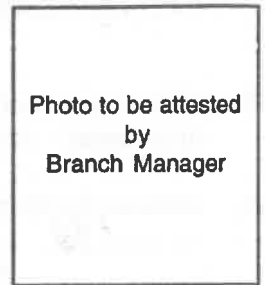


FORM OF APPLICATION FOR THE GRANT OF FAMILY PENSION ON DEATH OF AN EMPLOYEE / PENSIONER



↓
PHOTO TO BE ATTESTED BY
BRANCH MANAGER

1. Name of the applicant :
CONTACT NO :
2. Relationship with the deceased employee / pensioner :
PAN NO :
3. Name and age of surviving widow / widower and children of the deceased employee / pensioner

S.No.	Name	Relationship	Date of Birth
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4. Name and Roll No. of the deceased employee / pensioner :
5. P.P.O. No. if any :
6. Full address of the applicant :

7. If the applicant is the guardian of the minor beneficiary, the date of birth of the minor and relationship with the deceased employee / pensioner] :

8. Enclosures to be sent with the application (see below) :

9. Indicate whether family pension is admissible from any other source (Military or State Government and / or public sector undertaking / autonomous body / local fund under the Central or a State Government] :

Service :
Basic Pension :
Period from :
Sanctioning Authority]:

(SB A/C SHOULD BE IN SINGLE
NAME OF THE FAMILY PENSIONER)

10. Name of the branch and SB (Single)
account No. at which pension
payment is desired :

11. Signature or left hand thumb
impression* of the applicant :

12. Attested by Branch Officials

Name	Address	Signature
------	---------	-----------

i)

ii)

13. Witnesses (2 persons)

Name	Address	Signature
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i)

ii)

Note : Attestation should be done by two officers of the Bank.

- Enclosures :
- Two specimen signatures of the applicant, duly attested (in two separate sheet).
 - Three copies** of passport size photographs of the applicant, out of which **one should be pasted and attested** on the application and the **rest two photos** should be sent along with the application form.
 - Certificate(s) of age (in original with two attested copies showing the date of birth of the children.

(The certificate should be from the Municipal authorities or from the head of a recognised school, if the child is studying in such school. This information should be furnished in respect of such children or child, the particulars of whose date of birth are not available with the office).
 - Copy of Legal Heir Certificate and Death Certificate are to be forwarded alongwith Form 7 Part 1.

* To be furnished in case the applicant is not literate enough to sign his name.

इण्डियन ओवरसीज बैंक (कर्मचारी) INDIAN OVERSEAS BANK (EMPLOYEES')

पेंशन विनियम 1995 PENSION REGULATIONS, 1995

गैर पुर्नविवाह / गैर विवाह का प्रमाणपत्र

CERTIFICATE OF NON-REMARRIAGE/NON-MARRIAGE

मैं एतद्वारा घोषणा करती हूँ कि मैंने दोबारा शादी नहीं की और वचन देती हूँ कि ऐसा होने की सूरत में तुरंत ही बैंक को रिपोर्ट करूंगी। I hereby declare that I have not remarried and I undertake to report such an event promptly to the Bank.

(परिवार पेंशन ग्रहीता विधवा के लिए ही यह लागू है और सिर्फ एक बार प्रस्तुत किया जाना है।) (Applicable only for widow recipient of family pension and to be furnished only once)

या OR

मैं एतद्वारा घोषणा करता/करती हूँ कि मैंने दोबारा शादी नहीं की / मैंने आज की तिथि तक शादी नहीं की। I hereby declare that I am not remarried/ I have not got married as on date.

(विधुरों और अविवाहित बेटियों (क्रमशः विधवा/तलाकशुदा बेटियों/ विधुर /तलाकशुदा बेटों सहित) द्वारा प्रस्तुत किया जाना चाहिए। [To be submitted by **widowers and unmarried daughters(including widowed/divorced daughters /sons]**

स्थान Place :

पेंशनकर्ता के हस्ताक्षर Signature of pensioner

तिथि Date :

पेंशनकर्ता का नाम Name of pensioner :

पी पी ओ सं. PPO No.:

मैं प्रमाणित करता हूँ कि मेर विश्वास और जानकारी के अनुसार उपरोक्त घोषण सत्य है ।
I certify to the best of my knowledge and belief that the above declaration is correct.

मुहर Seal:

हस्ताक्षर Signature:

एस एस सं. S.S.No.:

प्रबंधक का नाम

Name of the Manager :

रोल न. Roll No.:

शाखा Branch:

दिनांक Date :

INDIAN OVERSEAS BANK (EMPLOYEES') PENSION REGULATIONS 1995

LETTER OF UNDERTAKING (To be obtained from all the Pensioners)

To
The Manager
Indian Overseas Bank

.....Branch

Dear Sir,

PAYMENT OF PENSION UNDER PPO NO.....

In consideration of your having at my request agreed to make payment of pension due to me every month by credit to my account with 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 and also irrevocably authorise the bank to recover the amount due by debit to said account or any other account/deposits belonging to me in the possession of the Bank.

Yours faithfully,

Signature
(Name & Address)

Witnesses :-

1. Signature
(Name & Address)

2. Signature
(Name & Address)

INDIAN OVERSEAS BANK (EMPLOYEES') PENSION REGULATIONS 1995

Specimen Signature of Shri. / Smt. _____

Signature : 1.

2.

Seal :

Attesting Official's

Signature :

S.S. No. :

Name :

Roll No. :

Designation :

Dept./Branch :

INDIAN OVERSEAS BANK (EMPLOYEES') PENSION REGULATIONS 1995

Personal Identification Marks of Shri. / Smt. _____

Height :

Personal Identification Marks :

Attesting Official's

Signature :

S.S. No. :

Name :

Roll No. :

Designation :

Seal :

Dept./Branch :

Indian Overseas Bank (Employees') Pension Regulations 1995

LIFE CERTIFICATE

Certified that I have seen the Pensioner Mr./Ms.....
(Name of the Pensioner) holder of Pension Payment Order No.....and
that he/she is alive of this date.

Signature of the Pensioner

Name :

Mobile No. :

Place :

Date :

Attested by

S.S. No.

Name :

Designation :

Branch Seal :

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PARTICULARS TO BE SUBMITTED BY THE BRANCH MANAGER FOR THE GRANT OF FAMILY PENSION WHEN AN EMPLOYEE DIES WHILE IN SERVICE

- 1. Name of the deceased employee :
- 2. a) Designation :
- b) Roll No. :
- 3. Date of Birth :
- 4. Date of Death :
- 5. Religion :
- 6. Branch/Department in which working :
- 7. a) Date of beginning of service :
- b) Date of ending of service. :
- 8. No. of years of service rendered :
- 9. a) Total period of military service for which pension/or service gratuity was sanctioned } :
- b) Amount and nature of any pension or service gratuity received for the military service } :
- 10. The date on which intimation regarding the death of an employee was received by the office } :
- 11. If family pension is applicable the pay last drawn at the time of death while in service }

12. a) Whether the employee was occupying Bank's residential accommodation at the time of death while in service. If so, whether family have vacated the same :

b) Date of vacation of Bank's quarters :

c) Whether any rent/licence fee or any amount for damage etc. are recoverable from the employee or his family from the amount of family pension. If so, indicate the amount recoverable :

13. Person to whom family pension is payable :
Name :

Relationship with the deceased employee/pensioner :

Full Postal Address :

14. Date on which claims received from the claimants :

15. Name of guardian who will receive payment of family pension :

Signature of the Manager :
Name & Signature No. :
Name of the Branch :

Place :
Date :