बिहार ग्रामीण बैंक
bihar gramin bank
Head Office: Shri Vishnu Commercial Complex
NH-30, New Bypass, Near BP Highway Services Petrol Pump,
Asochak, Patna-800030
Phone – 0612-2385487

PENSION CELL

To All Offices/Branches

Pension Cell Circular No – 03/2025 dated 20/05/2025

PENSION APPLICATION, FAMILY PENSION APPLICATION AND COMMUTATION FORMATS : BIHAR GRAMIN BANK.

A Bank named **Bihar Gramin Bank** established on 01.05.2025 after amalgamation of erstwhile Dakshin Bihar Gramin Bank and erstwhile Uttar Bihar Gramin Bank vide gazette of India Notification No. 1604 dated 07.04.2025.

Bihar Gramin Bank (Employees) Pension Regulations, 2018 and Bihar Gramin Bank (Employees) Pension (Amendment) Regulations, 2024 have been adopted in 1st meeting of Board of Directors dated 12.05.2025 of Bihar Gramin Bank to determine payment of pension, family pension and commutation. These regulations have been implemented in Bihar Gramin Bank with effect from 01.05.2025.

Accordingly, Pension application, family pension application and commutation application are enclosed herewith for information and necessary action of all concerned. ROs are instructed to accept and forward the application to HO on prescribed formats provided herewith.

Please ensure compliance to these guidelines meticulously.

Encl : **A/A**

General Manager

बिहार ग्रामीण बैंक
पेंशन सेल
प्रधान कार्यालय, पटना

FORMAT - 1

BIHAR GRAMIN BANK

Head Office: PATNA

Option Form to be filled in by the Employees who are in the service of the Bank (To be submitted in quadruplicate through their present Branch / Office)

Date of Receipt of application at Branch / Office :		**FOR HO USE ONLY**
Forwarded on :		**OPTION NOTED IN SERVICE RECORD**
Forwarded by :		
Signature with office seal (Branch/Office)		**(Signature of concerned Authority at HO with date)**

The Chairman
Bihar Gramin Bank
Head Office, Patna

Date : _____

I hereby declare that I have read and understood the Bihar Gramin Bank (Employees) Pension Regulations, 2018 and Bihar Gramin Bank (Employees) Pension (Amendment) Regulations, 2024. 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 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 (at the time of retirement): _____

4 E P F No: _____

5 Present Residential address: _____

_____

_____

6 Date of Birth: _____

7 Date of joining in the Bank' service: _____

8 Present place of posting: _____ Branch / Office

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

बिहार ग्रामीण बैंक
पेंशन सेल
प्रधान कार्यालय, पटना

FORMAT - 2

BIHAR GRAMIN BANK

Head Office: PATNA

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		FOR HO USE ONLY
Forwarded on		OPTION NOTED IN SERVICE RECORD
Forwarded by		
Signature with office seal(Branch/Office)		(Signature of concerned Authority at HO with date)

The Chairman
Bihar Gramin Bank
Head Office, Patna

Date :

I hereby declare that I have read and understood the Bihar Gramin Bank (Employees) Pension Regulations, 2018 and Bihar Gramin Bank (Employees) Pension (Amendment) Regulations, 2024. and I hereby voluntarily opt 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 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 (at the time of retirement): _____

4 E P F No: _____

5 Present Residential Address: _____

_

6. Date of Birth: _____

7 Date of joining in the Bank' service: _____

8 Date of retiring from the Bank service: _____

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)

बिहार ग्रामीण बैंक
पेंशन सेल
प्रधान कार्यालय, पटना

FORMAT - 3

BIHAR GRAMIN BANK

Head Office: PATNA

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 : Forwarded on : Forwarded by :	Recent photograph of the applicant to be pasted here and then to be attested by the Branch / Office Head.	**FOR HO USE ONLY** **OPTION NOTED IN SERVICE RECORD**
Signature with office seal (Branch/Office)		**(Signature of concerned Authority at HO with date)**

The Chairman
Bihar Gramin Bank
Head Office, Patna

Date : _____

I hereby declare that I have read and understood the Bihar Gramin Bank (Employees) Pension Regulations, 2018 and Bihar Gramin Bank (Employees) Pension (Amendment) Regulations, 2024 and I hereby voluntarily opt to become a member of the Bank's Pension Scheme and irrevocably authorise 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 valance (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 EPF No. of the deceased employee : _____

4 Relationship with the deceased employee : _____

5 Name of the guardian if applicant is minor: _____

बिहार ग्रामीण बैंक
पेंशन सेल

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 : _____

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 AADHAR 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 the 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 to be attested by the Branch/Office Head with Office Seal)

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पेंशन सेल
प्रधान कार्यालय, पटना

FORMAT - 4
BIHAR GRAMN BANK
HEAD OFFICE, PATNA

Ref _____

The General Manager
HRD Department
Bihar Gramin Bank
Head Office, Patna

Date : _____

Dear Sir,

Sub: Ten months (prior to retirement) average pay & allowances of _____ (EPF No: _____)

We are furnishing below the 10 months (prior to retirement) average pay & allowances of _____, Designation (Last) - _____, E.P.F. No. _____ who retired on _____ for calculation of Pension under Bihar Gramin Bank (Employees) Pension Regulations, 2018 and Bihar Gramin Bank (Employees) Pension (Amendment) Regulations, 2024.

1. Basic Pay	
2. Stagnation increment / PQP	
3.Pay and Allowances rank for DA a) Special Pay:- *(Mention nature of allowance)*	
b) **FPP**	
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/Office :

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 Bihar Gramin Bank (Employees) Pension Regulations, 2018 and Bihar Gramin Bank (Employees) Pension (Amendment) Regulations, 2024.*

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प्रधान कार्यालय, पटना

FORMAT - 4 (PAGE - 2)

~~BRANCH~~ / OFFICE : HEAD OFFICE, PATNA

DETAILS OF LAST TEN MONTHS SALARY

MONTHWISE BREAK UP YEAR & MONTH →										
1. Basic Pay										
2.Stagnation Increment / PQP										
3.Pay and Allowances rank for D.A. **a) Special Pay → (Mention nature of allowances)**										
b) FPP										
c)										
d)										
Total										
AVERAGE	**Basic Pay : _____ PQP : _____ FPP : _____ Total : _____**									

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 Bihar Gramin Bank (Employees) Pension Regulations, 2018 and Bihar Gramin Bank (Employees) Pension (Amendment) Regulations, 2024.

Date:

Signature with seal

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पेंशन सेल
प्रधान कार्यालय, पटना

FORMAT - 5
BIHAR GRAMIN BANK
HEAD OFFICE : PATNA

Ref _____

The Chief Manager
HRD Department
Bihar Gramin Bank
Head Office – Patna

Date :

Dear Sir,

Sub: Particulars of Outstanding Liabilities of _____

(EPF No: _____)

We are furnishing below the Particulars of Outstanding Liabilities of _____

_____, Last Designation : _____,

EPF No : _____ retired on _____.

Particulars of Outstanding Loan	Account No	Balance
1 House Building Loan		
2 Housing Loan		
3 Staff Over Draft		
4 Housing Loan		
5 Housing Loan		
6 Conveyance Loan		
7 Others if any *(Mention details)*		
TOTAL LOAN BALANCE		

Yours faithfully

Signature with Seal
Bihar 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.

BIHAR GRAMIN BANK

HEAD OFFICE : PATNA

FORMAT - 6

..... STAFF PENSION* (GENERAL)	√	Customer ID	
..... FAMILY PENSION*		SB 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 _____

holder of PPO No: _____ and that he /she is alive on this day. His / Her AADHAAR No. is _____.

(Signature of the Pensioner with date)

(Signature with office seal)

Date: _____

Name:

EPF:

Place: Designation: Office:

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पेंशन सेल
प्रधान कार्यालय, पटना

BIHAR GRAMIN BANK
HEAD OFFICE : PATNA

FORMAT - 7

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 wef 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.

बिहार ग्रामीण बैंक संधान सेल प्रधान कार्यालय, पटना

FORMAT – 8

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 remarriage (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 : .....

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पेंशन सेल
प्रधान कार्यालय, पटना

FORMAT - 9

LETTER OF UNDERTAKING BY THE PENSIONER

The Branch Manager Date : _____

Branch-_____

Bihar 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 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		

बिहार ग्रामीण बैंक
सेशन सेल
प्रधान कार्यालय, पटना

FORMAT - 10

LETTER OF UNDERTAKING BY THE PENSIONER AND FAMILY MEMBERS/NOMINEES

The Branch Manager

_____

Bihar 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 Bihar Gramin Bank (Employees) Pension Regulations, 2018 and Bihar Gramin Bank (Employees) 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 : _____

Witnesses

Signature		
Name		
E.P.F.No		
Address		

बिहार ग्रामीण बैंक
सेशन सेल
प्रधान कार्यालय, पटना

FORMAT - 11
FORM OF NOMINATION

TO

THE TRUSTEES, BIHAR GRAMIN 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
					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	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.

2.

ADDRESS:

ADDRESS:

Signature: _____, Signature: _____

EPF No:-

EPF No:

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

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 any person or persons, or a body of individuals whether incorporated or not. 3. Strike out which is not applicable.

FORMAT - 12

BIHAR GRAMIN BANK

Head Office: PATNA

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

The Chairman
Bihar Gramin Bank
Head Office, Patna

Date : _____

Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of Bihar Gramin Bank (Employees) Pension Regulations, 2018 and Bihar Gramin Bank (Employees) Pension (Amendment) Regulations, 2024. I am submitting below the requisite particulars for kind favor of sanction of Family Pension to me.

1. Name of Applicant (in block letter) : _____

   i) Relation with the deceased employee / pensioner : _____

   ii) Date of Birth : _____

   iii) Name of Guardian if the deceased person

   Is survived by minor child / children : _____

   iv) Religion and Caste : _____

2. Present Residential address of the applicant

   (in block letters)

3. Name and age of surviving parent / widow / widower / children of the deceased employee / pensioner

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

4. Name of the deceased employee / pensioner : _____

5. EPF No. of the deceased employee : _____

6. Date of death of the employee / pensioner : _____

(Documentary evidence to be attached)

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पेंशन सेल
प्रधान कार्यालय पटना

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 and 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 ? : 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 mark, if any, on hand, face etc. : _____

12. Signature / LTI ** of the applicant (Duly Attested by the Branch head with seal) : _____

SIGNATURE / LTI OF 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 copes 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) including that applicant is a genuine claimant e.g. AADHAR 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.

बिहार ग्रामीण बैंक
पंकज सेन
प्रधान कार्यालय, पटना

FORMAT - 13

BIHAR GRAMIN BANK

Head Office: PATNA

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 / 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	

BRANCH MANAGER

EPF:

(Please use Branch Seal)

घोषणा – पत्र

मैं _____ पुत्र / पुत्री / पत्नी / पति _____

PF संख्या _____ शाख़ा / कार्यालय _____, क्षेत्रीय कार्यालय _____ सेवानिवृति तिथि _____ यह घोषणा करता / करती हूँ कि :

1. मैं बिहार ग्रामीण बैंक (कर्मचारी) पेंशन विनियम, 2018 एवं बिहार ग्रामीण बैंक (कर्मचारी) पेंशन (संशोधन) विनियम, 2024 के तहत पेंशन हेतु योग्य हूँ ।

2. मुझे EPFO से Employer Share की राशि ब्याज सहित रु _____ (रुपये _____ _____) मात्र सेवानिवृत्ति तिथि उपरान्त प्राप्त है, जिससे संबंधित Statement of Member Passbook की एक सत्यापित प्रति संलग्न है ।

3. संलग्न Statement of Member Passbook में वर्णित Employer Share की कुल राशि ब्याज सहित रु_____ (रुपये _____) मात्र मैं बिहार ग्रामीण बैंक के ख़ाता संख्या 73212100013244 (BGB Pension Trust Fund Refund Account) में नकद / NEFT / अंतरण / चेक / DD के माध्यम से दिनांक _____ को जमा कर दिया / दी हूँ, जिसके जमा रसीद की छाया प्रति संलग्न है ।

4. भविष्य में EPFO कार्यालय से बैंक को उपलब्ध कराये गये Statement of Member Passbook की राशि में कोई भी अंतर होने की स्थिति में बैंक द्वारा निर्धारित / मान्य राशि के भुगतान / वापसी / समायोजन की सहमति देता / देती हूँ ।

5. घोषणा करता हूँ कि मेरे द्वारा सेवाकाल में नियोक्ता अंशदान में रु _____ (रुपये _____ _____) मात्र की निकासी की गई है / नहीं की गई है । भविष्य में यदि यह प्रकाश में आता है कि नियोक्ता अंशदान से निकासी की गई है या नियोक्ता अंशदान की पूरी राशि जमा नहीं की गई है तो मैं उसकी भरपाई करुंगा / करुंगी तथा बैंक नियमानुसार मेरे विरुद्ध कानूनी कार्रवाई के लिये स्वतंत्र होगी ।

6. मेरे ख़िलाफ सर्त्तकता दृष्टिकोण / आपराधिक मुकदमा पुलिस अथवा किसी न्यायालय में लंबित है / नहीं है । यदि है तो पूर्ण विवरण दें ।

7. EPFO पेंशन की प्राप्त राशि में हमने Commutation के मद में रु_____ (रुपये_____ _____) मात्र की राशि Commute करवाया है / नहीं करवाया है तथा रु_____ (रुपये _____) मात्र की राशि प्राप्त की है । यह दिनांक _____ को पुर्नस्थापित होगी ।

8. माह _____ वर्ष _____ के प्रभाव से मुझे प्रति माह पेंशन रु_____ (रुपये _____) मात्र की राशि EPFO द्वारा भुगतान की जा रही है । भविष्य में प्राप्त हो रही पेंशन की राशि में यदि कोई भी परिवर्तन होगी तो इसकी सूचना मेरे द्वारा तत्काल पेंशन सेल को दी जायेगी तथा इसके समायोजन का पूर्ण अधिकार पेंशन सेल को होगा ।

स्थान :

दिनांक :

हस्ताक्षर :

नाम :

मोबाइल न. :

Form VI

[See regulation 39 (9)]

Name of the Bank : BIHAR GRAMIN BANK

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

Space for Affixing attested passport size photograph

To

Designated Authority

Dear Sir,

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 Bihar Gramin Bank (Employees) Pension Regulations, 2018 and Bihar Gramin Bank (Employees) Pension (Amendment) Regulations, 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 : _____

_____

_____

Acknowledgement

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

Form VII

[See regulation 39 (9)]

Name of the Bank : **BIHAR GRAMIN BANK**

Application for Commutation of Pension subject to Medical Examination

(to be submitted in duplicated)

PART – I

Space for Affixing attested passport size photograph

To
Designated Authority

Dear Sir,

I desire to commute a fraction of my pension in accordance with Bihar Gramin Bank (Employees) Pension Regulations, 2018 and Bihar Gramin Bank (Employees) Pension (Amendment) Regulations, 2024. An attested copy of my photograph is affixed on the application and an unattested copy is enclosed. The necessary particulars are furnished below:

1.	Name in full (in block letters	:	_____
2.	Designation at the time of retirement	:	_____
3.	Name of Office/Department from which retired	:	_____
4.	Date of birth (as per Bank's Service Record)	:	_____
5.	Date of Retirement	:	_____
6.	Class of Pension	:	_____
7.	Fraction of Pension proposed to be commuted not exceeding 1/3rd thereof	:	_____
8.	Preference for station where medical examination is desired to take place	:	_____

_____
Signature

Place :

Address : _____

Date :

_____

_____

Acknowledgement

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

Place :
Date :

_____
(Signature of Designated Authority)

Form VII - PART – II

(To be completed by the Designated Authority)

1. Name of the Applicant : _____
2. Date of birth (as per Bank's Service Record) : _____
3. Date of Retirement : _____
4. Class of Pension : _____
5. Amount of Pension : _____
6. Amount of Pension desired to be commuted : _____

On the basis of

_____

Added Years Normal Age ----------

1 Year	2 Years	
_____	_____	_____
Rs.	Rs.	Rs.
_____	_____	_____

7.(i) Sum payable if commutation becomes absolute before the applicant's next birthday which falls on ____ : _____

(ii) Sum payable if commutation becomes absolute after the applicant's next birthday which falls on ____ : _____

8. Number of enclosures, if any (see note below)

Place :

Date :

_____

(Signature of Designated Authority)

Note: The Designated Authority should enclose with the Form, a copy of the receipt or statement of the applicant's case if the applicant has been granted invalid pension or has previously commuted a part of his pension or declined to accept commutation on the basis of an addition of years to actual age, or has been refused (commutation) on medical grounds.

Form VII - PART – II (contd.)

Copy forwarded to Shri/Smt./Kum. _____

_____

(give complete postal address)

with the remarks that subject to the Bank's Medical Officer's recommendation, he/she will, on the basis of the report of the Designated Authority be eligible for the lump sum payment in lieu of the amount of pension to be commuted as follows:-

		On the basis of Added Years		
		Normal Age ----------	1 Year	2 Years
		Rs.	Rs.	Rs.
(i)	Sum payable if commutation becomes absolute before the applicant's next birthday which falls on _____	:		
(ii)	Sum payable if commutation becomes absolute after the applicant's next birthday which falls on _____	:		

Note: The Table of the present value, on the basis of which calculation by the Designated Authority has been made, is subject to alteration at any time without notice and consequently the basis is liable to revision before payment is made and the sum payable will be the sum appropriate to the applicant's age on his birthday next after the date on which the commutation becomes absolute or if the medical authority directs that years will be added to that age, to the consequent assumed age.

Acknowledgement

Shri/Smt./Kum. _____ should report for medical examination to the Bank's Medical Officer at Bank's Dispensary between _____a.m. and _____p.m. on _____. He/She should take with him/her the enclosed Form No. VIII with the particulars required in Part-1 completed except the signature or thumb impressions.

Place :
Date :

_____

(Signature of Designated Authority)

Form VII - PART III

Name of Bank : **BIHAR GRAMIN BANK**

(Draft Letter to Bank's Medical Officer
Referring the pensioner for Medical Examination)

Ref. No.:

Date :

To

Dr. _____
(Bank's Medical Officer)

Sir/Madam,

Medical Examination – Commutation of Pension

Shri /Smt./ Kum._____who retired from the service on _____ _____as_____(Designation) has applied for commuting a fraction of his/her pension for a lump sum payment. The following documents are forwarded herewith.

(a) Application in Form No. VII in original.
(b)* Report or statement of the applicant's case if he has been granted invalid pension or has previously commuted a fraction of his pension or declined to accept commutation on the basis of addition of years to his actual age or has been refused commutation on Medical Grounds.

In terms of regulation _____of Bihar Gramin Bank (Employees) Pension Regulations, 2018 and Bihar Gramin Bank (Employees) Pension (Amendment) Regulations, 2024. (commutation of pension), Shri/Smt./Kum. _____ should be examined by a Bank's Medical Officer. It is requested that arrangement may be made to get Shri/Smt./Kum _____ examined as expeditiously as possible preferably within four weeks.

A copy of this letter is being endorsed to him/her so that he/she may appear for medical examination before you at the earliest.

The receipt of this letter may please be acknowledged.

Yours faithfully

(Designated Authority)

*Strike off whichever not applicable

Form VIII

[See regulation 39(9)]

PART I

Space for Affixing attested passport size photograph

Name of Bank -**BIHAR GRAMIN BANK**

Declaration by the Pensioner for facilitating
Medical Examination by the Bank's Medical Officer.

The applicant must complete this statement prior to his examination by Bank's Medical Officer and must sign the declaration appended thereto in the presence of Bank's Medical Officer.

1. Name in full (in block letters)

2. Date of birth (as per Bank's Service Record)

3. Particulars regarding Parents.

   Father's age, if living and state of health.

   Father's age at death and cause of death.

   Mother's age, if living and state of health.

   Father's age at death and cause of death.

4. Have you been considered for grant of invalid Pension ?
   If so, state the ground thereof.

5. Have you been granted leave on Medical certificate during the Last three years of your service ? if so, state period of leave and nature of illness.

6. Have you during the last three years period

   (a) suffered from any major illness requiring hospitalization ?
   If so, the nature of illness and period of hospitalization may please be indicated; or

   (b) undergone any major surgical operation

   (c) lost or gained weight markedly

Declaration by Applicant
To be signed in presence of the Bank's Medical Officer

I declare all the above answers to be, to the most of my belief, true and correct.

I am fully aware that by wilfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation.

_____

Applicant's signature or thumb- impression in case of illiterate applicant

_____

(Signature of Bank's Medical Officer)

Form VIII - PART II

Medical details of the Pensioner

(To be filled by the examining Medical Officer)

1. Apparent age

2. Height

3. Weight

4. Describe any scars or identifying Marks of the applicant

5. Pulse rate-

   a) Sitting
   b) Standing

What is the character of the pulse ?

6. Blood pressure-

   a) Systolic
   b) Diastolic

7. Is there any evidence of disease of the main organs -

   a) Heart
   b) Lungs
   c) Liver
   d) Spleen
   e) Kidney

8. Investigations (wherever considered necessary by the Bank's Medical Officer)

   (i) Urine (State specific gravity)
   (ii) Blood
   (iii) X-R-ray Chest
   (iv) E.C.G.

9. Any additional finding

Form VIII - PART III

Certificate of Fitness for Payment of Commutation of pension

(*To be filled by the examining Medical Officer*)

I/We have carefully examined Shri/Smt./Kum. _____
and am/are of opinion that-

He /She is in good bodily health and has the prospect of an average duration of life.

OR

He /She is not in good bodily health and is not a fit subject for commutation.

OR

Although he/she is suffering from _____

_____

_____

_____ he/she is considered fit subject for commutation but his/her age for the purpose of commutation, i.e. the age next birthday should be taken to be _____(In words) years more than his/her actual age.

Place :

Date :

_____

(Signature and Designation of Examining Medical Officer)