

SOUTH EASTERN RAILWAY

SERVICE CERTIFICATE
(FILL UP IN BLOCK LETTERS)

Sl.No.

Issuing Office
Date of Issue :
27.04.2018.

Photograph of the
Employee to be
attested by the
Issuing Officer

- 01) NAME :
- 02) Father's/Husband Name :
- 03) Religion :
- 04) Community :
- 05) Date of Birth :
- 06) Identification Marks :
- 07) Blood Group :
- 08) Deptt., Design., Office and
Station last working :
- 09) Period of Service :
- 10) Rate of Pay and Grade Pay/
Level on leaving Service :
- 11) Cause of Demitting service :
- 12) Is She/He member of RECHS or RELHS :
- 13) Permanent Address :
- 14) Is he/she an optee for Widow
Complimentary Pass? :
- 15) Employee's Signature or
Thumb Impression :

Signature _____

Designation _____

दक्षिण पूर्व रेलवे
South Eastern Railway

DECLARATION FORM TO BE SUBMITTED BY RETIRED RAILWAY EMPLOYEES

1. Name _____
2. Office from which retired _____
3. Designation on retirement _____
4. Date of appointment _____
5. Date of retirement _____
6. Whether service continuous _____
7. Period of qualifying service _____
8. Last pay drawn _____
Substantive _____ Officiating _____
9. Class of Staff _____
10. Class of Pass entitled _____
11. Whether confirmed, if not period of
Officiating, indicating adhoc promotion,
If any, showing the date _____
12. Reason for leaving service _____
13. No. of Privilege Passes taken prior to
Retirement _____
14. Whether Railway quarter was allotted _____
15. Date of vacating of Railway Quarters
(Attested Xerox copy of vacation memo
To be enclosed) _____
16. Whether Railway quarters under permitted
retention (Attested copy of retention certificate
to be enclosed) _____
17. Pass Account/Index No. while in service _____
18. Family members

Sl. No.	Name of family members for whom passes may be required as per Pass Rules	Relationship	Age & Date of birth
1.			
2.			
3.			
4.			
5.			
6.			

I hereby declare that the entries given above are correct to the best of my knowledge

Address : _____

Signature of the applicant in full _____

Attested Xerox copies of the following documents are enclosed :

1. Service Certificate
2. Gratuity Papers
3. Pension Paper
4. Age Proof
5. Qtr. Vacation/retention memo
6. Two copies of photographs each

The above entries are verified from the service sheet of the retired employee concerned and certified to be correct.

Signature of the Personnel Branch Office _____

Specimen signature of the applicant :

1. _____
2. _____
3. _____

Signature & designation of Attesting Office _____

SOUTH EASTERN RAILWAY

To
The Chief Personnel Officer/ Settlement /S.E.Rly/GRC

APPLICATION FOR ISSUE OF RETIRED RAILWAY OFFICIAL'S IDENTITY CARD (FILL IN BLOCK LETTERS)

1	NAME OF EMPLOYEE (RETIRED)		PHOTO AFFIXED
2	DATE OF RETIREMENT		
3	POST HELD ON RETIREMENT		
4	DEPARTMENT & STATION WHERE SERVED		
5	RUID		
6	DATE OF BIRTH		
7	RESIDENTIAL ADDRESS		
8	CONTACT NO		
9	AADHAR NO		
10	BLOOD GROUP		

DETAILS OF OTHER FAMILY MEMBERS ELIGIBLE FOR POST RETIREMENT COMPLIMENTARY PASS (COPY OF AADHAR CARD/DATE OF BIRTH/PPO/EARLIER ID CARD ISSUED BY EARLIER PASS SECTION)

1	NAME		PHOTO AFFIXED	2	NAME		PHOTO AFFIXED
	DATE OF BIRTH				DATE OF BIRTH		
	RELATIONSHIP WITH RETIRED OFFICIAL				RELATIONSHIP WITH RETIRED OFFICIAL		
	AADHAR NO:				AADHAR NO:		
	BLOOD GROUP				BLOOD GROUP		
	CONTACT NO				CONTACT NO		
3	NAME		PHOTO AFFIXED	4	NAME		PHOTO AFFIXED
	DATE OF BIRTH				DATE OF BIRTH		
	RELATIONSHIP WITH RETIRED OFFICIAL				RELATIONSHIP WITH RETIRED OFFICIAL		
	AADHAR NO:				AADHAR NO:		
	BLOOD GROUP				BLOOD GROUP		
	CONTACT NO				CONTACT NO		
5	NAME		PHOTO AFFIXED	6	NAME		PHOTO AFFIXED
	DATE OF BIRTH				DATE OF BIRTH		
	RELATIONSHIP WITH RETIRED OFFICIAL				RELATIONSHIP WITH RETIRED OFFICIAL		
	AADHAR NO:				AADHAR NO:		
	BLOOD GROUP				BLOOD GROUP		
	CONTACT NO				CONTACT NO		

DATE:

SIGNATURE OF EX-EMPLOYEE

FOR OFFICE USE ONLY	
1	REGISTRATION SRL NO & DATE
2	I/CARD SRL NO
<div style="display: flex; justify-content: space-between;"> SIGNATURE OF SPO-III DY.CPO(IR) </div>	

सहायक कार्मिक अधिकारी (भुगतान)

Assistant Personnel Officer (Settlement)

दक्षिण पूर्व रेलवे, गार्डन रीच

S.E.Railway, Garden Reach

पासपोर्ट आकार के

फोटो लगाना

Paste Passport size

Photograph

पेंशनर पहचान पत्र के लिए आवेदन पत्र

APPLICATION FOR PENSIONER'S IDENTITY CARD

नाम / Name : _____

पिता / पति का नाम / Name of Father/Husband : _____

आवासी पता / Residential Address : _____

दूरभाष / मोबाइल सं० / Telephone / Mobile No. : _____

रक्त समूह / Blood Group : _____

पहचान चिन्ह / Identification Marks : _____

जन्म तिथि / Date of Birth : _____

नियुक्ति तिथि / Date of Appointment : _____

अधिवर्षिता तिथि / Date of Superannuation : _____

सेवानिवृत्ति के समय पद / Last Post held : _____

ग्रेड पे सहित वेतनमान / Pay Band with GP : _____

अंतिम वेतन / Last Pay : _____

भविष्य निधि सं० / Provident Fund No. : _____

रेलवे अद्वितीय आई.डी. / Railway Unique I.D. : _____

तारीख / Date : _____

कर्मचारी के हस्ताक्षर / Signature/ LTI of Employer

(बॉक्स के अंदर / Inside the Box

नियंत्रण अधिकारी के हस्ताक्षर / Signature of Controlling Officer

सरकारी उपयोग के लिए / for official use

अर्हक सेवा / Qualifying Service : _____

स्वीकृत पेंशन / Pension originally sanctioned : _____

पी.पी.ओ सं. / PPO No. : _____

रुपया रसीद सं. / Money Receipt No. : _____

पेंशनर पहचान पत्र के सं./Pensioner's I.Card No. : SER/P-HQ/SETT/761/

सेवा प्रमाणपत्र सं. / Service Certificate No. : _____

कर्मचारी के पावती/Acknowledgement of Employee : _____

RELHS - 97

SUB: Particulars of family declaration for issue of Medical Identity Card.

(TO BE SUBMITTED TO SELFARE SECTION/GRC)

Name _____ S/o _____
Designation _____ Department _____
Date of Birth _____ Date of Appointment _____
Date of Termination _____ P. F. No. _____
RUID No. _____ Aadhar No. _____
Reason _____ Last Pay Rs. _____
Level _____ Grade Pay _____
Mobile No. _____

Whether opted for Fixed Medical Allowance: _____ (Yes/No)

Amount to be recovered as per Level for RELHS Rs. _____

Amount to be recovered towards RELHS from

DCRG/Leave Salary/Last Salary: _____

Sl	Levels in the Pay Matrix as per 7 th PC	Subscription to join RELHS (in Rs.)
1	Level 1 to 5	30,000/-
2	Level 6	54,000/-
3	Level 7 to 11	78,000/-
4	Level 12 & above	1,20,000/-

PARTICULARS OF DEPENDENT FAMILY MEMBERS

Sl	Name	Relationship	Sex	DOB	Identification Mark
01					
02					
03					
04					
05					
06					

Encl: Individual Photo to entitled family members for Medical Facility.

NB: Vide Ry. Bd's letter. No. 2011/H/28/1/RELHS/Court Case dt.31.07.2018 (SER/Estt. Sl. No.-161/18), only one RELHS recovery is compulsory if spouse is Central /State Govt. Employees.

SIGNATURE

MANDATE FORM

BY RETIRED EMPLOYEE / DEPENDANT OF DECEASED EMPLOYEE

FOR EFT / ECS / RTGS / NEFT

1. Name of the Employee : _____
2. Address : _____

Telephone / Mobile No. : _____
3. PAN No. : _____
4. Particulars of Bank A/C : _____
 - (i) Bank Name : _____
 - (ii) Branch Name & Address : _____

 - (iii) Bank Branch Telephone No. : _____
 - (iv) Account Type (Savings/Current) : _____
 - (v) Account No. : _____
 - (vi) Bank's MICR Code : _____
 - (vii) Bank's IFS Code : _____
5. **DECLARATION OF THE PARTY** :

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, the User Institution i.e. S.E.Railway will not be held responsible. I have understood the scheme and agree to discharge the responsibility for which I am liable as a participant under the scheme.

Date : Signature of the Employee / Dependent of Deceased Employee

NB : One cancelled cheque / photocopy of the cheque is to be enclosed [where the cheque does not carry IFS Code, an attestation from Bank attesting the IFS Code should be given.]

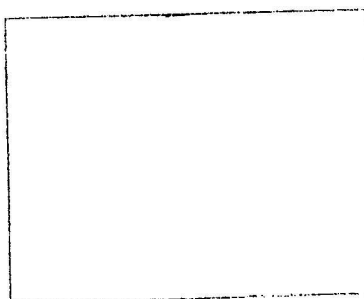
SIGNATURE OF BANK OFFICIAL
(where required)

NAME	
DESIGNATION	
DEPARTMENT	
P. F. NO.	
D. O. B.	
D. O. R.	

SPECIMEN SIGNATURE	1.	
	2.	
	3.	

	THUMB	FORE	MIDDLE	RING	LITTLE
LEFT HAND FINGER IMPRESSION					

JOINT PHOTO :



DATA SHEET (IN BLOCK LETTERS)

1.	NAME			
2.	FATHER'S NAME/Husband's Name			
3.	DESIGNATION			
4.	DEPARTMENT			
5.	CONTROLLING UNIT			
6.	P.F.NO./ BILL UNIT NO			
7.	DATE OF BIRTH			
8.	DATE OF APPOINTMENT			
9.	DATE OF RETIREMENT			
10.	LAST BASIC PAY & PREVIOUS PAY			
11.	PAY BAND & GRADE PAY			
12.	PAN NO.			
13.	UNIQUE I.D. NO.			
14.	AADHAAR NO.			
15.	EMAIL ID			
16.	ADDRESS (WITH PIN CODE NO.)			
17.	MOBILE NO.			
18.	IDENTIFICATION MARK			
19.	RLY. ACCOMMODATION DETAILS			
20.	NAME OF THE SPOUSE WITH D.O.B.	<table border="1"> <tr> <td>NAME</td> <td>DT. OF BIRTH</td> </tr> </table>	NAME	DT. OF BIRTH
NAME	DT. OF BIRTH			
21.	OPTED FOR FIXED MEDICAL ALLOWANCE			
22.	PENSION ACCOUNT NO. WITH IFS CODE BANK'S NAME & ADDRESS	<table border="1"> <tr> <td>A/C. NO.</td> <td>IFS CODE :</td> </tr> </table>	A/C. NO.	IFS CODE :
A/C. NO.	IFS CODE :			
23.	SAVINGS ACCOUNT NO. WITH IFS CODE BANK'S NAME & ADDRESS	<table border="1"> <tr> <td>A/C. NO.</td> <td>IFS CODE:</td> </tr> </table>	A/C. NO.	IFS CODE:
A/C. NO.	IFS CODE:			

Contd. To P-2

PPO NO : 20167070800**PENSION TYPE-**

1.	P.F.NO.			
2.	NAME			
3.	FATHER' NAME			
4.	DESIGNATION:	DEPARTMENT:		
5.	BILL UNIT NO.			
6.	PAY BAND	G.P		
7.	LAST PAY:	PREVIOUS LAST PAY:		
8.	DATE OF BIRTH			
9.	DATE OF APPOINTMENT			
10.	GENDER :	MARITAL STATUS:		
11.	DATE OF RETIREMENT/DEATH			
12.	AADHAAR NO.			
13.	PAN NO.			
14.	MOBILE NO.			
15.	E-MAIL			
16.	PENSION PAYING BRANCH WITH IFSC CODE			
17.	PENSION ACCOUNT NO.			
18.	MANDATE BANK NAME WITH IFSC CODE			
19.	MANDATE ACCOUNT NO.			
20.	NQS	DED. SUB/CPC		
21.	FMA			
22.	IDENTIFICATION MARKS			
23.	PRESENT ADD/RLY. ACCOM.	PERMANENT ADDRESS		
19.	BENIFICIARY NAME	REL.	D.O.B	AADHAAR NO.
i)				
ii)				
iii)				
iv)				

SIGNATURE OF EMPLOYEE**SIGNATURE OF EXECUTIVE OFFICER**

FOR ACCOUNTS OFFICE USE

1.	SERVICE: CASUAL/SUBSTITUTE WITH PERIOD.	
	NON QUALIFYING SERVICE	
2.	NET QUALIFYING SERVICE.	Y M D
3.	PENSION	Rs.
4.	Enhanced F/Pension upto ____/____/____	Rs.
5.	Ordinary F/Pension w.e.f. ____/____/____	Rs.
6.	DCRG	Rs.
7.	COMMUTATION	Rs.
8.	LEAVE SALARY: LAP/LHAP (/)	Rs.
9.	CGEIS/REIS	Rs.

<u>SETTLEMENT DUES</u>		
CO6 NO. _____	DT. _____	
CO7NO. _____	DT. _____	
DCRG	Rs.	<u>Recovery Details</u>
COMMUTATION	Rs.	1.
LEAVE/ENCASHMENT	Rs.	2.
CGEIS/REIS	Rs.	3.
GROSS AMOUNT	Rs.	4.
TOTAL RECOVERY	Rs.	5.
NET AMOUNT.	Rs.	6.

D.A.

S.S.O.

SR.AFA/SETT

CO6 NO.	DATE
CO7 NO.	DATE
PAYMENT FOR	Rs.
GROSS AMOUNT	Rs.
DEDUCTION	Rs.
NET AMOUNT	Rs.

D.A.

S.S.O.

SR.AFA/SETT

UNDERTAKING & OPTION FORM
(TO BE SUBMITTED BY PENSIONERS TO HIS/HER PENSION DISBURSING AUTHORITY)

I _____ wife/
son/daughter of _____ resident of _____

(Existing Address) hereby declare that:

My place of residence lies within the City/Town/Municipality limits of the places where Railway Hospitals/Health Units/lock-up dispensaries exist. Hence I am not entitled for the grant of Medical Allowance and I will be availing the existing OPD medical facilities. Necessary endorsement may please be made to my P.P.O. in this regard.

Or

I am residing in a place which lies outside the jurisdiction of City/Town/Municipality limits of the place where Railway Hospitals/Health Units/lock-up dispensaries are available as mentioned in Annexure-III of Railway Board's letter No. PC-VI/98/1/7/1/1 dated _____ (S. No. PCV/167, RBE No. 65/99). Accordingly, I here opt:

1. For the OPD medical facility from Railway Hospitals/Health Units/lock-up dispensaries.

Or

2. To claim fixed Medical Allowance of Rs. 1000/- per month.

Necessary endorsement may please be made in my PPO in this regard.

SIGNATURE _____

Name _____

P. P. O. No. _____

Place _____

Date _____

COUNTERSIGNED
HEAD OF OFFICE/DDL

Application Form for payment of Pension & other Retirement Benefits to the Railway employees.

(Note : Application Form to be filled up in all respect by the employee and submitted in triplicate)

Ifurnish below my relevant particulars and request to arrange to pay me DCRG/Gratuity, SRPF, CGEGIS & Pension and may be permitted to commute% (..... percent) of my pension:-

1. Full Name (in Block Letters) :
2. Father's/Husband's Name :
3. Date of Birth : 4. Date of Appointment :
5. Designation : 6. RUID Number :
7. Basic Pay : 8. Pay Level :
9. SRPF No. : 10. PAN No. :
11. Mobile Number : 12. E-mail Id :
13. Aadhaar No. : 14. Mark of Identification :
15. Religion.....
16. Present/Correspondence Address with PIN Code :PIN
17. Permanent Address with PIN Code :PIN
18. Details of Railway/ Directorate of Estate Quarter, if allotted :PIN
19. Date of Retirement : 20. Date of start of Pension :
21. Class of Pension : Superannuation/Voluntary etc.
22. Details of Public Sector Bank from where pension will be drawn :
 - (a) Savings Bank Account No. : (b) Name of Bank :
 - (c) Branch : (d) City :
 - (e) District : (f) IFSC :
23. Medical facility being availed at present (CGHS/RMA) : 24. Medical Card(s) No. :
25. Details of Military / Other Service, if any
 - (a) Total Period of Military Service : From to
 - (b) Amount of gratuity received for the Military Service :
 - (c) PPO No & Date of Issue (attach a self attested photocopy of the PPO) :

**Note : Please attach : (i) a cancelled cheque, issued for Bank Account mentioned above at S.No.22,
(ii) self attested photocopies of PAN, Aadhaar and Medical Cards**

Place : Date:

Employee's Signature

DECLARATION FOR NON ACCEPTING COMMERCIAL EMPLOYMENT

I note that I cannot accept any commercial employment before the expiry of one year from the date of retirement, or any employment under a government outside India at any time without prior sanction of the President of India. I cannot seek employment as contractor for or in connection with the execution of public works (Whether on the Railways, or under P.W.D. or Defence Forces) or employment of such contractors, within one year of my retirement, without the prior permission of the President of India.

DECLARATION FOR NON RECEIPT OF PENSIONARY BENEFITS

I hereby declare that I have neither applied for nor received any ordinary Gratuity/Pension/Death-cum-retirement Gratuity in respect of any portion of the service included in this application and in respect of which ordinary Gratuity/Pension/Death-cum-Gratuity is claimed herein, nor shall I submit an application hereafter without quoting a reference to this application and to the orders which may be passed thereon.

I am in occupation of Railway / Directorate of Estates' (DOE) House No..... on my retirement from Railway Service, I agree to withhold Death-cum-Retirement gratuity as per extant orders till such time, I vacate the Railway Quarter/DOE accommodation.

Employee's Signature

1st Witness Signature :

Name :

Designation :

RUID No. :

2nd Witness Signature :

Name :

Designation :

RUID No. :

Note : After vacating the government accommodation, employee may apply for refund of withheld gratuity in prescribed proforma, along with all required documents. In case of Directorate of Estates' accommodation, the retiring employee has to apply online for obtaining the "No Demand Certificate".

DETAILS OF FAMILY MEMBERS

Amarendra D

1. **Name and Designation of the employee**

2. **Father's/Husband's Name**

Affix Joint Photo (to be duly signed across by self and spouse)	Affix Employee's Photo
---	------------------------------

3. **Details of all family members :-**

S. No.	Name (in Block Letters)	Relationship with Railway Servant	Date of Birth (attach a photocopy of valid document as proof)	Aadhaar No. (attach a photocopy of Aadhaar Card)
1	2	3	4	5
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				

S. No.	Date of marriage in case of married children	Name of spouse of married child	Indicate the nature of handicap (mental/physical) , if any, of the child and whether it is permanent or temporary	Remarks/Any other information
	6	7	8	9
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				

Employee's Signature

4. For taking option under CTSE:-

RELHS	CTSE (Only if option for RELHS is given)	Amount to be deducted from pay
*Yes/No	Yes/No	Rs..... (As per grade pay and entitlement for RELHS including cost of cards)

* in case option for CTSE is 'Yes', Annexure -IV (page 5 of 8) should also be filled.

5. Three specimen signature, Identification Mark(s) and Fingers' Impression of left hand of the Railway Employee :

(a) Specimen Signature

--	--	--

(b) Identification Marks (i)

(ii)

(c) Fingers' Impression of Left Hand :-

Thumb	Index Finger	Middle Finger	Ring Finger	Little Finger

6. Three specimen signature, Identification Mark(s) and Fingers' Impression of left hand of Spouse:

(a) Specimen Signature

--	--	--

(b) Identification Marks (i)

(ii)

(c) Fingers' Impression of Left Hand :-

Thumb	Index Finger	Middle Finger	Ring Finger	Little Finger

Place:-..... Date:-.....Employee's Signature

Certified that the joint photograph pasted at pre-page (Column 2) is of Smt. & Shri.....

..... and the information

declared from Column No. 1 to 5 by the Railway employee are believed to be true and both persons signed and put fingers' impressions before me.

Signature of the Gazetted Officer

Name :

Designation :

Rubber stamp with name
of certifying authority

7. Declaration to be taken from RELHS members on becoming a member of CTSE.

1. I hereby apply to become a member of the Cashless Treatment Scheme in Emergency by Railway. I request Indian Railway to issue individual CTSE photo identify card(s) for following members, whose name(s) feature in RELHS card, of my family.

S.No.	Name	Relation	DoB Dd/mm/yyyy	Aadhar Number	Special feature of dependent
		Self			
I.					
II.					
III.					
IV.					
V.					

I hereby undertake to inform the Sr. DPO/Dy.CPO concerned either through the designated website or in writing. Whenever any of my above mentioned family members become ineligible under RELHS and surrender his/her card.

2. I have been made aware that this CTSE card entitles me for treatment in private hospitals ONLY AT THE TIME OF EMERGENCY. In routine illness or any illness which does not require immediate intervention/investigation, I shall continue to report to my authorised medical officer in Railway.
3. I have been explained that under CTSE scheme that if the disease/condition turns out to be non-emergency, then I will be referred to Railway hospital and if I wish to continue then I will bear the cost of treatment and will not claim reimbursement for same. If same is declared as emergency by concerned Railway medical officer, then the whole bill amount shall be paid by the railway.
4. I hereby declare that I shall abide by the rules of the CTSE scheme in letter and spirit.
5. I undertake that I shall not allow others to misuse the CTSE cards issued to me and my family members by way of if for obtaining treatment for a non-bonafide person. I further undertake that I shall not allow other family members to misuse the cards by way of utilising it for non-emergency disease treatment at Private empanelled hospital. Any misuse is liable to disqualify the card holder from membership of the CTSE scheme, with forfeiture of the initially deposited amount.
6. In case of loss of CTSE cards, I shall lodge a complaint with police and inform the Sr. DPO/Dy.CPO of concerned either through this website or in writing for issue of new card to me on deposition of 'CTSE card Making Charges' prevalent at that time.
7. I hereby declare that I have been explained and I understand that Cashless treatment under CTSE Scheme shall be available only in Railway empanelled hospitals, I shall have to pay the entire bill myself and shall claim reimbursement later on as per extant rules.

(Signature of the Employee)

Name:
Contact No
E-mail:-

(Part to be sent to M/s UTITSL for marks CTSE card)

1. Name of Employee
2. Date of Birth
3. Last Pay Drawn
4. Date of Retirement
5. PPO no.
6. Entitlement of Card (General/Semi-Private/Private)
7. Beneficiary details including self:-

Sl No	Name	Date of birth DD/MM/YYYY	Relationship with beneficiary	Photo
1.				
2.				
3.				
4.				

(To add or reduce above rows as required)

The required amount including the cost of card has been received by Railways. M/s UTITSL to make the CTSE card for the applicant

Authorised
Personnel Officer
Date
Office

(Details of the above information to be filled online in the website-<https://www.railemedical.utiitsl.com>).

PAYEE'S LETTER OF AUTHORITY

I request that my Provident Fund and Death-cum-Retirement Gratuity/Compassionate gratuity/Leave Encashment/SRPF/CGEGIS/Pension Commutation amount may be remitted to me through ECS/RTGS/NEFT.

I agree that the remittance made in the aforesaid manner shall be at my sole risk and shall be a complete discharge of Government from all liability on the amount being remitted by ECS/NEFT/RTGS/Money order/Cheque/Bank Draft forwarded by registered post, as the case may be.

PRE-RECEIPT

Received from Pay & Accounts Officer,a sum of Rs..... as full and final settlement of my claim to Provident Fund Amounts/Gratuity/Compassionate gratuity/Leave Encashment/GIS/Pension on Commutation Value :

Revenue Stamp (to be duly signed across by the employee)	Signature of Employee
---	-----------------------

Signed before me.

Signature of Witness :

Name :

Designation :

RUID No. :

Date :

Signature of Head of office*

.....

(Stamp).....

* Head of Office, means a gazetted officer whom the appointing authority may, by order declare as Head of office and includes such other authority or person whom the appointing authority may specify in the like manner.

**LETTER OF AUTHORITY UNDERTAKING FOR DRAWAL OF PENSION THROUGH
PUBLIC SECTOR BANK WITH PERMANENT ADDRESS & MODE OF PAYMENT**

1. I hereby authorize Manager, Bank to receive my monthly pension and credit the same to my saving bank account (pension) on the first working day of every month as per particulars given:-

Amount of pension per month at the time of retirement :

Rs. (Rupees)

2. I agree to undertake that any amount excess/wrong payment of pension if credited to my above savings bank account may be recovered or withdrawn from the said savings bank account by the public sector bank.
3. The authority shall remain in force until due notice in writing is given by me.

1st Witness Signature :

Name :

Designation :

RUID No. :

Employee's Signature :

Name :

Designation :

RUID No. :

Mobile No :

E-mail id :

2nd Witness Signature :

Name :

Designation :

RUID No. :

Permanent Address after Retirement:

.....

.....

.....

.....

PIN Code :

Date :

Place :

SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

Date _____

To

The Branch Manager

_____ (Bank)

_____ (Branch & address)

Dear Sir,

Payment of pension under A/C No. _____ through your Bank.

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, successor, 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 authorise 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:

Witnesses:

(1) Signature:

Name:

Address:

Date:

(2) Signature:

Name:

Address:

Date: