



**ARYAVART BANK**  
**DECEASED PENSIONER INFORMATION SHEET**  
**(TO BE FILLED IN BLOCK LETTERS)**

PF NO.	
NAME	
DATE OF BIRTH	
DATE OF JOINING	
DATE OF DEATH	
DATE OF RETIREMENT	
CADRE ON RETIREMENT / DEATH	
RO WHERE LAST SERVED	
LAST BRANCH / OFFICE	
BASIC PAY ON RETIREMENT/DEATH	
NAME OF SPOUSE	
SPOUSE	ALIVE / EXPIRED
NAME OF APPLICANT	
APPLICANT RELATIONSHIP	
APPLICANT'S MOBILE NO.	
DATE OF BIRTH OF APPLICANT	
PENSION ACCOUNT NO. (ARYAVART BANK)	
APPLICANT'S ADHAR CARD NO.	
APPLICANT'S PAN CARD NO.	
ADDRESS WITH PIN CODE	
APPLICANT EMPLOYED (YES / NO)	
MONTHLY INCOME OF APPLICANT	
EPFO PENSION STARTED (YES / NO)	
EPFO PPO NO.	
EPFO FAMILY PENSION AMOUNT	
PERIOD OF SUSPENSION, IF ANY	
DETAILS OF PENALTY, IF ANY	
NO. OF LWP/LOP DAYS, IF ANY	

CADRE ON WHICH JOINED	
DATE OF FIRST PROMOTION	
DATE OF SECOND PROMOTION	

**DETAILS OF FAMILY MEMBERS**

SL. NO.	NAME	RELATION (SON / DAUGHTER)	DOB	MARRIED (YES / NO)
1.				
2.				
3.				
4.				
4.				
5.				

Date:

**Signature of Applicant**

Seal of RO

Date:

Regional Manager

**REQUIRED:**

- (i) 04 photograph of applicant of size – 2.5 cm x 05 cm
- (ii) Self attested Xerox copy of Adhar Card, Pan Card, Pension A/C Passbook (Aryavart Bank), PPO issued by EPFO & Pension A/C Passbook of (PNB/SBI) (in separate pages), UAN Passbook, Death Certificate, Penalty order (if any).
- (iii) Each and every page should have seal and sign of Nodal Offier.



### Aryavart Bank

Head Office, A-2 /46, Vijay Khand, Gomti Nagar, Lucknow

**Application Form to be filled in by the family of those employees of the Bank who are eligible for family pension (To be submitted in duplicate 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

Aryavart Bank

Head Office

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

I hereby declare that my husband/wife/father/mother/son/daughter (delete whichever is not applicable) expired on .....I hereby submit claim for Family Pension under the Aryavart Bank (Employees') Pension (Amendment) Regulations, 2024 which my husband /wife/ father /mother/son/daughter (delete whichever is not applicable) voluntarily opted 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.

1. Name of the applicant/dependent of deceased employee

in Full (in Block letters): \_\_\_\_\_

2. Name of the deceased employee in Full (in block letter): \_\_\_\_\_

3. EPF No of the deceased employee: \_\_\_\_\_

4. Relationship with the deceased employee; \_\_\_\_\_
5. Name of guardian if applicant is minor; \_\_\_\_\_
6. Present Residential Address (in block letter): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Date of death of the deceased employee (Documentary evidence to be attached): \_\_\_\_\_
8. Date of retirement from Bank's service: \_\_\_\_\_
9. Branch /Office last served and post held \_\_\_\_\_
10. Branch from where pension to be drawn: \_\_\_\_\_ Branch
11. List of documents / evidences to be attached:
- a) Copy of Superannuation / retirement order of the deceased employee (If applicable)
  - b) Copy of Death Certificate of the Employee
  - c) Copy of Birth certificate of child eligible for pension
  - d) Copy of AADHAAR CARD/ KYC document in the name of applicant
  - e) Any document in support of the stated relation of the applicant

(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



**Aryavart Bank**

Head Office, A-2 /46, Vijay Khand, Gomti Nagar, Lucknow

**SERVICE PARTICULARS**

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

The Chief Manager  
Pers & I.L Department  
Aryavart 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 ..... Bank Pension (Employees') Regulations, 2024.

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 33 of Aryavart Bank (Employees') Pension Regulations, 2018 as amended 2024.**

**ANNEXURE-9 (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) (Mention nature of allowance)										
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 33 of Aryavart Bank (Employees') Pension Regulations, 2018 as amended 2024.**

Date \_\_\_\_\_  
Signature with seal



**Aryavart Bank**

Head Office, A-2 /46, Vijay Khand, Gomti Nagar, Lucknow

The Chief Manager  
Pers & I.L Department  
Aryavart 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> )		
<b>TOTAL LOAN BALANCE</b>		

Yours faithfully,

Signature with Seal

.....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.**



**Aryavart Bank**

Head Office, A-2 /46, Vijay Khand, Gomti Nagar, Lucknow

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



The Chairman  
Aryavart Bank  
Head Office

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

Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of Aryavart Bank (Employees') Pension (Amendment) Regulations, 2024, 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 of the  
applicant (in block letters) : \_\_\_\_\_

\_\_\_\_\_ Cotact No \_\_\_\_\_

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

SI No	Name	Relationship with the deceased employee/pensioner	Date of Birth ( by Christian era)

04. Name of the deceased employee/pensioner \_\_\_\_\_

05. EPF No of the deceased employee : \_\_\_\_\_



06. Date of death of the employee /pensioner: \_\_\_\_\_  
(Documentary evidence to be attached)

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)

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

**(Signature of the Branch Head with Seal)**

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 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 etc.

15. I hereby declare that what are stated in this application and documents sunmitted 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.**



**Aryavart Bank**

Head Office, A-2 /46, Vijay Khand, Gomti Nagar, Lucknow

**CERTIFICATE OF NON- REMARRIAGE / NON-MARRIAGE**  
**(APPLICABLE FOR FAMILY PENSIONERS ONLY)**

The Chairman  
Aryavart Bank  
Head Office

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

\* 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)

Place : .....

Date : .....

Name : .....

Designation: .....

Address: .....



**Aryavart Bank**

Head Office, A-2 /46, Vijay Khand, Gomti Nagar, Lucknow

**Acceptance/ Non-acceptance of Commercial Employment**

The Chairman  
Aryavart Bank  
Head Office

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

Dear Sir,

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.*



**Aryavart Bank**

Head Office, A-2 /46, Vijay Khand, Gomti Nagar, Lucknow

..... 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: .....



**Aryavart Bank**

Head Office, A-2 /46, Vijay Khand, Gomti Nagar, Lucknow

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**Letter of undertaking by the Pensioner**

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**The Branch Manager**

Date :

.....**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 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		



**Aryavart Bank**

Head Office, A-2 /46, Vijay Khand, Gomti Nagar, Lucknow

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

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**The Branch Manager**

.....**Branch**

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

Dear Sir,

**Sub: Payment of Pension under PPO No. \_\_\_\_\_ through your Branch**

In consideration of making payment of Pension as per the ----- Pension (Amendment) Regulations 2024, 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		



**Aryavart Bank**

Head Office, A-2 /46, Vijay Khand, Gomti Nagar, Lucknow

**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 ( <b>Annexure-16 / Annexure-17</b> )	YES / NO

**Branch Manager**

(Please use Branch Seal)

.....**Branch**

Date; \_\_\_\_\_