



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

| | |
|-------------------------------------|--|
| PF NO. | |
| NAME | |
| DATE OF BIRTH | |
| DATE OF JOINING | |
| DATE OF RETIREMENT | |
| CADRE ON RETIREMENT | |
| LAST BRANCH / OFFICE | |
| RO FROM WHERE RETIRED | |
| MOBILE NO. | |
| GENDER | |
| PENSION ACCOUNT NO. (ARYAVART BANK) | |
| SELF ADHAR CARD NO. | |
| SELF PAN CARD NO. | |
| BASIC PAY ON RETIREMENT | |
| AVERAGE LAST 10 MONTH BASIC PAY | |
| ADDRESS WITH PIN CODE | |
| COMMUTATION REQUIRED (YES / NO) | |
| NAME OF ERSTWHILE BANK JOINED | |
| NAME OF SPOUSE | |
| DATE OF BIRTH OF SPOUSE | |
| SPOUSE'S MOBILE NO. | |
| SPOUSE ADHAR CARD NO. | |
| SPOUSE PAN CARD NO. | |
| EPFO PENSION STARTED (YES / NO) | |
| EPFO PPO NO. | |
| EPFO PENSION AMOUNT | |
| EPFO FAMILY PENSION AMOUNT | |
| DETAILS OF PENALTY, IF ANY | |
| NO. OF LWP/LOP DAYS, IF ANY | |
| PERIOD OF SUSPENSION, 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 Pensioner

Seal of RO

Date:

Regional Manager

REQUIRED;

1. 04 joined photograph size – 2.5 cm x 05 cm
2. 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, copy of Annexure 1 submitted earlier, copy of Penalty order (if any).
3. Each and every page should have seal and sign of Nodal Officer


Aryavart Bank

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

PENSIONER'S PROFILE DUPLICATE
 (PLEASE FILL UP IN BLOCK CAPITALS)

 Pensioner's
 Photograph
 Joint with Wife

 The Chairman
 Aryavart Bank
 Head Office

| | | | |
|---|--|---------------------|---|
| (1) | Full Name: | | |
| (2) | Gender: | Male/Female | |
| (3) | Identification Mark (if any): | | |
| (4) | Date of Birth: | | |
| (5) | PAN No. : | | |
| (6) | Date of Joining Bank service: | | |
| (7) | Date of ceasing to be in service: | | |
| (8) | Mode of cessation from service: Retirement on Superannuation | | |
| (9) | Category at Retirement: Officer (Scale IV, III, II, I) / Clerk /Sub-ordinate Staff | | |
| (10) | Provident Fund Account No. | | |
| (11) | Permanent Address: | | |
| (12) | Branch / Office of last posting: | Branch: | Region: |
| (13) | Branch from where pension payment is desired: | Branch- | Region- |
| (14) | Savings Bank A/C No. (15 Digit): | | |
| (15) | Have you obtained Commercial Employment: | Yes/ No | . If "Yes" please state date of Permission by the Competent Authority |
| (16) | IF "No" do you intend to take up application for Commercial Employment? | Yes/ No. | If "Yes" please give reference of your Permission from the Competent Authority. |
| II. PERSONAL DATA OF THE SPOUSE:- | | | |
| (1) | Full Name : | | |
| (2) | Relationship with the Pensioner: | Wife / Husband | |
| (3) | Date of Birth: | | |
| (4) | Identification Mark (If any visible): | | |
| (5) | Permanent Address: | | |
| III. PARTICULARS OF FAMILY MEMBERS OTHER THAN SPOUSE (Family as defined under Regulation of ARYAVART BANK (EMPLOYEES') PENSION (AMENDMENT) REGULATION, 2024) | | | |
| | Name | Relationship | Date of Birth |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| I declare that the above information is true and correct. Should you however require any documentary evidence, I shall produce the same on demand. | | | |
| Date: | | Signature: | |

Note : Please enclose 2 passport sized photographs of the pensioner and 2 joint passport size(photographs of the pensioner with the spouse).



Aryavart Bank

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

[Under regulation 39 (9)]

Application for Commutation of Pension without Medical Examination
(to be submitted within one year from the date of retirement)

The Chairman
Aryavart Bank
Head Office

Date: _____

Dear Sir,

Space for
Affixing attested
passport size
photograph

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 ARYAVART BANK (EMPLOYEES') PENSION (AMENDMENT) REGULATION, 2024. 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: _____

 Mobile No. _____

Acknowledgement

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

Place :
 Date :

 (Signature of Designated Authority)



Aryavart Bank

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

FORM OF NOMINATION

TO
THE TRUSTEES,
ARYAVART BANK 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. _____

Address : _____

2. _____

Address : _____

Signature
EPF No _____

Signature
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.



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 (Employees') PENSION (AMENDMENT) 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

| MONTHWISE BREAK UP YEAR & MONTH → | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| 1. Basic Pay | | | | | | | | | | |
| 2. Stagnation increment | | | | | | | | | | |
| 3. Pay and Allowances rank for DA | | | | | | | | | | |
| a) <i>(Mention nature of allowance)</i> | | | | | | | | | | |
| 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 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>) | | |
| TOTAL LOAN BALANCE | | |

Yours faithfully,

Signature with Seal

.....BankBranch

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 "N I L" Certificate in case of no outstanding liability.



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.

ANNEXURE- 15



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

Letter of undertaking by the Pensioner

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

Letter of undertaking by the Pensioner and Family Members / Nominees

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 (Annexure-16 / Annexure-17) | YES / NO |

Branch Manager

(Please use Branch Seal)

.....**Branch**

Date; _____