

DOCUMENT SET

FOR

PENSIONERS

General Instruction

- Form to be submitted by the retiring official one month prior to the date of retirement.
- Commutation of pension is optional. Item may be struck off if the retiring official does not desire to commute a percentage of pension.
- It is in the interest of the retiring official to provide E-mail ID and Mobile number, which facilitates future correspondence.
- Attestation to be done by self in case of officer and by any officer/Branch Head in case of workman and subordinate.
- Any change in address/Contact No/E-mail ID should be notified to Terminal Benefits Department HRD CHQ.
- The form is to be filled legibly and preferably in black ink.
- Full 16 digit account number be written wherever required in document
- Incomplete forms will not be accepted

SPACE FOR AFFIXING
ATTESTED PASSPORT SIZE
JOINT PHOTOGRAPH WITH
FAMILY PENSIONER

Name:-

Code No:-

Date of Birth:-

Religion:-

Permanent Address:-
.....
.....
.....
.....

Present Address:-
.....
.....
.....

Address after retirement
.....
.....
.....

Present / Last place of appointment

Designation at the time of retirement

Date of beginning of appointment:-

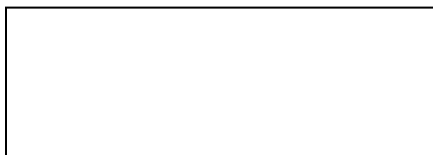
Date of retirement:-

Name of the B/U through which

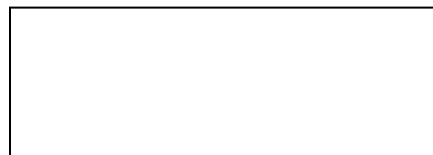
Pension is to be drawn with a/c No:

PAN No:

Email id:



Specimen signature of Pensioner



Specimen signature of Family Pensioner attested by Pensioner

Signature

Tel / Mob no:

DETAILS OF FAMILY

Name of the Employee:-

Designation:-

Date of Birth:-

Date of Appointment:-

Details of the members of my family as on

S.NO	NAME OF THE FAMILY MEMBER	RELATIONSHIP	D.O.B

Signature: _____

Address: _____

Contact No: _____

Dated: _____

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

To

The In-charge,
Terminal Benefits Department
The Jammu & Kashmir Bank Ltd
Corporate Headquarters, Srinagar.

Dear Sir,

I retire / 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 J&K Bank (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 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. Address after Retirement
(any subsequent change of address should be notified to T.B.D)
9. Name of the Branch Unit through which pension is to be drawn

(Signature)

Place: _____

Name :

Dated: _____

Address:

LETTER OF UNDERTAKING

To
The Trustees,
The Jammu & Kashmir Bank Employees Pension Fund Trust
Corporate Headquarters, M.A.Road, Srinagar.

Dear Sir,

Payment of Pension/ Family Pension (PPO No. _____ through your office)

In consideration of your bank having agreed at my request to make payment of Pension / Family Pension due to me every month along with the arrears of Pension / Commutation amount to which I am entitled, I the undersigned agree and undertake to refund or make good any amount to which I am not entitled or pay any amount which may be credited either by mistake or for want of any information 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/ Family Pension to my account under the J & K Bank Employees Pension Regulation Act, 1995 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 bank.

This declaration is made by me today the _____ day of _____ at _____.

Witness 1

Signature

1. Name

Date

R/O

Witness 2

Signature

2.

.....

.....

Yours faithfully,

Signature

Name.....

Code No.....

(to be printed on stamp paper as applicable & sworn before competent authority)

AUTHORITY LETTER

The Trustees,
The Jammu & Kashmir Bank Employees Pension Fund Trust
Corporate Headquarters, M.A.Road, Srinagar.

Subject: - Authority Letter

Dear Sir,

Having already exercised my option for Bank's Pension Scheme, I hereby authorise you to calculate the pension dues under rules.

Further, it is requested that after calculation of my pension dues and effecting recovery if any, my pension dues may be transferred to my nearest Bank's Branch Office at _____ to enable me to receive my monthly pension from the said branch by credit to my account No. _____ with them.

Yours faithfully

(A)
.....
Attested Signature of
Mr.....

Signature
Name
Code No.....
Post held

Branch Head

(Retired Workmen/ Sub-Staff may get their signatures attested by any officer in service with stamp at Mark A)

LETTER OF UNDERTAKING BY THE PENSIONER.

To
The Branch Manager,
The Jammu & Kashmir Bank Ltd,
B/U _____

Dear Sir,

Payment of Pension (PPO No. _____ through your office)

In consideration of your bank having agreed at my request 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 pay the amount which may be credited by mistake or for want of any information 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 J & K Bank Employees Pension Regulation Act, 1995 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 bank.

I hereby declare to the best of my knowledge that:

- I. I was not suspended any time during my entire service of the bank.
I was under suspension from _____(date) to _____
I was under suspension approximately for _____ during my entire service.
- II. I was not on leave without pay during my entire service in the bank.
I was on leave without pay for _____(month) during my entire service.
- III. I was not charge sheeted during my entire service in the bank.
I was charge sheeted as under and I was punished as per the details given below:-

Date of C/S

Order of the disciplinary / review appellate authority

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IV. No judicial proceedings are pending against me.
The following judicial proceedings are pending against me: -

Details of pending judicial proceedings

Date on which Initiated	Reference No. (if any)	Reasons	Present Pension

I also agree that in case any of the above information as furnished by me happen to be untrue then the bank can take such actions as it deems fit including recovering the amount paid to me on account of the above declaration which subsequently turns to be untrue.

Yours faithfully,

Signature

Name

PPO No.

Strike out the inapplicable.
(To be Printed on stamp paper as applicable & sworn before competent authority)

To
The Trustees
J & K Bank Employees Pension Fund Trust

Dear Sir,

In consideration of your agreeing to grant pension including the arrears and commutation thereof to me under the J & K Bank (Employees) Pension regulations, 1995, at my request without obtaining the necessary clarifications under the Income Tax Rules,

I the undersigned, do hereby unconditionally and irrevocably agree and undertake as follows:

- I. You shall be entitled to and duly authorized to recover from the monthly pension including the arrears thereof payable to me under the aforesaid pension regulations any amount of income tax assessed and/or demanded by the income-tax authority from time to time till the said pension is payable to me.
- II. In the event if authority/ies directs you to recover any tax shortfall on tax as assessed by IT authority on my pension amount / commutation of pension, you shall be entitled to and duly authorized to recover such shortfall from the monthly pension/s payable to me without any further reference and without prejudice to your rights to recover it in any other manner.
- III. To indemnify and agree at all times to keep you indemnified from and against all claims that may be preferred against you and against all actions, proceedings, claim and demand which may be brought or made against you by any person or persons whosoever in respect of the said pension including the arrears thereof or any portion thereof and against all losses, damages, costs, charges and expenses that you may incur or pay in consequence of your paying the said pension including the arrears thereof to me or otherwise whosoever.

Yours faithfully

Signature

Name: _____

(To be printed on stamp paper as applicable & sworn before competent authority)

NON-EMPLOYMENT / RE-EMPLOYMENT CERTIFICATE.
(to be given by Pensioner who retired as Officer at the time of retirement).

UNDERTAKING

I _____

do hereby undertake that I shall not accept:

(i) Commercial employment, as defined in J&K Bank Employees (Acceptance of Post Retirement Employment) Regulations, 2020 (hereinafter referred to as the said Regulations), within one years (cooling Off Period) from the date of cessation of employment from the Bank.

(ii) In case I intend to take up any commercial employment during cooling off period of one year from the date of my retirement from banks service, I shall obtain prior permission of the Competent Authourity of the Bank under Regulation 7 of the aforesaid Regulations.

(iii) I understand that in the event of a breach being committed by me of the aforesaid Regulations, the Competent Authority shall pass order in accordance with Regulations and same shall be binding on me.

Executant

Name of the pensioner.....

Code No.

Place.....

Date:

(Strike out statement which is not applicable. As one time measure all those officers who retired after 01.01.86 till now should give this declaration before drawing Pension).

DECLARATION BY THE EMPLOYEE SUPERANNUATING AND HOLDING POWER OF ATTORNEY

I _____ S/O: _____

R/O: _____ do hereby solemnly affirm and make the following
declaration:

1. That I am working in J & K Bank as _____ and going to attain the age of superannuation on _____.
2. That the Bank has issued a 'Power of Attorney' in my favour on _____. The said 'Power of Attorney' is still in my possession.
3. That I shall surrender my 'Power of Attorney' and other document/s lying in my custody to the Bank on the date of attaining my age of superannuation or on such date as the Bank may direct.
4. That after attaining the age of superannuation I am entitled to terminal benefits, which include gratuity and pension.
5. That in case I do not surrender my 'Power of Attorney' and other document/s to the Bank on the date of attaining my age of superannuation or on such date as the Bank may direct, then I shall be responsible for the consequences of making false statement on oath and the Bank shall be within its rights to withhold my terminal benefits which include gratuity, provident fund, leave salary and pension till I surrender my 'Power of Attorney' and other document/s to the Bank.
6. That I have drawn following credit facilities from the bank during my service career and are still outstanding:
 - a. _____
 - b. _____
 - c. _____
 - d. _____

OR

7. That I hereby state and declare I do not owe anything to the bank as on date and there is nothing outstanding against me in the books of J & K Bank Ltd.

8. That in case my statement is found to be incorrect and any amount is shown to be outstanding against me in the books of the bank, then I shall be responsible for the consequences of making false statement on oath and legally bound to pay the outstanding amount/s together with interest thereon on ruling rate. I authorize the bank to recover such sums from my terminal benefits and pension.
9. That I shall pay the bank the amount/s as aforementioned with interest without any murmur and without having recourse to any legal action.
10. That I am submitting this declaration to the bank out of free will and consent and without any coercion or undue influence having been practiced on me by any quarter whatsoever.

Executant

Witness:

1.
Signature _____
Name: _____
S/O: _____
R/O: _____

2.
Signature _____
Name: _____
S/O: _____
R/O: _____

(to be printed on stamp paper as applicable & sworn before competent authority)

DECLARATION BY THE EMPLOYEE SUPERANNUATING AND NOT HOLDING POWER OF ATTORNEY

I _____ S/O: _____

R/O: _____ do hereby solemnly affirm and make the following

declaration:

1. That I am working in J & K Bank as _____ and going to attain the age of superannuation on _____.
2. That no 'Power of Attorney' has been issued by the Bank in my favour during my service in the Bank.
3. That I hereby state and declare that I shall surrender/handover all those documents which belong and are property of the Bank before the date of my superannuation or on such date as the Bank may direct.
4. That after attaining the age of superannuation I am entitled to terminal benefits, which include gratuity and pension.
5. That in case my statement is found to be incorrect and any document/s is/are shown to be found in my custody after the date of my superannuation, then I shall be responsible for the consequences of making false statement on oath and the Bank shall be within its rights to withhold my terminal benefits which include gratuity, provident fund, leave salary and pension till I surrender the document/s to the Bank.
6. That I have drawn following credit facilities from the bank during my service career and are still outstanding:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

OR

7. That I hereby state and declare I do not owe anything to the bank as on date and there is nothing outstanding against me in the books of J & K Bank Ltd.

8. That in case my statement is found to be incorrect and any amount is shown to be outstanding against me in the books of the bank, then I shall be responsible for the consequences of making false statement on oath and legally bound to pay the outstanding amount/s together with interest thereon on ruling rate. I authorize the bank to recover such sums from my terminal benefits and pension.
9. That I shall pay the bank the amount/s as aforementioned with interest without any murmur and without having recourse to any legal action.
10. That I am submitting this declaration to the bank out of free will and consent and without any coercion or undue influence having been practiced on me by any quarter whatsoever.

Executant

Witness:

1.

Signature _____

Name: _____

S/O: _____

R/O: _____

2.

Signature _____

Name: _____

S/O: _____

R/O: _____

(to be printed on stamp paper as applicable & sworn before competent authority)