



উত্তরবঙ্গ ক্ষেত্রীয় গ্রামীণ ব্যাঙ্ক
उत्तरबंग क्षेत्रीय ग्रामीण बैंक
UTTARBANGA KSHETRIYA GRAMIN BANK

(A GOVT. ENTERPRISE)

HEAD OFFICE, SHIB BARI ROAD, COOCHBEHAR – 736 101(WEST BENGAL)

IMPLIMENTATION OF PENSION SCHEME IN REGIONAL RURAL BANKS (RRBs)

As per the instructions of the Department of Financial Services, Ministry of Finance, Govt.Of India vide LR No. F.No. 8/4/2024-RRB dated -03.10.2024 all those employees who were in Bank's Service on or before 31.03.2010 will be given the benefit of pension from 01.11.1993.

Therefore through this public notice it is inform to all such employees who were in the Bank's Service on or before 31.03.2010 and are not currently drawing pay or pension, have been dismissed /deceased, have taken compulsory retirement /resigned or their legal heirs to apply for pension along with necessary documents (to be downloaded from the Bank website www.ubkgb.org) at any regional office of UBKGB, where from he/she is willing to draw pension. The last date for submission of application is 22.10.2024. Application form is available on bank's website www.ubkgb.org.

-sd

General Manager

FORMAT - 2

UTTARBANGA KHSETRIYA GRAMIN BANK

Head Office: Coochbehar , P.O.: Coochbehar ,Dist. Coochbehar

**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		OPTION NOTED IN SERVICE RECORD
Forwarded by		(Signature of the concerned Authority at HO with date)
Signature with office seal (Branch/Office)		

The Chairman
Uttarbanga Kshetriya Gramin Bank
Head Office

Date: _____

I hereby declare that I have read and understood the Uttarbanga Kshetriya 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 – 4 (PAGE – 1)
UTTARBANGA KSHETRIYA GRAMIN BANK
BRANCH / OFFICE

Ref : _____

The General Manager
Uttarbanga Kshetriya Gramin Bank
Head Office

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 Uttarbanga Kshetriya 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 36 of Uttarbanga Kshetriya Gramin Bank (Employees') Pension Regulations, 2018

FORMAT – 4 (PAGE – 2)

_____ **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 Uttarbanga Kshetriya Gramin Bank (Employees') Pension Regulations, 2018

Date _____

Signature with seal

FORMAT - 5
UTTARBANGA KSHETRIYA GRAMIN BANK
BRANCH / OFFICE

Ref : _____

The General Manager
Uttarbanga Kshetriya Gramin Bank
Head Office

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

Uttarbanga Kshetriya 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 "NIL" 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 - 9

Letter of undertaking by the Pensioner

The Branch Manager

Date : _____

.....**Branch**
Uttarbanga Kshetriya Gramin Bank

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

.....**Branch**
Uttarbanga Kshetriya Gramin Bank

Date: _____

Dear Sir,

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

In consideration of making payment of Pension as per the Uttarbanga Kshetriya Gramin Bank(Employees') 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

Uttarbanga Kshetriya 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

Signature

EPF No _____

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 - 13
UTTARBANGA KHSETRIYA GRAMIN BANK
Head Office: Coochbehar , P.O.: Coochbehar ,Dist. Coochbehar

**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**
Uttarbanga Kshetriya Gramin Bank

Date; _____