

उत्तर बिहार ग्रामीण बैंक
प्रधान कार्यालय, कलमबाग चौक
मुजफ्फरपुर, बिहार, 842 001



UTTAR BIHAR GRAMIN BANK
HEAD OFFICE, KALAMBAGH CHOWK
MUZAFFARPUR, BIHAR, 842 001

(Sponsored By :: Central Bank of India)

☎ 2248141(D), 2267918 Fax::(0621)2243088

Website :: www.ubgb.in

HO/TBC/11/2018-19/1334

Date:-19.03.2019

All Branches /All Offices / All Concerned staff members / All Retired and Family of deceased staff members.

Dear Sir / Madam,


UTTAR BIHAR GRAMIN BANK (EMPLOYEES') PENSION REGULATIONS,2018

Please refer to our Circular No. HO/TBC/11/18-19/944 dated 26.12.2018 on the captioned subject, wherein all the eligible staff, retired staff members and family members of the deceased staff are advised to exercise their options as per the relevant formats attached to the above circular.

Pension payments for eligible members who have opted for pension payment and exercised their options as per the Uttar Bihar Gramin Bank (Employees) Pension Regulations, 2018 is in process.

In this connection, we advise the eligible retired staff members / Family of Deceased staff members to submit application in the Format – 14(for retired staff) and Format – 15(for family Pension) enclosed herewith, all relevant documents as specified therein and a Demand Draft or NEFT, drawn in favour of Uttar Bihar Gramin Bank (Employees') Pension Fund, payable at Muzaffarpur towards the refund of employer's contribution of EPF with interest as per the Uttar Bihar Gramin Bank (Employees') Pension Regulations, 2018.

Please bring the contents of the circular to the notice of all the staff members working at your branch / office, eligible retired staff members and family of deceased staff members.


(Rajesh Kumar)
General Manager

Account Details for NEFT		
Name of Account	Account No.	IFS Code
Uttar Bihar Gramin Bank (Employees') Pension Fund	1000011130000476	CBIN0R10001

Encl:- As above

UTTAR BIHAR GRAMIN BANK
 HEAD OFFICE :KALAMBAGH CHOWK, MUZAFFARPUR

Application for grant Superannuation Pension
 (To be submitted in Duplicate)

The Chairman
 Uttar Bihar Gramin Bank
 Head Office, Kalambagh Chowk
Muzaffarpur

Passport size Photograph of Pensioner
 (Self - Attested)

Dear Sir,

Date :-

I hereby declare that as an eligible staff member to receive Pension in terms of Uttar Bihar Gramin Bank (Employees) Pension Regulations, 2018, I am submitting below the requisite particulars for kind favour of sanction of Pension to me.

1	Name of Pensioner		11	Last Basic	
2	Father / Husband Name		12	EPF No.	
	Address		13	ADHAR No.	
			14	PAN	
			15	Mobile No	
			16	Gender	
3	Date of Birth		17	E mail ID	
4	Date of Joining		18	LOP (Days)	
5	Date of Retirement				
6	Designation		19	Scale	
7	Retirement Mode				
8	Retired from		20	Region	
9	Identification Mark		21	Religion	
10	Height		22	Cast	General / OBC / SC / ST

23	Is pensioner desire to commute their pension ? If yes, please submit Form VI (retirement within one year) or Form VII (retirement above one year) as per para 39 of UBGB pension Regulation 2018. Commutation ratio is maximum of 1/3 of basic Pension		YES / NO	
24	Name of the Nominee (As in Format - 11)		Relation:- Age :-	
25	Is the applicant a pensioner? If so, indicate the amount of monthly pension.		YES / NO	Rs:- _____
26	SB Account No.		PPO No of EPS:-	
27	Pension Payment Branch:-		SOL ID:- _____	
28	Particulars of Refund towards Employer's contribution to EPF. Mode of Refund (i) Demand Draft OR (ii) NEFT		DD. No.:-	UTR No.
			DD. Date:-	UTR Date:-
			Rs. _____	
29	Refund towards EPS Pension (i) Demand Draft (ii) NEFT		DD. No.:-	UTR No.
			DD. Date:-	UTR Date:-
			Rs. _____	

UTTAR BIHAR GRAMIN BANK
HEAD OFFICE :KALAMBAGH CHOWK, MUZAFFARPUR

30	Name & Age of surviving parent / spouse / children			
SN	Name	Relationship with the Employee	Age	Date of Birth
a				
b				
c				
d				
e				
f				

31	Signature of the Applicant (Duly Attested by the Branch Head with Seal, Pension Paying)	
	<u>Signature of the Applicant</u>	Signature of the Branch Head with Seal (Pension Paying)

32	List of Documents / evidence attached (Tick <input type="checkbox"/> Appropriate)	
a	Two Copies of recent Joint Passport size photographs with Spouse of the Applicant.	
b	Proof of Address	
c	Proof of Identity of applicant and family eg:	
d	Copy of Aadhar Card (Self Attested)	
e	Copy of PAN Card (Self Attested)	
f	Copy of Passport etc (Self Attested)	
g	Copy of PPO (EPS)	
h	Updated statement of A/c (last 1 year) in which EPS Pension is credited	
i	Please Specify if any other: _____	
j	Demand Draft refund towards Employer's contribution to EPF	
k	Receipt of NEFT with UTR details	

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

Yours faithfully,

Signature of the Applicant

Name :-

UTTAR BIHAR GRAMIN BANK
HEAD OFFICE :KALAMBAGH CHOWK, MUZAFFARPUR

Application for grant Family Pension
 (To be submitted in Duplicate)

The Chairman
 Uttar Bihar Gramin Bank
 Head Office, Kalambagh Chowk
Muzaffarpur

Passport size Photograph of
 Pensioner (Self
 - Attested)

Dear Sir,

Date :-

I hereby declare that as a nominee of deceased staff member to receive Pension in terms of Uttar Bihar Gramin Bank (Employees) Pension Regulations, 2018, I am submitting below the requisite particulars for kind favour of sanction of Pension to me.

1	Name of Deceased Staff		14	Name of Applicant	
2	Father / Husband Name		15	Father / Husband Name	
3	Address at the time of death		16	Address	
4	EPF No. of Deceased Staff				
5	Last Basic of Deceased Staff		17	Gender	
6	DOB of Deceased Staff		18	ADHAR No.	
7	DOJ of Deceased Staff		19	PAN	
8	DOR of Deceased Staff		20	Mobile No	
9	Designation of Deceased staff		21	E mail ID	
10	Mode of Exit		22	Height	
11	Last Serving Br. / Office		23	Identification Mark	
12	Region		24	Religion	
13	LOP (Days)		25	Cast	General / OBC / SC / ST

26	Is pensioner desire to commute their pension ? If yes, please submit Form VI (retirement within one year) or Form VII (retirement above one year) as per para 39 of UBGB pension Regulation 2018. Commutation ratio is maximum of 1/3 of basic Pension			YES / NO	
27	Name of the Nominee (As in Format - 11)		Relation:-	Age :-	
28	Is the applicant a pensioner? If so, indicate the amount of monthly pension.		YES / NO		Rs:- _____
29	SB Account No.		PPO No of EPS:-		
30	Pension Payment Branch:-		SOL ID:- _____		
31	Particulars of Refund towards Employer's contribution to EPF. Mode of Refund (i) Demand Draft (ii) NEFT		DD. No.:-	UTR No.	
			DD. Date:-	UTR Date:-	
			Rs.	_____	
32	Refund towards EPS Pension (i) Demand Draft (ii) NEFT		DD. No.:-	UTR No.	
			DD. Date:-	UTR Date:-	
			Rs.	_____	

33	Name & Age of surviving parent / spouse / children			
SN	Name	Relationship with the Employee	Age	Date of Birth
a				
b				
c				
d				
e				
f				

34	Signature of the Applicant (Duly Attested by the Branch Head with Seal, Pension Paying)	
	<u>Signature of the Applicant</u>	Signature of the Branch Head with Seal (Pension Paying)

35	List of Documents / evidence attached (Tick <input type="checkbox"/> Appropriate)	
a	Spouse of the Applicant.	
b	Proof of Address	
c	Proof of Identity of applicant and family eg:	
d	Copy of Aadhar Card (Self Attested)	
e	Copy of PAN Card (Self Attested)	
f	Copy of Passport etc (Self Attested)	
g	Copy of PPO (EPS)	
h	Updated statement of A/c (last 1 year) in which EPS Pension is credited	
i	Please Specify if any other: _____	
j	Demand Draft refund towards Employer's contribution to EPF	
k	Receipt of NEFT with UTR details	

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

Yours faithfully,

Signature of the Applicant

Name :-

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Form VI

[See regulation 39 (9)]

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

To
The Chairman
Uttar Bihar Gramin Bank
Muzaffarpur

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 Uttar Bihar 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: _____

Acknowledgement

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

Place :

Date :

(Signature of Designated Authority)

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Form VII
[See regulation 39 (9)]
Application for Commutation of Pension subject to Medical Examination
(to be submitted in duplicated)
PART – I

To
The Chairman
Uttar Bihar Gramin Bank
Muzaffarpur

Dear Sir,

I desire to commute a fraction of my pension in accordance with Uttar Bihar 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 there of : _____
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)

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Form VII - PART – II
(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.

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		
Added Years		
Normal Age -----		
	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)

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Form VII - PART III

(Draft Letter to Bank's Medical Officer
Referring the pensioner for Medical Examination)

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 Uttar Bihar Gramin Bank (Employees') Pension Regulations, 2018 (com-
mutation of pension), Shri/Smt./Kum. _____ should be examined by a Bank's Medical Of-
ficer. 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

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Form VIII

[See regulation 39(9)]

PART I

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

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.

Space for
Affixing
attested
passport size
photograph

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. : _____
Father'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 willfully 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)

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Form VIII - PART II
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) StandingWhat 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 -ray Chest
 - (iv) E.C.G.
9. Any additional finding

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Form VIII - PART III
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)**