

STATE BANK OF INDIA
PENSION, P.F. & GRATUITY DEPT. (e-AB)
LOCAL HEAD OFFICE,Circle

**APPLICATION FOR REGULAR PENSION UNDER STATE BANK OF
(EMPLOYEES') PENSION REGULATIONS, 1995**

To,

The Trustees
State Bank of(Employees)Pension Fund Trust(Now SBI)/SBI

Dear Sir/Madam,

Passport Size Joint
Photograph of the
pensioner and spouse to
be affixed here duly
attested.

**Exercise of Option for resigned employees who have resigned from the service of the Bank on or
before 26.04.2010 to join Pension Scheme:
(As provided in 12th BPS/ 9th Joint Note dated 08.03.2024)**

1. Name & Designation of the Employee :
2. Father's/Husband's Name :
3. PF No. and HRMS ID : PF No.....HRMS ID.....
4. PAN :..... Aadhar No.....
5. Full Address with Tele no & Mobile no. :
- Tel. :
- Mob. :
6. Date of Birth :
7. Date of Appointment :
8. Joined the Bank as :
9. Date of cessation from service due to :
Resignation
10. Branch / Dept. from where Resigned . :Code
11. Details of leave without pay, if any :
12. Length of Pensionable Service :
- (Excluding leave without pay)
13. Period of Suspension, if ever suspended :
14. Disciplinary Proceedings pending / :
- Contemplated, (If any)
15. Branch, Code & S.B. A/c No. through : Br.....Code
- which pension is to be drawn A/C No.....

16. Details of Bank contribution towards PF: Amount in Full, Rs
 (along with accumulated interest thereon) Date of Receipt -
 Received

Important : In case of part time worker, please mention date of conversion to scale wages to:

1/3rd 3/4th
 1/2^{lf} Full

17. Particulars of the members of family to whom the family pension is payable.

Sr. No.	Name of Member of Family	Relationship with employee	Date of Birth	Address with contact No.

Note : Please indicate specifically for any disabled children as the special provision for payment of family pension to disabled children will apply for only that disability which manifests itself in the child before the resignation of the employee. Please note that the disability will have to be confirmed by a duly constituted Bank’s Medical Board.

I hereby declare that I have read and understood the terms of 12th Bipartite Settlement/ 9th Joint Note dated 08.03.2024 for extending another option to join Pension Scheme. I have understood that as per the terms of the said Settlement/ Joint Note, I have to refund to the Bank the entire Bank’s contribution to Provident Fund (along with accumulated interest thereon) received by me at the time of my resignation or later from the Bank and pension will be paid prospectively from the month following the month in which the Bank receives the contribution towards PF (along with accrued interest thereon) received by me at the time of resignation or later. The commutation of pension will not be extended to me and I will not demand the same.

Date :

Signature of Employee/Official

Place :

Forwarded in original to the PPG Dept., LHO.....
 (Controlling Authority) for onward submission to the AGM, PPG Nodal Cell (e-AB), Local Head Office,
Circle for Sanction to Sh./Smt..... the payment
 of pension. It is certified that the particulars given by the above named are correct as per Bank’s record.
 Documents of pension complete in all respects including salary details for the last ten months are enclosed.

No. :

Signature of Head of Branch /Office
 (With Seal)

Date :

Forwarded in original to the Trustees, through PPG Dept. (e-AB), LHO..... for grant of pension to the above named employee (resignee'). **We also certify that no disciplinary/vigilance proceedings are pending or being contemplated against the above named which should affect the payment of pension to him/her.** We hereby confirm the correctness of particulars Sh./Smt.....

(Please ensure to attach the copy of the 'Option for resigned employees to join Pension Scheme' duly verified)

Controlling Authority
(With Seal)

Deputy General Manager & CDO
(With Seal)

Date :

Date :

**STATE BANK OF INDIA
PENSION, P.F. & GRATUITY DEPT. (e-AB)**

Branch.....

Date :

The Assistant General Manager,
PPG Department (e-AB)
State Bank of India,
Local Head Office,....., Circle

Dear Sir,

Pension Case of Sh./Smt.

SALARY DETAILS

The above named employee resigned on To enable you to fix his/her pension, we give here below the details of Basic Pay, Special Pay, PQP, & FPP if any, drawn by the aforesaid employee during the last 10 months as defined in Regulation 2(s) (b) of State Bank of (Employees') Pension Regulations 1995.

S.No.	Month/ Year	Basic Pay including stagnation Increments (Rs.)	Spl. Pay	PQP	FPP	Total Rs.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total :

This is to certify that the salary particulars of the above named employee have been verified from our Branch/Office record and are correct (to be done by Nodal Circle PPG Department).

Signature of the employee

Signature of Head of Branch /Office
(With Seal)

Note : In case the employee remained on leave without pay during any of the last ten months that period should not be taken into account and an equal period before the last ten months shall be taken into account.

FORM OF NOMINATION FOR PENSION DUES

Trustee,
SBO..... (Employees) Pension Fund Trust (Now of SBI) /SBI

I hereby nominate the person named below under Regulation 51 of the State Bank of (employees') Pension Regulations 1995.

Name & Address of the nominee	Relationship with Pensioner	Date of Birth of Nominee, if minor	Name & address of person who may receive the said pension during the nominee's minority (if nominee is minor)
1	2	3	4

Name & address of other nominee in case the nominee under column 1 pre-decease's the pensioner	Relationship with pensioner	Date of Birth, if other nominee is minor	Name & Address of person who may receive the pension during the other nominee's minority	Contingency happening which nominee at all become invalid
5	6	7	8	9

Place :

Date :

Signature / Thumb impression; (if illiterate)

Witness:

Name of Pensioner

Signature

Address

Name & Address

.....

Received on

Signature of Receiving Authority :

Note :

One copy each to be kept with (1) Pension disbursing Branch

(2) PPG Department, SBI, LHO, Circle

LETTER OF UNDERTAKING

The Assistant General Manager,
PPG Dept. (e-AB)
State Bank of India,
Local Head Office, Circle

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 authorize the Bank to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the Bank.

Yours faithfully,

Signature
Name :
Address.....
.....
.....

Date :.....

Witness :

1. Signature
Name :
Address.....
.....
.....

2. Signature
Name :
Address.....
.....
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