



ORIENTAL BANK OF COMMERCE

(A.GOV.T. OF INDIA UNDERTAKING)

B/o.....

Dated :.....

The Asstt. General Manager (PF/PENSION),
F-14/15, Shivam House,
Connaught Place, N.Delhi - 110 001

THROUGH REGIONAL OFFICE

Re: Sh./Smt.....(Name).....(Designation).....(PF a/c no.)

With reference to your letter dated.....we forward the necessary information through R.O., with our recommendation for grant of pension to the captioned ex-employee.

- (1) Date of Birth(2) Date of joining(3) Design. at the time of joining
- (4) Date of Superannuation retirement
- (5) Date of Voluntarily Retirement under VRS 2000-01 :-.....

Details of salary paid, spl. allowance, officiating etc., paid prior to ten months from the date of retirement :-

Period in Months	BASIC PAY (Rs.)	PQA	INCREMENT COMPONENT OF FPA	SPECIAL ALLOW i.e. S.A., HEAD CASHIER, DAFTRY, A/GUARD etc.	AMT. OF BASIC OFFICIATING & NATURE	NO. OF DAYS FOR OFF.	AMT. OF EPF DEDUCTED PM

Period for Pension calculation: - (Years.....Months.....Days.....= Total period in years.....

- (6) Details of pension already getting from any other institution (Yes / No) (attach copy of PPO in case of Yes).....
- (7) Details of Leave without Pay.....
- (8) Details of salary in case of Part Time Employees :- 1/4 (From.....to.....),1/3 (Fromto.....), 1/2 (From.....to.....),3/4 (From.....to.....)
- (9)Details of Banks dues including cost of furniture in case of officers :-

Nature of Loan	o/s balance	Nature of Loan	o/s balance

(12) Details of any disciplinary action/proceeding including suspension period etc. (in case of YES give full details supported with photocopies of charge sheets, order passed by the disciplinary authority etc.) :-

(SIGNATURE OF INCUMBENT WITH PA NO.)

(SIGNATURE OF REGIONAL HEAD)

Dated: _____

UNDERTAKING / LETTER OF AUTHORITY

The Asstt. General Manager (PF/Pension),
Oriental Bank of Commerce,
F-14/15, Shivam House,
Connaught Place,
New Delhi – 110 001

PF a/c no.....Pension File no.....

Dear Sir,

Re : **ANOTHER OPTION TO JOIN THE PENSION SCHEME TO THOSE WHO DID NOT OPT FOR PENSION EARLIER**

This is in reference to Option exercised by me to join the Pension Scheme in terms of Establishment Circular no. HO/HRD/68/34/2010/344 dated 23.08.2010. I had retired on(date) on attaining the age of Superannuation/voluntarily retirement under VRS 2000-01 and at that time posted at(name of B/o, Dept. etc.).

I had deposited the refundable amount Rs..... and authorize the Bank / OBC (Employees) Pension Fund Trust to set-off the short fall due to any reason, if any, from my monthly pension.

I understand that my basic pension will be calculated as per Regulation under Oriental Bank of Commerce (Employees) Pension regulation,s 1995 on receipt of complete information from the last posted branch through R.O., with their recommendation.

I understand that you are agreeable to calculate such pension, effective from 27.11.2009 / next date of retirement whichever is later, pending compliance of legal formalities connected with such payment (including amendment in OBC (Employees) Pension Regulations, 1995).

Accordingly, I hereby irrevocable authorize you to make any recoveries / adjustments / set-off out of my future pension, if it is revealed at any time that I have been paid such pension or commuted value wrongly. I undertake to repay the amount immediately on demand, in lump sum. This undertaking / authority is irrevocable and binding upon me / my legal heirs / nominees as well.

Thanking you,

(Signature of Pensioner)

Name of Employee : (.....)

Name of Beneficiary in case of Family Pension (.....)

Address: _____

Tel. No.....

2. Signature.....
(Family members eligible for family pension)

Date.....
Place.....

FORM OF NOMINATION FOR PENSION DUES

**The Trustees,
Oriental Bank of Commerce (Employees)-
Pension Fund Trust,
New Delhi**

**Received at Pension deptt., H.O.
on.....**

AGM (PENSION)

I, _____ hereby nominate the person named below under Regulation 51 of Oriental Bank of Commerce (Employees) Pension- Regulations, 1995.

Name and address of the Nominee with sharing %	Relationship with Pensioner	Date of Birth of Nominee	Name and address of person who may received the said pension during the nominee's minority (if nominee is minor)	
(1)	(2)	(3)	(4)	
Name and address other nominee in case the nominee under column (1) above pre-deceases the pensioner with sharing %	Relationship with Pensioner	Date of Birth if the other nominee is minor	Name and address of person who may received the said pension during the other nominee's minority (if nominee is minor)	Contingency on happening of which nomination shall become invalid
(5)	(6)	(7)	(8)	(9)

Place _____
Date _____

Signature (or Thumb Impression, if illiterate)
Name of the Pensioner _____
PF a/c No. _____
Last posted branch _____
Residential address _____

Witness:-

- Signature.....
Name :- _____
PF a/c No. _____
- Signature.....
Name :- _____
PF a/c No. _____

Signature of Branch Manager
Date _____

Note :- One copy each to be kept with (1) Pension disbursing branch (2) Concerned R.O. (3) Pension deptt., H.O.

DEPOSITOR'S COPY



ORIENTAL BANK OF COMMERCE

(A Govt. of India Undertaking)

Pay in Slip for depositing BPF + 56% of BPF

To be filled by Ex-Employee / Family Member of Deceased Ex-Employee

Name of Ex-Employee.....
PF a/c no..... File no.....

Type of cessation from service :- (Tick which is applicable)
Superannuated retired / Voluntarily retired under VRS 2000-01
/ Died while in service / Retired & died thereafter

Cheque / Demand Draft no.....date.....
Name of Bank.....
Name of Branch.....
Amount Rs.....(in figure)
Amount Rs.....
.....(in words)

TO BE FILLED IN BY THE RECEIVING BRANCH

Account name :- The BOT OBC (Emp) Pension Fund Trust
Account no.:-00072011009969

Amount as above received and name of employee, PF a/c no.
and File no. entered in CBS record.

Branch name :-.....
SOL ID :-.....

Date of deposit :-.....
Tran ID :- AA.....

Signature of Depositor Authorised Signatory of the Branch
Telephone no..... with stamp

COPY FOR PENSION DEPT. TO BE SUBMIT BY THE DEPOSITOR ALONG WITH OTHER DOCUMENTS TO LAST POSTED B/O, R.O. /DEPT.



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Cheque / Demand Draft no.....date.....
Name of Bank.....
Name of Branch.....
Amount Rs.....(in figure)
Amount Rs.....
.....(in words)

TO BE FILLED IN BY THE RECEIVING BRANCH

Account name :- The BOT OBC (Emp) Pension Fund Trust
Account no.:-00072011009969

Amount as above received and name of employee, PF a/c no.
and File no. entered in CBS record.

Branch name :-.....
SOL ID :-.....

Date of deposit :-.....
Tran ID :- AA.....

Signature of Depositor Authorised Signatory of the Branch
Telephone no..... with stamp

**APPLICATION FOR COMMUTATION OF PENSION WITHOUT MEDICAL EXAMINATION
(TO BE SUBMITTED WITHIN ONE YEAR FROM THE DATE OF RETIREMENT THROUGH BRANCH)**

<p align="center">Latest photograph of the ex-employee jointly with eligible family members duly attested by the BM after affixation on this application. Attestation in such a manner that covers the photo & this application</p>

The Chief Manager,
Oriental Bank of Commerce,
Pension Deptt.,
F-14/15, Shivam House,
Connaught Place, New Delhi-110 001

**“AFFIXED PHTO AS ABOVE
MUST BE ATTESTED BY B.M.”**

Dear Sir,

I had retired on attaining the age of Superannuation / Voluntarily under VRS 2000-01 from the Bank’s service on(date) and now exercising Option to join the Bank’s Pension Scheme in terms of Estbablishment. Circular no.HO/HRD/68/34/2010/344 dated 23.08.2010. I desire to commute a fraction of my pension in accordance with the Oriental Bank of Commerce (Employees) Pension Regulations, 1995. The necessary particulars are furnished below:-

1. Name in full (in block letters) : _____
2. Designation at the time of retirement : _____
3. Name of branch/deptt. from where retired : _____
4. Date of birth (as per bank’s service record): _____
5. Date of appointment with designation : _____
6. Fraction of pension proposed to be commuted
not exceeding 1/3rd thereof : _____
7. Branch of bank for payment of pension : _____
8. Details of eligible family members for family pension :-

Name	Relation	Date of Birth	Age

Present Residential Address:-.....

(SIGNATURE)

.....
.....
.....

Telephone No.....

- Note: 1.Latest joint photo with eligible family member for family pension to be affixed.
2.The branch incumbent ensure to attest the photograph of the ex-employee after affixing on this application & recommend the case through R.O. with their specific recommendation.
3.The branch incumbent ensure in case of ex-serviceman, to send us copy of PPO & obtain option for family pension on the enclosed format alongwith NOC from ARMY, if opted from Bank.

**APPLICATION FOR COMMUTATION OF PENSION
SUBJECT TO MEDICAL EXAMINATION**

PART-I

AFFIXED	LATEST
PHOTOGRPAH	OF EX-
EMPLOYEE	DULY
ATTESTED BY B.M.	

The Asstt. General Manager (Pension Deptt.),
Oriental Bank of Commerce,
Head Office, N. Delhi

Attestation of photo in
such a manner that
covers the photo &
this application.

Dear Sir,

I had retired on attaining the age of Superannuation / Voluntarily under VRS 2000-01 from the Bank's service on(date) and now exercising Option to join the Bank's Pension Scheme in terms of Estbablishment. Circular no.HO/HRD/68/34/2010/344 dated 23.08.2010. I desire to commute a fraction of my pension in accordance with the Oriental Bank of Commerce (Employees) Pension Regulations, 1995. The necessary particulars are furnished below:-

1. Name in full (in block letters) : _____
2. Designation at the time of retirement : _____
3. Name of branch/deptt. from where retired : _____
4. Date of birth (as per bank's service record): _____
5. Date of appointment with designation : _____
6. Fraction of pension proposed to be commuted
not exceeding 1/3rd thereof : _____
7. Branch of bank for payment of pension : _____
8. Name & address of Doctor who had medically examined _____
9. Details of eligible family members for family pension :-

Name	Relation	Date of Birth	Age

Present Residential Address:-.....

(SIGNATURE)

.....
.....
.....

Telephone No.....

- Note: 1.Latest joint photo with eligible family member for family pension to be affixed.
2.The branch incumbent ensure to attest the photograph of the ex-employee after affixing on this application & recommend the case through R.O. with their specific recommendation.
3.The branch incumbent ensure in case of ex-serviceman, to send us copy of PPO & obtain option for family pension on the enclosed format alongwith NOC from ARMY, if

opted from Bank.

DECLARATION BY THE EX-EMPLOYEE FOR FACILITATING MEDICAL EXAMINATION BY THE BANKS MEDICAL OFFICER

PART-I

AFFIXED LATEST PHOTOGRAPH OF EX-EMPLOYEE TO BE ATTESTED BY THE EXAMINING DOCTOR

The applicant must complete this statement prior to his/her examination by the banks 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 record).....
- 3.Particulars regarding parents :-
 - Fathers age, if living and state of health.....
 - Fathers age at death and cause of death.....
 - Mothers age, if living and state of health.....
 - Mothers age at death and cause of death.....
- 4.Have you been considered for grant of invalid pension ?.....
- 5.Have you been granted leave on medical certificate during the last three years of your service ? If so state periods of leave and nature of illness
- 1. Have you during the last three years period
 - (a) suffered from any major illness requiring hospitalization ?
 - (b) undergone any major surgical operation ?
 - (c) lost or gained weight markedly

DECLARATION BY APPLICANT
(To be signed in the presence of the Banks 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.

Signature of Ex-Employee

Present residential address with telephone no. :-
.....
.....

PART-II

MEDICAL DETAILS OF THE EX-EMPLOYEE
(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.....
 6. What is the character of pulse ?
 - (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 banks medical officer)
 - (a) Urine (state specific gravity)
 - (b) Blood
 - (c) X-ray Chest
 - (d) E.C.G.
 9. Any additional finding
-

PART-III

(CERTIFICATE OF FITNESS FOR PAYMENT OF COMMUTATION OF PENSION
(TO BE FILLED BY THE EXAMINING MEDICAL OFFICER)

I have carefully examined Sh./Smt.....and am 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 is 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

OPTION FORM TO BE OBTAINED FROM BENEFICIARIES / RE-EMPLOYED EX-SERVICEMEN

Date:

The Asstt. General Manager (PF/Pension)
Oriental Bank of Commerce,
F-14/15, Shivam House,
Connaught Place, N.Delhi

OPTION FOR PAYMENT OF FAMILY PENSION - PF A/C NO.....

I had retired on attaining the age of Superannuation / Voluntarily under VRS 2000-01 from the Bank's service on(date) and now exercised Option to join the Bank's Pension Scheme in terms of Establishment. Circular no.HO/HRD/68/34/2010/344 dated 23.08.2010.

In reference to the *Estt.Circular no.HO/PEN/57/30/2000/29 dated 05.05.2000, I exercise my option as under and fully understand that option once exercised shall be final.

(a)I.....(name) declared that I am drawing pension from defence. I opt to draw family pension under Oriental Bank of Commerce Employees) Pension Regulations,1995.

(b)I am drawing family pension of my husband Late Shri.....(name) ex-servicemen from military. Now, I opt to draw family pension under Oriental Bank of Commerce Employees) Pension Regulations,1995.

OR

I opt to draw my family pension authorised under military service/Govt. the details of defence pension (if any) are as under:-

1. Name of employee.....
2. PPO no.....
3. Address of PPO issuing authority.....
4. Address of the Pension paying Bank & branch with a/c no.....

Photocopies of above mentioned documents duly attested by Bank officials are enclosed for your reference please.

Yours faithfully,

(Name of the beneficiary.....)
Relation with the re-employed ex-servicemen.....
Present residential address.....

Telephone no.....

*Mark () against the option exercised by the beneficiary.

APPLICATION ALONGWITH INFORMATION FOR FAMILY PENSION
(TO BE SUBMITTED WITH THE LAST POSTED BRANCH SO THAT THEY CAN FORWARD THROUGH R.O.)

Date:

Latest photograph of the eligible family members duly attested by the BM after affixation on this application.

The Asstt. General Manager (PF/PENSION),
Oriental Bank of Commerce,
F-14/15, Shivam House,
Connaught Place,
New Delhi-110 001

**(ABOVE AFFIXED PHOTO
MUST BE ATTESTED BY
THE BRANCH MANAGER**

Dear Sir,

Re: **Information regarding payment of family pension of my late *husband/wife**
Sh./Smt. _____ Expired on _____

This is in reference to Option exercised by me to join the Pension Scheme in terms of Establishment Circular no. HO/HRD/68/34/2010/344 dated 23.08.2010. I had deposited the refundable amount Rs.....(copy of receipted chalan attached) and submitting the other information as under that :-

1. My husband / wife(name of deceased employee) had retired on(date) on attaining the age of Superannuation/voluntarily retirement under VRS 2000-01 and at that time posted at(name of B/o, Dept. etc.).
2. My husband/wife is expired on _____.
3. I have not remarried after the death of my *husband/wife Sh./Smt. _____ and I undertake that I will not remarry. In case if remarry I will inform the Bank accordingly.
4. There was no legal separation/dispute between me and my late *husband/wife.
5. Details of eligible family members with age proof of children are as under:-

<u>S.No.</u>	<u>Name</u>	<u>Relation with the deceased employee</u>	<u>Date of birth</u>	<u>Age</u>
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6. I wish to draw family pension from B/o _____.
7. I authorise the bank to recover/continue to recover the bank's dues in the name of my spouse.

I am enclosing herewith the desired information alongwith the undernoted documents:-

- A. Copy of death certificate duly verified by the Branch Manager.
- B. Copy of ration card/voter I-card duly verified by the Branch Manager.
- C. Copy of school certificate/date of birth certificate etc. in case of children duly verified by the Branch Manager.
- D. NOC from ARMY (in case if the deceased ex-employee was an ex-serviceman).

Kindly arrange the payment of family pension as early as possible.

Yours faithfully,

(Signature with Name: _____ Wife/Husband of _____)

Address with Tel. No.....



Date :

The Asstt. General Manager (PF/PENSION),
F-14/15, Shivam House,
Connaught Place, N.Delhi - 110 001

THROUGH REGIONAL OFFICE

Re: Late Sh./Smt.....(Name).....(Designation).....(PF a/c no.)
Grant of Family Pension

We are forwarding herewith the necessary information through R.O., with our recommendation for grant of family pension in favour of Smt./Sh./Km.....(Name)(relation with deceased employee).

- (1) Date of Birth(2) Date of joining (3) Date of Death
- (4) Date of Retirement..... (5) Date of Vol. Retirement under VRS 2000-01
- (6) Design. at the time of joining
- (7) Total period of service :- (Years.....Months.....Days.....) = Total period in years.....
- (8) Last salary paid :- Basic :Rs..... FPA : Rs..... PQA : Rs.....
Spl.Allow. : Rs..... Officiating : Rs.....(Nature of officiating.....)
- (9) Details of Leave without Pay.....
- (10) Details of salary in case of Part Time Employees :- 1/4 (From.....to.....)
1/3 (Fromto.....)
1/2 (From.....to.....)
3/4 (From.....to.....)
- (11) Details of pension already getting from any other institution (Yes / No)
(attach copy of PPO in case of Yes).....
In case of ex-serviceman and if the family members has opted to draw family pension from the bank than an Option is required on a specified format. A NOC is required from the Defence Authorities for grant of family pension by the Bank.
- (12) Name of branch where family pension is to be recd.....
- (13) Details of childrens with date of birth, age, relation on the enclosed format of family pension application alongwith documents in support duly verified by us.
- (14) Details of Banks dues including cost of furniture in case of Officers :-

Nature of Loan	o/s balance	Nature of Loan	o/s balance

(10) Details of any disciplinary action/proceeding including suspension period etc. (in case of YES give full details supported with photocopies of charge sheets, order passed by the disciplinary authority etc.) :-.....
.....

(SIGNATURE OF INCUMBENT WITH PA NO.)

(SIGNATURE OF REGIONAL HEAD)

UNDERTAKING / LETTER OF AUTHORITY

The Asstt. General Manager (PF/Pension),
Oriental Bank of Commerce,
F-14/15, Shivam House,
Connaught Place,
New Delhi – 110 001

PF a/c no.....Pension File no.....

Dear Sir,

Re : **ANOTHER OPTION TO JOIN THE PENSION SCHEME TO THOSE WHO DID NOT OPT FOR PENSION EARLIER**

This is in reference to Option exercised by me to join the Pension Scheme in terms of Establishment Circular no. HO/HRD/68/34/2010/344 dated 23.08.2010.

My husband / wife(name of deceased employee) had retired on(date) on attaining the age of Superannuation/voluntarily retirement under VRS 2000-01 and at that time posted at(name of B/o, Dept. etc.). My husband / wife has died on(date of death).

I had deposited the refundable amount Rs..... and authorize the Bank / OBC (Employees) Pension Fund Trust to set-off the short fall due to any reason, if any, from my monthly pension.

I understand that my basic pension will be calculated as per Regulation under Oriental Bank of Commerce (Employees) Pension regulation,s 1995 on receipt of complete information from the last posted branch through R.O., with their recommendation.

I understand that you are agreeable to calculate such pension, effective from 27.11.2009 / next date of retirement / next date of death whichever is later, pending compliance of legal formalities connected with such payment (including amendment in OBC (Employees) Pension Regulations, 1995).

Accordingly, I hereby irrevocable authorize you to make any recoveries / adjustments / set-off out of my future pension, if it is revealed at any time that I have been paid such pension wrongly. I undertake to repay the amount immediately on demand, in lump sum. This undertaking / authority is irrevocable and binding upon me / my legal heirs / nominees as well.

Thanking you,

(Signature of Pensioner)

Name of Employee : (.....)

Name of Beneficiary in case of Family Pension (.....)

Address: _____

Tel. No.....

CERTIFICATE

(RE-EMPLOYED DEPARTMENT OF DECEASED PENSIONER)

It is certified that No.....Rank.....
(Name) Sh.....was re-employed in Oriental Bank of Commerce
as.....(name of designation) w.e.f.....to..... after
discharge from Military service.

Smt.....widow/son/daughter of No.....Rank.....
has not been granted and will not be granted family pension from our department in future.

This office is also no objection to grant family pension to Smt.....
widow/son/daughter from Military.

Place: _____

Signature of Branch Manager with Stamp

Name : _____

Designation: _____

and Address of Employer _____

Date: _____

OPTION CERTIFICATE

I, Smt./Mr./Miss.....widow/son/daughter of No.....
Rank.....Name.....hereby state that I am willing
to draw family pension from the re-employed department of my late husband/father i.e.....I
will not claim Military Pension in future.

OR

I, Smt./Mr./Miss.....widow/son/daughter of No.....
Rank.....Name.....do hereby state and declare that I am
willing to draw and opt from Military Family Pension and I will not claim Civil Family Pension i.e.
from the re-employed department of my late husband/father i.e. Sh.....in future.

Place: _____

(Signature of Widow/Son/Daughter of the
Deceased pensioner with address)

COUNTERSIGNED

Place: _____

Signature of Employer With Office Seal

Name : _____

Designation: _____

and Address of Employer _____

Date: _____
