

**FORMAT RELATED TO  
MAHARASHTRA GRAMIN BANK (EMPLOYEES') PENSION SCHEME, 2018  
OF  
MAHARASHTRA GRAMIN BANK**

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**MAHARASHTRA GRAMIN BANK**  
Head Office: AURANGABAD, Dist. AURANGABAD

FORMAT - 1

*Option Form to be filled in by the employees who are in service of the Bank  
And Joined the Bank On or Before 31.03.2010  
(To be submitted in quadruplicate through their present Branch / Office)*

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

The Chairman  
Maharashtra Gramin Bank  
Head Office, Aurangabad

Date: \_\_\_\_\_

I hereby declare that I have read and understood the Maharashtra 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 \_\_\_\_\_ (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.   | EMP. ID NO.                   |
| 5. | PAN NO.  | AADHAR NO.                    |
| 6. | Present Residential Address:                       | Contact Number:<br>E-mail ID: |
| 7. | DOB (DD/MM/YYYY)                                   |                               |
| 8. | Date of Joining in the Bank's Service (DD/MM/YYYY) |                               |
| 9. | Present Place of Posting (Branch/Office)           |                               |

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



**MAHARASHTRA GRAMIN BANK**  
Head Office: AURANGABAD, Dist. AURANGABAD

FORMAT - 2

**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 |  | <b>FOR HO USE ONLY</b>  |
| Forwarded on                                      |  |   |
| Forwarded by                                      |  |   |
| Signature with office seal (Branch/Office)        |  | <b>(Signature of the concerned Authority at HO with date)</b> |

The Chairman  
Maharashtra Gramin Bank  
Head Office, Aurangabad

Date: \_\_\_\_\_

I hereby declare that I have read and understood the Maharashtra 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  |            |                               |
| 4.  | EMP. ID NO.  | E.F.P. NO. | P.P.O. NO.                    |
| 5.  | PAN NO.  | AADHAR NO. |                               |
| 5.  | Present Residential Address:                         |            | Contact Number:<br>E-mail ID: |
| 6.  | DOB (DD/MM/YYYY)                                     |            |                               |
| 7.  | Date of Joining in the Bank's Service (DD/MM/YYYY)   |            |                               |
| 8.  | Date of Retiring from the Bank' Service (DD/MM/YYYY) |            |                               |
| 9.  | Branch / Office from where Retired                   |            |                               |
| 10. | Branch from where pension to be drawn                |            |                               |

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



**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 | <b>FOR HO USE ONLY</b>  |
| Forwarded on:                                     |   | <b>OPTION NOTED IN SERVICE RECORD / EPF RECORD OF THE DECEASED EMPLOYEE</b> |
| Forwarded by:                                     |   |   |
| Signature with office seal (Branch/Office)        |   | <b>(Signature of the concerned Authority at HO with date)</b>               |

The Chairman  
Maharashtra Gramin Bank  
Head Office, Aurangabad

Date: \_\_\_\_\_

I hereby declare that I have read and understood the Maharashtra 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 / RPF 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 Letters)                        |                          |
| 3. | a) ID No. of the deceased employee  |                          |
|    | b) EPF No. of the deceased employee   |                          |
|    | c) PPO. No. Family Pensioner  |                          |
| 4. | Relationship with the deceased employee   |                          |
| 5. | Name of guardian if applicant is minor  |                          |
| 6. | Present Residential Address (In Block Letter):                                  | Mobile No:<br>E-Mail ID: |

|     |   |  |
|-----|---|--|
| 7.  | Date of the deceased employee<br>(Documentary evidence to be attached)  |  |
| 8.  | Date of Retiring from Bank' service<br>(DD/MM/YYYY)   |  |
| 9.  | Branch /Office last served and post held  |  |
| 10. | Branch from where pension to be drawn   |  |
| 11. | List of Documents / Evidence to be Attached: (Tick ✓ Appropriate)   |  |
|     | a) Copy of Superannuation / retirement order of the deceased employee (If Applicable)                               |  |
|     | b) Copy of Death Certificate  |  |
|     | c) Copy of Birth Certificate of child eligible for pension  |  |
|     | d) Copy of AADHAR CARD/ KYC document in the name of applicant   |  |
|     | e) Any Document in support of the stated relation of the applicant<br>(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**



**MAHARASHTRA GRAMIN BANK**  
Head Office: AURANGABAD, Dist. AURANGABAD

FORMAT - 4

\_\_\_\_\_  
BRANCH / OFFICE

Ref: \_\_\_\_\_

The Chief Manager  
HRD Department  
Maharashtra Gramin Bank  
Head Office, AURANGABAD

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 Maharashtra Gramin Bank (Employees') Regulations, 2018.

|  |  |
|--|--|
| 1. Basic Pay   |  |
| 2. Stagnation increment  |  |
| 3. Pay and Allowances rank for DA  |  |
| a)<br>(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 Maharashtra Gramin Bank (Employees') Pension Regulations, 2018.**

**FORMAT – 4 (PAGE – 2)**

\_\_\_\_\_ **BRANCH / OFFICE**

**DETAILS OF LAST TEN MONTHS SALARY**

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| <b>MONTHWISE BREAK UP YEAR &amp; MONTH →</b> |  |  |  |  |  |  |  |  |  |  |
| <b>1. Basic Pay</b>                          |  |  |  |  |  |  |  |  |  |  |
| <b>2. Stagnation increment</b>               |  |  |  |  |  |  |  |  |  |  |
| <b>3. Pay and Allowances rank for DA</b>     |  |  |  |  |  |  |  |  |  |  |
| a)<br><i>(Mention nature of allowance)</i>   |  |  |  |  |  |  |  |  |  |  |
| b)   |  |  |  |  |  |  |  |  |  |  |
| c)   |  |  |  |  |  |  |  |  |  |  |
| d)   |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL</b>                                 |  |  |  |  |  |  |  |  |  |  |
| <b>AVERAGE</b>                               |  |  |  |  |  |  |  |  |  |  |

*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 Maharashtra Gramin Bank (Employees') Pension Regulations, 2018*

Date \_\_\_\_\_

**Signature with seal**



**MAHARASHTRA GRAMIN BANK**  
Head Office: AURANGABAD, Dist. AURANGABAD

FORMAT - 5

\_\_\_\_\_  
BRANCH / OFFICE

Ref: \_\_\_\_\_

The Chief Manager  
HRD Department  
Maharashtra Gramin Bank  
Head Office, Aurangabad

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> ) |            |         |
| <b>TOTAL LOAN BALANCE</b>                    |            |         |

Yours faithfully,

Signature with Seal

Maharashtra 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.**



|   |  |                    |  |
|---|--|--------------------|--|
| <b>STAFF PENSION*<br/>(GENERAL PENSION)</b> |  | <b>Customer ID</b> |  |
| <b>FAMILY PENSION*</b>                      |  | <b>S B A/C No</b>  |  |

*(\* 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 ..... (enclosed a copy of same)

(Signature of the Pensioner/Family Pensioner with date)

(Signature with office seal)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Branch: MGB, \_\_\_\_\_

Date: .....

Place: .....

**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 Number               |  |
| EMP ID Number            |  |
| EPF Number               |  |
| SB (Pension) Account No. |  |
| Mobile No.               |  |
| Email ID                 |  |

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

**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)

Name: .....

Designation: .....

Address: .....

Place: .....

Datesss: .....

**Letter of undertaking by the Pensioner**

The Branch Manager

Date: \_\_\_\_\_

.....**Branch**  
**Maharashtra 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      |            |            |
| EPF No.   |            |            |
| Address   | Mobile No. | Mobile No. |

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**Letter of undertaking by the Pensioner and Family Members / Nominees**

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**The Branch Manager**

.....**Branch**

**Maharashtra 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 Maharashtra 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      |            |            |
| EPF No.   |            |            |
| Address   |            |            |
|           | Mobile No. | Mobile No. |

**FORM OF NOMINATION**

To  
THE TRUSTEES, MAHARASHTRA GRAMIN BANK (EMPLOYEES'S) PENSION FUND

I, \_\_\_\_\_ PPO No/ EPF No \_\_\_\_\_ With EMP ID 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:**

|           |            |            |
|-----------|------------|------------|
| Signature |            |            |
| Name      |            |            |
| EPF No.   |            |            |
| Address   | Mobile No. | Mobile No. |

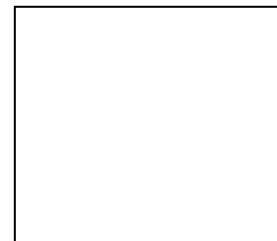
ATTESTED by the Pension Disbursing Branch/ Deptt. at H O / Branch

**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.*



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



The Chairman  
Maharashtra Gramin Bank  
Head Office, Aurangabad

Date: \_\_\_\_\_

Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of Maharashtra 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 (DD/MM/YYYY)  |             |  |   |
|    | iii) Name of the Guardian if the deceased Person is survived by Minor child/ children         |             |  |   |
|    | iv) Religion and Cast   |             |  |   |
| 2. | Present Residential Address of the applicant (in Block Letters)                               |             | Mobile Number:<br>E-mail ID:                             |   |
| 3. | Name & age of surviving parent / widow/ widower/ children of the deceased employee/ pensioner |             |  |   |
|    | <b>S. No.</b>   | <b>Name</b> | <b>Relationship with the deceased employee/pensioner</b> | <b>Date of Birth (By Christian Era)</b> |
|    |   |             |  |   |
|    |   |             |  |   |
|    |   |             |  |   |
|    |   |             |  |   |
| 4. | Name of the deceased employee/ pensioner  |             |  |   |
| 5. | a) ID no. of the Staff  |             |  |   |
|    | b) EPF No. of the deceased employee   |             |  |   |
|    | c) PPO. No. of Family Pensioner   |             |  |   |

|     |   |  |
|-----|---|--|
| 6.  | Date of death of the employee /pensioner<br><b>(Documentary evidence to be attached)</b>  |  |
| 7.  | Date of Retirement (In case of Pensioner)   |  |
| 8.  | 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   |  |
| 9.  | 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?<br>If so, indicate the amount of monthly pension                             | <b>Yes/No</b>  |
|     | b) Is the applicant employed?<br>If so, particulars in details with last pay drawn certificate from employer                        | <b>Yes/No</b>  |
| 11. | Description of the applicant including  |  |
|     | a) Height in (cm)   |  |
|     | b) Personal Identification marks, if any, on head, face etc.  |  |
| 12. | Signature /LTI** of the applicant<br>(Duly Attested by the Branch head with seal)   | <b>Signature / LTI OF THE APPLICANT IS ATTESTED</b><br><br><b>SIGNATURE OF THE BRANCH HEAD WITH SEAL</b> |
| 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 to be Attached: (Tick <input checked="" type="checkbox"/> Appropriate)                                 |  |
|     | a) Three Copies of passport size recent photograph of the applicant, duly attested in front side                                    |  |
|     | b) Attested Copy of Death Certificate of the deceased Employee/ Pensioner   |  |
|     | c) Copy of Birth Certificate of children eligible for pension   |  |
|     | d) Copy of AADHAR CARD/ KYC document in the name of applicant   |  |
|     | e) Any Other document(s) indicating that the applicant is a genuine claimant e.g. AADHAR Card, Voter Card etc. Please Specify _____ |  |

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.**





**MAHARASHTRA GRAMIN BANK**  
Head Office: AURANGABAD, Dist. AURANGABAD

FORMAT - 13

*Clearance / Pre-disbursement formalities to be furnished by  
the proposed Pension Paying Branch*

|   |  |          |
|---|--|----------|
| 1 | Date of Report   |          |
| 2 | Name of the Pension Paying Branch  |          |
| 3 | Branch Code No / SOL ID  |          |
| 4 | Pensioner's name   |          |
| 5 | Pension Type (General or Family Pension)                                       |          |
| 6 | a) ID No. of the Staff   |          |
|   | b) EPF No. ( in case of Family Pension, mention EPF no. of original pensioner) |          |
|   | c) PPO No. of Family Pensioner   |          |
| 7 | S B Account No   |          |
| 8 | Date of Certificates   |          |
|   | a) Life Certificate  |          |
|   | b) Non-Marriage/Re-Marriage Certificate<br>(For Family Pensioner only)         |          |
|   | c) Non-Employment/Re-Employment Certificate                                    |          |
|   | d) Disability Certificate  |          |
| 9 | Whether Undertaking for refund of Excess Payment is taken                      | YES / NO |

**Branch Manager**  
(Please use Branch Seal)

.....**Branch**  
**Maharashtra Gramin Bank**

Date: \_\_\_\_\_



**MAHARASHTRA GRAMIN BANK**  
**Head Office: AURANGABAD, Dist. AURANGABAD**

**FORMAT - 14**

**Option Form to be filled in by the employees who joined the Bank**

**Between 01April 2010 and 31 March 2018**

**(In terms of Maharashtra Gramin Bank (Employee') 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 |  | <b>FOR HO USE ONLY</b><br><br><b>OPTION NOTED IN SERVICE RECORD</b><br><br><br><br><b>(Signature of the concerned Authority at HO with date)</b> |
| Forwarded on                                      |  |  |
| Forwarded by                                      |  |  |
| Signature with office seal (Branch/Office)        |  |  |

The Chairman  
 Maharashtra Gramin Bank  
Head Office, Aurangabad

Date: \_\_\_\_\_

\*I hereby declare that I have read and understood the Maharashtra 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 / 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  |                               |
| 2. | Name in Full (In Block Letters)                    |                               |
| 3. | Designation  |                               |
| 4. | E.P.F. No.   | EMP. ID NO.                   |
| 5. | PAN NO.  | AADHAR NO.                    |
| 5. | Present Residential Address:                       | Contact Number:<br>E-mail ID: |
| 6. | DOB (DD/MM/YYYY)                                   |                               |
| 7. | Date of Joining in the Bank's Service (DD/MM/YYYY) |                               |
| 8. | Present Place of Posting (Branch/Office)           |                               |

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

\*Strikeout whichever is not applicable.