their options in writing in the prescribed format within 120 days from the date of publication of notification in Gazette of India (**i.e. on or before 09.04.2019**) to become a member of the Andhra PragathiGrameena Bank (Employees') Pension Fund.
2. Staff Members who have joined the Bank on or before 31.03.2010 and are continuing in the Bank's service as on date are required to exercise their option in writing in **Format -1** in quadruplicate (4 copies) to become a member of Andhra PragathiGrameena Bank (Employees') Pension fund.
3. Staff members who have joined the Bank between 01.04.2010 and 31.03.2018 and are continuing in the Bank's Service as on date are required to exercise their option in writing in **Format- 14** either to be covered by the National Pension System (NPS) or to continue to be governed under the Employees' Pension scheme, 1995.

4. Staff members who joined/join the Bank on or after 01.04.2018 and are continuing in the Bank's service as on date shall be covered by the National Pension System (NPS) automatically and there is no need to exercise any option in this regard.
5. The retired staff members are required to exercise their option in writing in **Format-2** in quadruplicate (i.e.4 copies) at the last served Branch/ Office within the stipulated time to become a member of Andhra Pragathi Grameena Bank (Employees') Pension fund. In addition to the above, they have to submit life certificate in **Format-6** and a declaration as to acceptance/ non-acceptance of commercial employment in **Format-7**.
6. The family of deceased staff members are required to exercise their option in writing in **Format-3** in quadruplicate (i.e.4 copies) at the last served Branch/ Office within the stipulated time to become a member of Andhra Pragathi Grameena Bank (Employees') Pension fund. In addition to the above, they have to submit life certificate in **Format-6** , Certificate of Non-Marriage/Re-Marriage in **Format-8** and Application for grant of Family Pension in the event of death of employee/Pensioner in **Format-12**. In case the employees deceased after their retirement, the original death certificate & original family members' certificate to that effect shall be submitted in addition to the above.
7. Branches/ Offices are advised to contact all the retired staff members & family of deceased staff members for whom their Branch/ Office was the last served Branch/ Office, immediately, in person or over phone and convey them the provisions of the pension regulations adopted by the Bank and advise them to exercise their options in relevant Formats. Branches/ Offices may also adopt any other mode of communication to bring to the notice of all retired staff members and the family of deceased staff members about these pension regulations.
8. Branches/ Offices should ensure filling up of all columns of relevant formats (**Formats 1 to 14 and Staff Member's Basic Details**) and may guide the applicants wherever necessary in filling up the same neatly without any corrections/ overwriting to avoid any future inconvenience to the Bank & Pensioners.
9. Staff members, retired staff members and family member of deceased staff members should sign the option Formats/ applications in the presence of the Branch / Office Head and the Head of the Branch/ Office should attest the said signatures with Official seal of the Branch/ Office.
10. All formats along with the relevant documents/ papers received at branch level should be sent to respective Regional Office in a bunch without any delay and ensure reaching of the same to the Regional Office.
11. Branches / Offices are also required to submit the allowances (like Operator-B/Cashier Allowance, washing allowance etc.) paid at their level to the retired & deceased staff members in the last 10 months of their service in the bank in **Format-4** without fail duly certified by the Competent Authority with Signature & seal.

12. Branches/ Offices are also advised to verify their records and furnish the details of outstanding liabilities if any in the name of any of retired staff member/ deceased staff member at their branch/ Office as on date without fail in **Format -5**. In case there are no outstanding liabilities in their name they may report as NIL in the said format itself duly signing the said format by the Branch/ Office Head. All Regional Offices shall report to Head Office about the liabilities/ accountabilities / TDS defaults etc., outstanding/ identified if any pending in respect of retired / deceased staff members in **Format No.5**.

13. Regional Offices are advised to follow up with the branches under their jurisdiction and guide them suitably for submission of all relevant formats immediately without delay.

14. All formats received at Regional Office should be promptly submitted to Personnel & HRD Department, Head Office for processing and early disposal of the pension matter.

Particulars	Existing staff members	Retired staff members	Deceased staff members	Branch &/ RO
Formats	1 or 14 as applicable	2, 6, 7,9,10,11 & Staff Member's basic details	3,6,8,9,10,11,12 & Staff Member's basic details	4,5,13
Annexures	Copies of PAN Card, Aadhar Card (optional)	Copies of PAN Card, Aadhar Card (optional), Bank Pass Book of APGB	Copies of PAN Card, Aadhar Card (optional) of the claimant, Bank Pass Book of APGB	

Bank will advise in due course of time the amount of Bank's contribution to EPF to be refunded by the retired employees/ family of the deceased employees and further papers/ documents required, if any, for smooth and quick disposal of pension matter.

For any further queries, please contact Department of Personnel & Human Resources Development, Head Office.

(A VENKATA REDDY)
CHAIRMAN.

ANDHRA PRAGATHI GRAMEENA BANK

ABSTRACT OF FORMATS

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 in service of the Bank between 01.04.2010 to 31.03.2018	FORMAT- 14
15	Staff Member's Basic Details	

FORMAT - 1**ANDHRA PRAGATHI GRAMEENA BANK**

Head Office: KADAPA-516002 (ANDHRA PRADESH)

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

The Chairman,
Andhra Pragathi Grameena Bank,
Pension Cell, Personnel & HRD Dept.,
Head Office- KADAPA.

Date: _____

I hereby declare that I have read and understood the **Andhra Pragathi Grameena 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 _____ (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: _____ Emp. No. _____.
2. Name in Full (in Block letters with Surname): _____
3. Date of Birth: _____ Joining in the Bank Service: _____
4. Designation/ Scale: _____ Branch: _____ Region. _____
5. E P F No: **GR/CDP/6075/**_____. UAN No: _____ Mobile No: _____.
6. Aadhar No. _____ PAN No: _____ e-Mail ID: _____
7. Present Residential Address: _____

Signature of the above staff member is attested by me

(Signature of the Branch/Office Head with Office Seal)**Forwarded to HEAD OFFICE- PHRD DEPT.****REGIONAL MANAGER**

FORMAT - 2**ANDHRA PRAGATHI GRAMEENA BANK**

Head Office: KADAPA-516002 (ANDHRA PRADESH)

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

The Chairman,
 Andhra Pragathi Grameena Bank,
 Pension Cell, Personnel & HRD Dept.,
 Head Office-KADAPA.

Date: _____

I hereby declare that I have read and understood the **Andhra Pragathi Grameena 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: _____ Emp. No: _____

2. Name in Full (in Block letters with surname): _____

3. Designation/ Scale (at the time of retirement): _____ Date of Birth: _____

4. Date of Joining in the service: _____ Date of retirement: _____ Mobile No: _____

5. E P F No: **GR/CDP/6075/**_____. UAN No: _____ PPO No: _____.

6. Aadhar No. _____ PAN No: _____ e-Mail ID: _____

7. Present Residential Address: _____

8. Branch / Office where retired: _____ Region: _____

9. Bank & Branch details from where pension to be drawn: **ANDHRA PRAGATHI GRAMEENA BANK**

Branch: _____ SB A/c No. _____ IFSC No. APGBN _____

Signature of the above staff member is attested by me

(Signature of the Branch/Office Head with Office Seal)

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

FORMAT - 3**ANDHRA PRAGATHI GRAMEENA BANK**

Head Office: KADAPA-516002 (ANDHRA PRADESH)

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

The Chairman,
Andhra Pragathi Grameena Bank,
Pension Cell, Personnel & HRD Dept.,
Head Office- KADAPA.

Date: _____

I hereby declare that I have read and understood the **Andhra Pragathi Grameena 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.

- Name of the applicant/dependent of deceased employee in Full (in Block letters): _____
- Name of guardian if applicant is minor; _____
- Relation with the deceased employee: _____
- Name of the deceased employee (in block letter with surname): _____
- Emp. No. _____ Designation/ Scale of the employee at the time of exit: _____
- Date of retirement: _____ Date of death: _____
- Branch/ Office where the employee last worked: _____ Region: _____
- EPF No of the deceased employee: **GR/CDP/6075/**_____. UAN No: _____

9. Applicant Details: PPO No: _____ PAN No.: _____ Aadhar No: _____

10. Present Residential Address of applicant(in block letter): _____

11. Bank & Branch details from where pension to be drawn: **ANDHRA PRAGATHI GRAMEENA BANK**

Branch: _____ SB A/c No. _____ IFSC No: **APGBN**

12. List of documents / evidences to be attached:

- a) Copy of Superannuation / retirement order of the deceased employee (If applicable)
- b) Copy of Death Certificate & legal heir/ family members' certificate of the Employee
- c) Copy of Birth certificate of child eligible for pension
- d) Copy of AADHAAR CARD/ PAN card/ Other ID cards- KYC document in the name of applicant
- e) Any document in support of the stated relation of the applicant (Please specify).
 - (i)
 - (ii)

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

(Signature & Name of the applicant)

Enclosures: As stated in point 12 above

Place: _____ Date: _____

Signature of Mr./Ms. _____ is attested by me

(Signature of the Branch/Office Head with Office Seal)

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

FORMAT - 4**ANDHRA PRAGATHI GRAMEENA BANK**

Head Office: KADAPA-516002 (ANDHRA PRADESH) ::: Branch: _____

Ref: _____

Date: _____

The Chairman,
Andhra Pragathi Grameena Bank,
Pension Cell, Personnel & HRD Dept.,
Head Office.

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/Scale (at the time of retirement) _____, Emp. No _____ who retired / died on _____ for calculation of pension under Andhra Pragathi Grameena Bank (Employees') Pension Regulations, 2018.

PARTICULARS	AVERAGE AMOUNT
1. Basic Pay	
2. Stagnation increment	
3. Pay and Allowances rank for DA	
a) Operator- B allowance	
b) Cashier Allowance	
c) Physically Handicapped Allowance	
d) City Compensatory Allowance	
e) Deputation Allowance	
f) Washing Allowance	
g) Driving Allowance	
h) Daftary/ Rotation Allowance	
i) Cycle 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	

The above information is true & correct.

Yours faithfully,

Signature of Branch/ Office Head with Seal

_____ Branch, _____ Region.

ANDHRA PRAGATHI GRAMEENA BANK : : HEAD OFFICE : KADAPA

BRANCH/ OFFICE: _____

DETAILS OF LAST TEN MONTHS SALARY/ ALLOWANCES.

MONTHWISE BREAK UP YEAR & MONTH →										
1. Basic Pay										
2. Stagnation increment										
3. Pay and Allowances rank for DA										
a) Operator- B allowance										
b) Cashier Allowance										
c) Physically Handicapped Allowance										
d) City Compensatory Allowance										
e) Deputation Allowance										
f) Washing Allowance										
g) Driving Allowance										
h) Daftary/ Rotation Allowance										
i) Cycle Allowance										
TOTAL										
AVERAGE										

The above information is true & correct.

Signature of the Branch/ Office Head with Branch seal

Date: _____

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

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 Andhra Pragathi Grameena Bank (Employees') Pension Regulations, 2018

FORMAT - 5**ANDHRA PRAGATHI GRAMEENA BANK**

Head Office: KADAPA-516002 (ANDHRA PRADESH) ::: Branch: _____

Ref : _____

Date: _____

The Chairman,
Andhra Pragathi Grameena Bank,
Pension Cell, Personnel & HRD Dept.,
Head Office-KADAPA.

Sir,

Sub: Particulars of Outstanding Liabilities of Shri/Smt. _____
_____ (EPF No:GR/CDP/6075/_____)

We are furnishing below the Particulars of Outstanding Liabilities/ Accountabilities/ responsibilities of Shri / Smt. _____ Emp. No._____, Last Designation/ Scale: _____ EPF No:GR/CDP/6075/_____ retired / died on_____:

Particulars of Outstanding Loan	Account No	Date of loan	Amount of loan- Rs.	Balance-Rs.
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 of the Branch/Office Head with Seal***ANDHRA PRAGATHI GRAMEENA BANK**

Branch: _____

Region: _____

Forwarded to Pension Cell, PHRD Dept., Head Office, Kadapa, confirming that no other liability/accountability/responsibility outstanding in the name of the above retired/deceased staff member.

Signature of the Regional Manager.

_____ Region.

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.

Enclosure to Cir.No. 315-2018-BC-STF, dt.26.12.2018
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 Shri/Smt. _____

(name) _____

_____ (address) holder of PPO No. _____

and that he /she is alive on this day. His/Her AADHAAR No _____ &

PAN No. _____.(enclose copy of the above documents)

X

(Signature & Name of the Pensioner/Family Pensioner with date)

(Signature of the Branch/Office Head with Seal)

ANDHRA PRAGATHI GRAMEENA BANK

Branch: _____ Region: _____

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

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:_____ **X**
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.)

Signed before me

Branch/ Office Head with seal

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

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)

X

Signature of the Family Pensioner:

Name of the pensioner: _____ PPO No. _____

Place: _____ Date: _____

I certify to the best of my knowledge and belief the above statement is correct & signed before me.

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

Place : _____ Date: _____

Name : _____ S/o. _____

Designation: _____ Address. _____

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

FORMAT - 9

Letter of undertaking by the Pensioner

Place: _____

Date: _____.

The Branch Manager,
Andhra Pragathi Grameena Bank,
 _____ **Branch.**

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 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 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,

X

Signature

Name in full with surname: _____

Address (in block letters) : _____

Phone/Mobile No _____ e-Mail ID: _____

Witness- 1

Witness-2

Signature		
Name		
E.P.F No		
Full Address		

FORMAT –10

Letter of undertaking by the Pensioner and Family Members / Nominees

Place: _____

Date: _____.

**The Branch Manager,
Andhra Pragathi Grameena Bank,
_____ Branch.**

Dear Sir,

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

In consideration of making payment of Pension as per the Andhra Pragathi Grameena 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,

X
Signature of Pensioner
(Name: _____)

Signature of Family Members / Nominees: 1. _____

2. _____ 3. _____

4. _____ 5. _____

Witness-1

Witness-2

Signature		
Name		
E.P.F No		
Full Address		

FORMAT - 11
FORM OF NOMINATION

To

THE TRUSTEES,
ANDHRA PRAGATHI GRAMEENA BANK (EMPLOYEES'S) PENSION FUND,
PHRD DEPARTMENT, HEAD OFFICE : KADAPA.

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: _____ EMP. No. _____

WITNESS :1. Signature: _____ 2. Signature: _____

Name: _____ Name: _____

Address _____ Address: _____

EPF No: _____ EPF No: _____

ATTESTED by the Pension Disbursing Officer at H O / Branch.

SIGNATURE & 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**ANDHRA PRAGATHI GRAMEENA BANK**

Head Office: KADAPA-516002 (ANDHRA PRADESH) ::: Branch: _____

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

Date: _____

To

The Chairman,
Pension Cell, Personnel & HRD Dept.,
Andhra Pragathi Grameena Bank,
Head Office: Kadapa.



Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of **Andhra Pragathi Grameena 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 (in block letters) : _____

_____ Contact No: _____

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

S. No	Name	Relationship with the deceased employee/pensioner	Date of Birth (by Christian era)
1			
2			
3			
4			
5			

04. Name of the deceased employee/pensioner : _____

05. EPF No of the deceased employee: GR/CDP/6075/_____ UAN No. _____

06. Date of death of the employee /pensioner: _____

(Documentary evidence to be attached)**Contd. PAGE - 2**

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) **X** _____

**SIGNATURE / LTI OF THE APPLICANT
IS ATTESTED**

(Signature of the Branch Head with Seal)

13. a) Name of the Bank & Branch 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, PAN Card etc.

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

Yours faithfully,

X _____
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
ANDHRA PRAGATHI GRAMEENA BANK

Head Office: KADAPA-516002 (ANDHRA PRADESH) ::: Branch: _____

**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.....

FORMAT - 14
ANDHRA PRAGATHI GRAMEENA BANK
Head Office: KADAPA-516002 (ANDHRA PRADESH)

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

The Chairman,
 Andhra Pragathi Grameena Bank,
 Pension Cell, Personnel & HRD Dept.,
 Head Office- KADAPA.

Date: _____

I hereby declare that I have read and understood the Andhra Pragathi Grameena. 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 / RPFCA 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: _____ Emp. No. _____.
2. Name in Full (in Block letters with Surname): _____
3. Date of Birth: _____ Joining in the Bank Service: _____
4. Designation/ Scale: _____ Branch: _____ Region. _____
5. E P F No: **GR/CDP/6075/**_____. UAN No: _____ Mobile No: _____.
6. Aadhar No. _____ PAN No: _____ e-Mail ID: _____
7. Present Residential Address: _____

Signature of the above staff member is attested by me

4

(Signature of the Branch/Office Head with Office Seal)

*Strikeout whichever is not applicable.

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER

ANDHRA PRAGATHI GRAMEENA BANK : : HEAD OFFICE : KADAPA

STAFF MEMBER'S BASIC DETAILS

RECENT PASSPORT
SIZE PHOTOGRAPH
SHALL BE AFFIXED
AND ATTESTED BY
THE HEAD OF THE
BRANCH/OFFICE

Emp. No				
------------	--	--	--	--

1.	Basic Details	Name in full												
		Father/ Husband Name												
		Marital status												
		PAN No.												
		Aadhar No.												
		Phone No.												
		e-Mail ID												
2	Service Details	Date of Birth	DD	MM	YYYY									
		DOJ in the Bank	DD	MM	YYYY									
		Date of Exit	DD	MM	YYYY									
		Mode of Exit (Indicate with ✓ mark)	Superannuation / Death											
		Total service rendered y m d											
		Qualifying Service years											
		Cadre/designation at the time of exit	Officer/Office Asst/Office Atndt											
		Scale at the time of exit	Scale I / II / III / IV / V											
		Last Branch worked												
3	Spouse Details	Date of Death of staff/ retired Staff	DD	MM	YYYY									
		Name of Spouse in full												
		DOB of Spouse	DD	MM	YYYY									
		Aadhar No. of Spouse												
		PAN No. of Spouse												

4	EPF Details	EPF NO.	GR/CDP/6075/									
		UAN No.										
		Bank's Share of EPF received										
		Date wise Amt of NRW drawn from Banks share of EPF amount										
5	Existing pension	PPO No.										
		Basic Family pension amount										
		Commutation If any										
		Net pension amount receiving										
		Pension drawing Bank										
		Pension drawing Branch										
		Account No.										
		IFSC No.										
6	Last drawn salary details	Basic pay for the month of _____										
		PQP										
		Special Allowance										
		DA										
		HRA										
		FPP										
		Other allowances										
		Total amount of salary										

Place:

Date:

Signature of the Retired Staff member/
family of Deceased Staff member.

Name: _____

Relation : _____
(in case of deceased staff member)