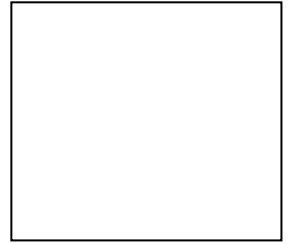


FORMAT – 12
HIMACHAL PRADESH GRAMIN BANK
Head Office: Jail Road, Mandi, Distt. Mandi, H.P.

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



The Chairman
Himachal Pradesh Gramin Bank
Head Office: Mandi, (H.P.)

Date: _____

Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of Himachal Pradesh Gramin Bank (Employees') Pension Regulations, 2018, I am submitting below the requisite particulars for kind favor 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) : _____

Contact No. _____

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

Sr. 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: _____

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 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 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.**