



UCO BANK

Head Office-2

Personnel Services Department

Pension Cell

3 & 4 DD Block, Sector -1, Salt Lake E.mail: ucohopension@ucobank.co.in
Kolkata-700064

CIRCULAR No. C HO/PMG/2013-14/ 38

Date: 21/03/2014

TO ALL BRANCHES & OFFICES IN INDIA

Sub: Simplification of Family Pension claim Format

The existing Family Pension procedure has been revisited in order to make the entire process hassle free. Accordingly a simplified Family Pension Claim Format has been devised.

Existing Procedure

As per existing provisions for settlement of family pension claims the following documents / papers as per applicability are to be submitted to Head Office for processing of family pension.

| S.No. | Existing Documents sought for family pension payment |
|-------|--|
| 1 | Family Pension application(PEN-11) in 3 sets duly filled by Claimant and attested by the Branch Head |
| 2 | Attested copy of the Death Certificate issued by competent authority |
| 3 | Two copies of descriptive rolls /Identification marks of Family pensioner duly attested by branch head. |
| 4 | Latest two passport size photograph of spouse/nominee/claimant |
| 5 | Salary particulars for the last 10 months i.e, for ten months immediately prior to death of the employee, duly attested |
| 6 | A certificate of No dues of the employee to the Bank regarding outstanding loans duly certified |
| 7 | Two copies of Birth certificate of the children of the deceased employee, who may be eligible for family pension |
| 8 | An affidavit duly affirmed by all the legal heirs of deceased pensioner in original retaining copy at the branch |
| 9 | An agreement as per the format, executed by widow/widower and other legal heirs of deceased pensioner (indemnity Bond). If deceased pensioner is an ex-serviceman prior to joining bank furnishing the option. |
| 10 | Declaration in the form of an affidavit stating that monthly income of the Claimant from all sources do not exceed Rs.3500/-, Age Proof, and confirmation of unmarried Status, (only in the case of daughter) required only if the Claimant is the daughter/Son/ parent of the deceased, |

Revised Procedure:

Now in order to make the entire process hassle free we have devised simplified family pension Formats in place of existing formats, which are as under;

1. **Format of Family Declaration (Annexure -A)** : to be obtained from the existing employees at the time of their superannuation
2. **single page Family Pension Application (Annexure - B)**: to be obtained from the claimant of Family Pension

We herewith enclose specimen of revised formats (Annexure-A & B) which are also available in UCO Online. Branches/ Offices may download the formats, and provide to the employees / claimants of Family Pension as and when required.

All the Branches and Offices are advised to obtain **Format of Family Declaration (Annexure -A)** from the existing employees at the time of their superannuation.

For submission of claims of family pension Branches/ Offices are advised to obtain 3 sets of **single page Family Pension Application (Annexure - B)** from the claimants along with its enclosures.

On receipt of Annexure-B Branches/ Offices should forward one set to Head Office, Pension Cell after due attestation at their end and 2nd set to their respective Zonal Office while retaining the third set for their record.

For any further clarification you may contact Pension cell, Head Office, PSD.


Deputy General Manager
Personnel Services

Encl: As above



FAMILY DECLARATION

To
The Trustees
UCO Bank employees Pension Fund
Kolkata

I Sri..... hereunder submitting the particulars of my dependent family members for the purpose of settling my retirement benefits;

(1)Shri/Smt..... Date of Birth.....(....relation)_____ of
Sri _____ by creed _____ by Nationality _____ by
occupation _____ residing at.....

(2)Shri/Smt..... Date of Birth.....(relation)_____ of
Sri _____ by creed _____ by Nationality _____ by
occupation _____ residing at.....

(3)Shri/Smt..... Date of Birth.....(relation)_____ of
Sri _____ by creed _____ by Nationality _____ by
occupation _____ residing at.....

I hereby confirm that there is no other dependent family member other than above mentioned.

Yours faithfully

Signature of the Employee

Name of the employee:

EMPNo:

Date:

Witness:

1.

2.



UCO BANK

TO BE SUBMITTED BY THE SPOUSE/ CLAIMANT
ANNEXURE - B

APPLICATION FOR THE FAMILY PENSION ON THE DEATH OF PENSIONER

Affix latest
Passport size
Photo of
Claimant, with
Branch
Manager's
Attestation

1. Name of the applicant :

i) Widow/ Widower/Son/Daughter/Parent :
(Within Sl.No.1(i) & (ii) Strike out whichever is not applicable)

ii) Guardian, relationship with deceased employee
(If the deceased person is Survived by minor child/
or minor children)

Height, and Prominent identification marks
on the face, hands, etc.

**2. Name, relationship and date of birth of surviving widow/ widower
and children of the deceased employee/pensioner**

| Sl No | Name | Relationship with deceased pensioner | Date of birth | Age |
|-------|------|--------------------------------------|---------------|-----|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

3. Name of deceased :

4. EMP No:

5. Date of death of the Employee/ Pensioner :

(Copy of Death Certificate duly certified by the Branch Head should be enclosed herewith)

6. Branch/Office (in which the deceased Employee/pensioner served last) :

7. If the applicant is a guardian- Date of Birth of minor and relationship with the deceased employee/pensioner

8. If the applicant is employed give particulars :

9. Full address of the applicant :

10. Name of Branch with code for payment of family pension :

11. SB A/c. No. of the Applicant :

I undertake to repay/authorize you to recover from the pension/family pension/ Commutation payable to me on the death of the above pensioner any amount that may be due from him/her to the Bank.

Date.....

.....
(Signature or left/right thumb impression of the applicant)

Attested by Branch Head :
With Name, Emp. Number and seal

Contact No. : Mobile /Land line

Required only if the Claimant is the Son/Daughter of the deceased:

(Declaration in the form of affidavit stating that monthly income of the Claimant from all sources does not exceed Rs.3,500/-pm, proof of Age and confirmation of unmarried status.)

In case of parent:

Certificate of Income(i.e.,does not exceed Rs.3,500/- pm)



UCO BANK

CRN
35/97-98

Head Office
Pension Cell,
12, Old Court House St.,
Calcutta-700 001.

Circular No. CHO/PMG/7/97
Dated : 20-5-97

To All Branches/Offices

Re : Settlement of Terminal Benefits — Pension

GIST

The settlement of pension to the retired employee is delayed for want of particulars — one more copy of the documents to be sent to Head Office Pension Cell.

ACTION POINT

Branches/Offices to submit one more copy of documents/papers pertaining to pension to the Pension Cell directly.

Attention of Branches is drawn to our Circular No. CHO/PMG/14/96 dated 6.8.96 wherein the branches were informed to submit the prescribed papers/documents required for settlement of the terminal benefits of the employee to their respective Zonal Offices with a copy to Head Office, Personnel Department (ER Cell).

Although there has been some improvement in time taken for settlement of terminal benefits, it is felt that the timely settlement of pension to the retired employee is avoidably delayed due to the non-availability of the papers/documents in time.

Therefore, branches are advised to send one more copy of the following papers/documents to the Pension Cell directly.

1. STF - 46 Application-cum-Information Sheet.
2. STF - 47 Application for pension with/without commutation.
3. STF - 48 Specimen letter of undertaking
4. STF - 49 Details of salary paid for the last 12 months.
5. Two passport-size photographs of the employee jointly with spouse duly attested by the Branch, of which one is pasted in STF-47 and other copy stapled therein.

General Manager
(Personnel)



UCO BANK

Head Office
Personnel Department
12, Old Court House Street
Calcutta - 700 001

**CRN
168 / 2000-01**

**Circular No. CHO/PMG/11/2000
Dated : 05.09.2000**

CIRCULAR TO ALL BRANCHES / OFFICES

SUB : SETTLEMENT OF TERMINAL BENEFITS

In terms of Circular No. PER/ER/GF/97 dated 24.11.97 Zonal Offices were advised to forward entire set of claim papers relating to the settlement of terminal benefits after examining original set of claim papers, within a week of receipt at their end. If any deficiency/discrepancy observed therein, they should get them removed expeditiously before forwarding the set of claim papers to Head Office. As per Office Notification No. 28/2000 dated 26.05.2000, Zonal Offices had been abolished. Hence, it has become the duty of the Regional Offices to collect and forward the papers relating to settlement of terminal benefits to Head Office. Detailed guidelines were issued under cover of our Circular No. CHO/PMG/14/96 dated 06.08.96.

In this connection, Regional Offices are advised to follow scrupulously the following Check List/Action Points, before forwarding the original sets of claim papers to E.R. Cell, Personnel Department, Head Office. Branches are also advised to follow the Check List given below before forwarding the claim papers to Regional Offices :

1) FOR EMPLOYEES WHO RETIRED

Original claim forms

- (a) STF 41
- (b) STF 42
- (c) STF 44
- (d) STF 46 (Part-I) - duly signed by employees and official of the branch concerned.
- (e) STF 46 (Part-II) - - do -
(on each page). Clause 3.1 and 3.2 to be authenticated.
- (f) HO-12 - to be signed by the official, holding charge of the office, stating his PF Membership No. to which the employee is attached and in case of the Branch Manager to be signed by the Regional Manager with his PF No.
- (g) STF 49 - Salary particulars of last 10 months preceding the date of retirement of the employee.

- (h) Copy of the retirement letter acknowledged by the employee.
- (i) STF 45
 - to be sent separately on the date of retirement of the employee.

2) FOR EMPLOYEES WHO RESIGNED/VOLUNTARILY RETIRED/ PREMATURELY RETIRED

Original claim forms

- (a) STF 41
- (b) STF 42
- (c) STF 44
- (d) STF 46 (Part-I) - duly signed by the employee and official of the branch/office.
- (e) STF 46 (Part-II) - - do -
 - (on every page) Clause 3.1 and 3.2 to be authenticated.
- (f) HO-12
 - to be signed by the official holding charge of the office stating his PF Membership No. to which the employee is attached and in case of the Branch Manager to be signed by the Regional Manager with his PFM No.
- (g) STF 49
- (h) Copy of relieving letter addressed to the employee in Form STF 45.

3) FOR DECEASED EMPLOYEES :

Original claim forms

- (a) STF 46 (Part-I) - duly signed by the nominee/claimant and official of the branch/office concerned.
- (b) STF 46 (Part-II) - - do -
 - (on every page). Clause 3.1 and 3.2 to be authenticated.
- (c) HO -12
 - to be signed by the official holding charge of the office stating his PFM No. to which the employee attached.
- (d) STF 49
 - Salary particulars of last 10 months/preceeding the date of death of the employee.
- (e) Death Certificate issued by the Competent Authority.
- (f) Nomination form for Provident Fund and Gratuity, executed by the employee while in service.
- (g) Original claim letters, on plain paper addressed separately by the claimant to the Trustees, UCO Bank Employees' Provident Fund, Head Office and the Trustees, UCO Bank Employees' Gratuity Fund, Head Office.

Note : In the absence of nomination form for Provident Fund and Gratuity, obtain from the claimant the following :

- 1) Complete G 64(R) duly signed by all the claimants. Signature of claimants to be attested by the Manager.
- 2) Affidavit sworn by the claimants in presence of Notary Public/Magistrate.
- 3) Indemnity Bond duly executed by all the heirs as mentioned in G 64(R) on non-judicial stamp paper of Rs. 10/-, in presence of Notary Public/Magistrate/Branch Manager ; and
- 4) Letter of Renunciation, executed by all the heirs in favour of the claimant to receive Provident Fund and Gratuity and Branch Manager/official should certify to that effect ;

or

Succession certificate obtained from a competent court, wherever required.

To avoid the above complications, it may be ensured that the employees submit nomination forms for Provident Fund and Gratuity.

4) FOR EMPLOYEES WHO HAVE BEEN DISMISSED/REMOVED/TERMINATED

Original claim forms

- (a) STF 41
- (b) STF 42 (Gratuity is payable on the basis of merit only).
- (c) STF 46 (Part-I) - duly signed by the employee and official of the branch/office concerned.
- (d) STF 46 (Part-II) - - do -
(on every page). Clause 3.1 and 3.2 to be authenticated.
- (e) HO -12 - to be signed by the official holding charge of the office stating his PFM No. to which the employee attached and in case of the Branch Manager to be signed by the Regional Manager with PF No.
- (f) STF 49
- (g) Copy of charge-sheet
- (h) Copy of order passed by the Disciplinary Authority ; and
- (i) Copy of order, if any, passed by the Appellate Authority/Reviewing Authority.

5) CLAIM PAPERS, RELATING TO THE EMPLOYEES WHO HAVE OPTED FOR PENSION, AS LISTED BELOW BE SENT SEPARATELY IN A LOT TO PENSION CELL, PROVIDENT FUND DEPARTMENT, HEAD OFFICE.

- (a) STF 43
- (b) STF 47

- (c) STF 48
- (d) STF 50
- (e) STF 46 (Part-I) as narrated earlier.
- (f) STF 46 (Part-II) as narrated earlier.
- (g) STF 49.

Due to non-receipt of PA-2 from some branches in time the Provident claim settlement is delayed. To obviate the problem we suggest that while forwarding STF 49 please correctly fill up the details of PF contribution/Loans/interest recovered. As for the contribution/PF loan/interest for the month in which the staff retires they should give a certificate that the amount shall be deducted from the salary and be remitted through PA-2. This will help the Provident Fund Department to expedite the provident calculation. An extra copy of STF 49 may be sent along with claim papers to enable the E.R. Cell, shall to send the same along with HO-12 to Provident Fund Department for settlement of provident claim.

We have come across a number of cases, where the settlement of PF/Gratuity/Pension could not be settled in time due to non-receipt of papers complete in all respects in time. Needless to add that following of the above referred guidelines by the Branch/Regional Offices, would make the timely settlement of terminal benefits to employees.



**DEPUTY GENERAL MANAGER
(PERSONNEL)**



UCO BANK

Zonal Office ,..... / Branch Office,()

Date:

PF Contributions (along with PF Loan & Interest Instalments) for the Preceding twelve (12) months inclusive of the month of Retirement.

Name :

PFM No.:

Designation :

Branch/Office :

Asstt. Manager/ Manager/ACO

Manager/ Sr. Manager/DCO

Note : Correct figures(as appeared or would appear in the PA-2 of the respective month) to be furnished . However , change, if any, should be intimated to the Claim Cell , PF Section well before the date of retirement to avoid EXCESS/LESS payment to the staff concerned .

Contact No. : Office : (033)2334 8885

Chief Officer : (0)98361 09726

ACO : (0)98306 93023 / (0)94323 46805

APPLICATION TO TRUSTEES OF PROVIDENT FUND

The Trustees,
UCO Bank Employees' Provident Fund,
Head Office,
Calcutta - 700 001.

Dear Sir,

Re : Settlement of P.F. Dues

I shall be retiring from Bank's service/I have resigned/voluntarily retired/pre-maturedly retired from Bank's service (★) with effect from _____.

I would request you to please arrange for payment of my own contribution to P.F. as also of Bank's contribution to P.F. as per rules after adjustment of all my dues to the Bank, if any.

Yours faithfully,

Signature : _____

Name : _____

PFM No. _____

Designation _____

Branch/Office _____

Date : _____

(★) Strike out whichever is not applicable.

भविष्य निधि के न्यासियों को आवेदन

सेवा में,
न्यासीगण
यूको बैंक कर्मचारी भविष्य निधि
प्रधान कार्यालय
कलकत्ता- 700 001

प्रिय महोदय,

विषय : भ. नि. की देव राशि का निपटान

दिनांक _____ को मैं बैंक की सेवा से निवृत्त हो जाऊँगा/जाऊँगी/मैंने त्यागपत्र दे दिया है/ मैं स्वेच्छा से सेवानिवृत्त हो गया/गई हूँ / मैं अवधिपूर्णता पूर्व सेवानिवृत्त हो गया/गई हूँ ★।

अतः आपसे निवेदन है कि मेरे पास बैंक की बकाया राशि, अगर कोई हो, को समायोजित करके भविष्य निधि में मेरे एवं बैंक के अंशदान की राशि का बैंक के नियमानुसार भुगतान करने की कृपा करें।

भवदीय,

हस्ताक्षर : _____

नाम : _____

भ. नि. स. सं. _____

पदनाम _____

शाखा/कार्यालय _____

दिनांक : _____

(★) जो लागू न हो, उसे काट दें।

APPLICATION TO TRUSTEES OF GRATUITY FUND

The Trustees,
UCO Bank Employees' Gratuity Fund,
Head Office,
Calcutta - 700 001.

Dear Sir,

Re : Settlement of Gratuity dues

I shall be retiring from Bank's service/I have resigned/voluntarily retired/pre-maturedly retired from Bank's service (★) with effect from _____

I would request you to please arrange for payment of my gratuity dues as per rules, after adjustment of all my dues to the Bank, if any.

Yours faithfully,

Signature : _____

Name : _____

PFM No. _____

Designation _____

Branch/Office _____

Date : _____

(★) Strike out whichever is not applicable.

उपदान निधि के न्यासियों को आवेदन

सेवा में,
न्यासीगण
यूको बैंक कर्मचारी उपदान निधि
प्रधान कार्यालय
कलकत्ता- 700 001

प्रिय महोदय,

विषय : देय उपदान का निपटान

दिनांक _____ को मैं बैंक की सेवा से निवृत्त हो जाऊँगा/जाऊँगी/ मैंने त्यागपत्र दे दिया है/ मैं स्वेच्छा से सेवानिवृत्त हो गया/गई हूँ / मैं अवधिपूर्णता पूर्व सेवानिवृत्त हो गया/गई हूँ ★ ।

अतः आपसे निवेदन है कि मेरे पास बैंक की बकाया राशि, अगर कोई हो, को समायोजित करके उपदान राशि का बैंक के नियमानुसार भुगतान करने की कृपा करें।

भवदीय,

हस्ताक्षर :

नाम :

भ. नि. स. सं.

पदनाम

शाखा/कार्यालय

दिनांक :

(★) जो लागू न हो उसे काट दें।

APPLICATION TO TRUSTEES OF PENSION FUND

The Trustees,
UCO Bank Employees' Pension Fund,
Head Office,
Calcutta - 700 001.

Dear Sir,

Reg : Payment of Pension

I shall be retiring from Bank's service with effect from _____. I had opted for Pension in accordance with UCO Bank (Employees') Pension Regulations 1995. I would request you to please arrange for sanction of Payment of Pension, as per rules. The Pension amount may please be credited to my _____ A/c. No. _____ with _____ Branch.

Yours faithfully,

Signature : _____

Name : _____

PFM No. _____

Designation _____

Branch/Office _____

Date : _____

पेंशन निधि के न्यासियों को आवेदन

सेवा में,
न्यासीगण
यूको बैंक (कर्मचारी) पेंशन निधि
प्रधान कार्यालय
कलकत्ता- 700 001

प्रिय महोदय,

विषय : पेंशन का भुगतान

दिनांक _____ को मैं बैंक की सेवा से निवृत्त हो जाऊँगा/जाऊँगी। मैंने यूको बैंक (कर्मचारी) पेंशन विनियम, 1995 के अनुसार पेंशन का विकल्प दिया था। अतः मेरा आपसे निवेदन है कि पेंशन के भुगतान हेतु बैंक के नियमानुसार स्वीकृति प्रदान करें। पेंशन की राशि मेरे खाता सं. _____ शाखा _____ में जमा करें।

भवदीय,

हस्ताक्षर : _____

नाम : _____

भ. नि. स. सं. _____

पदनाम _____

शाखा/कार्यालय _____

दिनांक : _____

**LETTER FROM ZONAL OFFICE/BRANCH ADVISING
THAT NO PENDING/CONTEMPLATED VIGILANCE/NON-
VIGILANCE/COURT CASES AGAINST THE RETIRING
EMPLOYEE**

BY REGISTERED POST

Ref. No. _____

Date : _____

Head Office,
Personnel Department,
E.R. Cell.

Dear Sir,

Sub: Retirement letter –

Shri/Smt. _____

Designation _____ PFM No. _____

Branch/Office _____

due to retire on _____

Ref: Your letter No. _____ dtd. _____

We refer to your above letter enclosing a retirement letter to be handed over to the abovenamed employee. In this connection we may inform you that as per our records there is no pending or contemplated vigilance/non-vigilance/court cases against the above employee.

Zonal Manager/Manager

C.C. to H.O. Vigilance Department – for information

C.C. to Zonal Office _____ for information

C.C. to Regional Office _____ for information

अंचल कार्यालय/शाखा से इस बात की सूचना भेजी जानी चाहिए
कि सेवानिवृत्त कर्मचारी के विरुद्ध सतर्कता/गैर-सतर्कता/
न्यायालय में कोई मामला लंबित/प्रस्तावित नहीं है।

पंजीकृत डाक द्वारा

संदर्भ सं. _____

दिनांक : _____

प्रधान कार्यालय
कार्मिक विभाग
क.स. कक्ष

विषय : सेवानिवृत्ति पत्र

श्री/ श्रीमती _____

पदनाम _____ भ.नि.स.सं. _____

शाखा/कार्यालय से
को सेवानिवृत्ति

संदर्भ - आपका पत्र सं. _____ दिनांक _____

हम आपके उपर्युक्त पत्र के संदर्भ में नामित कर्मचारी को सुपूर्द करने हेतु सेवानिवृत्ति पत्र संलग्न कर रहे हैं। इस संदर्भ में हम आपको यह सूचित करते हैं कि इस कर्मचारी के विरुद्ध किसी प्रकार का सतर्कता/गैर सतर्कता/अदालती मामला लंबित/प्रस्तावित नहीं है।

अंचल प्रबंधक प्रबंधक

प्रतिलिपि : प्र. का. सतर्कता विभाग को सूचनार्थ

प्रतिलिपि : अंचल कार्यालय _____ को सूचनार्थ

प्रतिलिपि : क्षेत्रीय कार्यालय _____ को सूचनार्थ

**RELIEVING LETTER TO EMPLOYEES ON THE
DATE OF RETIREMENT/RESIGNATION**

Ref. No. _____

Date : _____

Shri/Smt. _____

PFM No. _____ Designation _____

UCO Bank,
_____ Branch/Office

Dear Sir/Madam,

**Sub : Your Retirement/Voluntary Retirement/
Premature Retirement/Resignation**

You are hereby relieved at the close of business today consequent on your retirement/voluntary retirement/pre-mature retirement/resignation from Bank's service.

Yours faithfully,

Manager/Senior Manager/Chief Manager/
Asstt. General Manager/Departmental Head

C.C. to Head Office, Personnel Department, E.R. Cell – We enclose monthwise duly authenticated particulars of salary actually paid to the concerned employee for three months for which notional particulars were given vide our Application-cum-Information Sheet dated _____. We also confirm that there is no pending/contemplated Vigilance/Non-Vigilance/Court case against the employee.

C.C. to Zonal Office, _____ for information.

C.C. to Regional Office, _____ for information.

Manager/Senior Manager/Chief Manager/
Asstt. General Manager/Departmental Head

सेवा निवृत्ति/त्यागपत्र की तारीख को कर्मचारी को मुक्ति-पत्र

संदर्भ संख्या _____

दिनांक _____

श्री/श्रीमती _____

भ.नि.स. सं० _____ पदनाम _____

यूको बैंक,

शाखा/कार्यालय

प्रिय महोदय/महोदया,

विषय : आपकी सेवानिवृत्ति/स्वेच्छा से सेवानिवृत्ति/अवधिपूर्णता-
पूर्वसेवानिवृत्ति/त्यागपत्र

आपकी सेवानिवृत्ति/स्वेच्छा से सेवानिवृत्ति/अवधिपूर्णता-पूर्व सेवानिवृत्ति/त्यागपत्र के फलस्वरूप आपको आज व्यवसाय समाप्त होने के साथ बैंक की सेवा से मुक्त किया जाता है।

भवदीय,

प्रबंधक/वरिष्ठ प्रबंधक/मुख्य प्रबंधक/
सहा. महाप्रबंधक/विभागाध्यक्ष

प्रतिलिपि : प्रधान कार्यालय, कार्मिक विभाग, क. स. कक्ष- हम संबंधित कर्मचारी को विगत तीन माह के दौरान वस्तुतः भुगतान किए गए वेतन से संबंधित विधिवत प्रामाणिक माहवार विवरणी संलग्न कर रहे हैं जिसके लिए आनुमानिक विवरण हमारे आवेदन पत्र सह सूचना पत्र दिनांक _____ में दिए गए थे। हम यह भी पुष्टि करते हैं कि संबंधित कर्मचारी के विरुद्ध कोई सतर्कता/गैर सतर्कता/अदालती भामला लंबित/प्रस्तावित नहीं है।

प्रतिलिपि - अंचल कार्यालय _____ को सूचनार्थ

प्रतिलिपि - क्षेत्रीय कार्यालय _____ को सूचनार्थ

प्रबंधक/वरिष्ठ प्रबंधक/मुख्य प्रबंधक
सहा० महाप्रबंधक/विभागाध्यक्ष

आवेदन सह सूचना शीटभाग-1 कर्मचारी/नामिती/विधिक उत्तराधिकारी द्वारा आवेदन

महाप्रबंधक

कार्मिक विभाग

यूको बैंक, प्रधान कार्यालय,
12, ओल्ड कोर्ट हाउस स्ट्रीट,कलकत्ता- 700 001

प्रिय महोदय,

विषय : सेवान्त लाभ का निपटान

मैं एतद्वारा आवेदन करता हूँ तथा सेवान्त लाभ के निपटान हेतु निम्नलिखित सूचना एवं कागजात प्रस्तुत करता हूँ :

कर्मचारी का पूरा नाम

भ.नि.स. मं. (अधिकारी के मामले में) वर्तमान

जन्म
तिथि

सेवानिवृत्ति न्यौच्छिक, अनिवार्य समयपूर्व सेवानिवृत्ति/मृत्यु सेवा समाप्ति/त्यागपत्र की तारीख

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बैंक में सेवा प्रारंभ करने की तारीख

वर्ग ★

जिस शाखा/कार्यालय में वर्तमान में पदस्थापित हैं

पदनाम

सेवा समाप्ति के उपग्रह पत्राचार का पता

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★ (अधीनस्थ कर्मचारी के मामले में कृपया लिखें कि क्या वह अंशकालिक था)

प्रलेख

प्रस्तुत

संलग्न मदों को
चिह्नित करें

-
- सेवानिवृत्ति पत्र या स्वैच्छिक/अवधिपूर्व सेवानिवृत्ति/त्यागपत्र की प्रति (दो प्रतियों में)
 - कार्यमुक्ति पत्र की प्रतिलिपि जहां उपलब्ध/प्रयोग्य हो (दो प्रतियों में)
 - मूल आवेदन-पत्र निम्नलिखित को संयोधित
 - भ.नि. के न्यासी
 - उपदान के न्यासी
 - पेंशन निधि के न्यासी, यांड प्रयोग्य हो।

4. मृतक के मामले में-

संलग्न मदों को चिह्नित करें

- i) म्युनिसिपल कॉर्पोरेशन/पंचायत द्वारा जारी मूल मृत्यु प्रमाणपत्र या विधिवत् सत्यापित प्रतिलिपि (दो प्रतियों में)
- ii) जी-64/ (संशोधित)
आँर
क्षतिपूर्ति बान्ड
या
iii) नामांकन नहीं हुआ हो तो उत्तराधिकार प्रमाणपत्र/प्रशासी पत्र/ प्रोबेट
iv) पुनर्विवाह/विवाह का प्रमाणपत्र (एसटीएफ 50)
v) नामिती या विधिक उत्तराधिकारी द्वारा सादे कागज में मूल दावा आवेदन निम्नलिखित को संशोधित :
 - 1. न्यासी, यूको वैंक कर्मचारी भविष्य निधि, प्रधान कार्यालय।
 - 2. न्यासी, यूको वैंक कर्मचारी उपदान निधि, प्रधान कार्यालय।

5. पेन्शन हेतु प्रलेख

- i) संराशीकरण हेतु आवेदन, मृतक के मामले में (एसटीएफ 47)
- ii) पेन्शन के अधिक भुगतान हो जाने पर पुनः वापस भुगतान के लिए वचन पत्र (एसटीएफ-48)
(संलग्न नमूने के अनुसार)
- iii) उस वैंक खाते का व्योरा जिसमें पेन्शन जमा किया जाना है

शाखा का नाम

खाते का स्वरूप

खाता सं.

- iv) कर्मचारी द्वारा प्रस्तुत परिवार के अंतिम घोषणा पत्र की एक सत्यापित प्रति

कर्मचारी/नामिती/विधिक उत्तराधिकारी
के हस्ताक्षर

प्रस्तुत प्रलेखों के व्योरे को एवं उसकी पूर्णता एवं शुद्धता को
सत्यापित कर लिए जाने के बारे में शाखा प्रबंधक /क्षे.का./अं.का./
प्र.का. के अधिकारी के प्रति हस्ताक्षर

नोट : (क) जो लागू न हो उम्मे काट दें।

(ख) सेवा समाप्ति की तारीख तक की गई घोषणा की दिश्ति में किसी भी प्रकार के परिवर्तन को उचित रूप से सूचित किया जाए।

APPLICATION CUM INFORMATION SHEET

PART - I APPLICATION BY THE EMPLOYEE/NOMINEE/LEGAL HEIR

The General Manager,
Personnel Deptt.
UCO Bank, H.O.
12, Old Court House Street,
Calcutta - 700 001.

Dear Sir,

Re : Settlement of Terminal Benefits

I hereby apply and submit the following information & papers for settlement of terminal benefits.

| Full name of the employee | PFM No. | Scale (in case of Officers) | Date of Birth | Date of Retirement/Voluntary/Compulsory/Premature Retirement/Death/Cessation in service/Resignation |
|---------------------------|------------|--------------------------------|---------------|---|
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| Date of joining the Bank | Cadre ★ | Branch/Office presently posted | Designation | Address for correspondence after cessation in service |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |

★ (in case of Sub-staff - please state if as part time)

DOCUMENTS

SUBMITTED

TICK ITEMS
ENCLOSED

- 1) Copy of retirement letter or acceptance letter of voluntary/premature retirement/resignation (in duplicate)
- 2) Copy of relieving letter wherever available/applicable (in duplicate)
- 3) Original applications addressed to _____
 - (i) Trustees of P.F.
 - (ii) Trustees of gratuity
 - (iii) Trustees of pension fund, if applicable.

4) IN DECEASED CASES

Tick Items enclosed .

- (i) Original or copies duly attested of death certificate (in duplicate) issued by the Municipal Corporation / Panchayat
- (ii) G-64 (Revised)
and
Indemnity Bond
or
- (iii) Succession certificate/letter of administration/probate if nomination not made.
- (iv) Certificate of re-marriage/marriage (STF-50)
- (v) Original Claim application addressed to :
 - (1) Trustees, UCO Bank Employees Provident Fund, H.O.
 - (2) Trustees, UCO Bank Employees Gratuity Fund, H.O.
by the Nominee or legal heir in plain paper

5) DOCUMENTS FOR PENSION

- (i) Application for commutation, if deceased (STF-47).
- (ii) Undertaking to repay excess pension paid (STF-48)
(As per specimen enclosed)
- (iii) Particulars of Bank Account to which pension to be credited –

Viz. Name of the Branch

Nature of A/c.

A/c. No.

- (iv) A certified copy of the last declaration of family submitted by the employee.

Signature of the employee/
Nominee or legal heir

Counter signature of Branch Manager /official of RO/ZO/HO for having verified particulars and completeness and correctness of documents submitted.

Note : (a) Strike out inapplicable portion.

- (b) Any change in the position of the declaration made till the date of cessation of service should be suitably informed.

**शाखा/कार्यालयद्वारा प्रस्तुत की जाने वाली
एवं कर्मचारी द्वारा प्रति हस्ताक्षरित सूचना**

| (1) बकाया राशि | | उपचित व्याज आनुमानिक | सेवा समाप्ति की तारीख को कुल कल्पित देय | शाखा का नाम जहाँ बकाया चल रहा है |
|----------------|-----------------------------|-------------------------|---|--|
| शीर्ष | आज की तारीख को शुद्ध शेष | | | |

- i) आवास ऋण
- ii) वाहन ऋण
- iii) उपभोक्ता ऋण
- iv) त्योहार अग्रिम
- v) भ. नि. ऋण
- vi) माँग ऋण
- vii) अन्य कोई ऋण (उल्लेख करें)
 - (1)
 - (2)
- viii) विविध देनदार या अन्य किसी ऋण खाते में बकाया

ब्योरा दें

- (2) वास्तविक रूप में आहरित वेतन एवं भत्ता तथा उसमें से कटौती का ब्योरा अंतिम 12 महीनों के लिए दो प्रतियों में

संलग्न शीट (एसटीएफ-49)
के अनुसार

व्याख्यात्मक टिप्पणी :-

- (i) चूंकि कर्मचारी से यह अपेक्षा की जाती है कि सेवान्त लाभ के निपटान हेतु वे सेवानिवृत्ति के दो/तीन माह पूर्व ही आवेदन दें, ऐसी स्थिति में उनके वेतन का ब्योरा दो/तीन महीने की कटौती के साथ कल्पित आधार पर दिया जाना चाहिए तथा उन महीनों के सामने भी निर्देश दिया जाना चाहिए जिनके लिए कल्पित आँकड़े दिए गए हैं। सेवानिवृत्ति के तुरंत बाद जिन महीनों के लिए कल्पित आँकड़े दिए गए हैं उनके सही-सही वेतन के ब्योरे शाखा/कार्यालय द्वारा सेवानिवृत्ति के महीने के परवर्ती माह की पहली तारीख में प्रेषित कर दिया जाना चाहिए।
- (ii) यदि कर्मचारी सेवानिवृत्ति इत्यादि से गत 12 महीनों के दौरान किसी भी समय बिना वेतन के हों, तो उन्हें बिना वेतन की अवधि के लिए आनुमानिक रूप से भुगतान होने वाले वेतन का विवरण भी उपयुक्त टिप्पणियों के साथ फार्म एसटीएफ-49 में दिया जाना चाहिए।

(iii) वेतन पुनरीक्षण इत्यादि के संबंध में बकाया राशि यदि गत 12 महीनों में भुगतान किए गए हों तो मज़हवार और 12 महीनों के संबंध में दिया जाना चाहिए।

(iv) मृत्यु या सेवानिवृत्ति या स्वैच्छिक सेवा निवृत्ति/अपस्थिक्षण सेवानिवृत्ति के मामले में वेतन का ब्योरा राहत की तारीख तक या मृत्यु तक, जो भी स्थिति हो, दिया जाना चाहिए।

अतिरिक्त सूचना- जहां लागू हो (दो प्रतियों में प्रस्तुत किए जाएं)

3.1) बैंक में सेवाकाल के दौरान कर्मचारी के बिना वेतन/अर्धवेतन/सेवा से अनुपस्थिति की कुल अवधि (अलग-अलग दर्शाया जाना चाहिए)

(दो प्रतियों में)

| दिनांक से | तक | कुल |
|----------------|----|-----|
| (क) अवैतनिक | | |
| (ख) अर्धवैतनिक | | |

3.2 (i) अगर कोई कर्मचारी बैंक सेवाकाल के दौरान निलंबित हुआ हो तो निलंबन की कुल अवधि

(दो प्रतियों में)

| दिनांक से | तक | कुल |
|-----------|----|-----|
| | | |

(ii) जिसमें से कितनी अवधि को इयूटी पर माना गया है

(दो प्रतियों में)

| दिनांक से | तक | कुल |
|-----------|----|-----|
| | | |

3.3 (ii) अधीनस्थ कर्मचारी के मामले में -

शुरू में नियुक्त किए गए एकीकृत पारिश्रमिक की अवधि

(दो प्रतियों में)

| दिनांक से | तक | कुल अवधि |
|-----------|----|----------|
| | | |

INFORMATION TO BE FURNISHED BY THE BRANCH/ OFFICE AND COUNTERSIGNED BY THE EMPLOYEE

| (I) | OUTSTANDING DUES | | INTEREST ACCRUED APPROX. | NOTIONAL TOTAL DUES ON THE DATE OF CESSATION OF SERVICE | BRANCH WHERE OUTSTANDING |
|-----|------------------|----------------------------------|--------------------------------|--|--------------------------------|
| | HEAD | ACTUAL BALANCES AS ON DATE | | | |

- i) Housing Loan
 - ii) Vehicle Loan
 - iii) Consumer Loan
 - iv) Festival Advance
 - v) P.F. Loan
 - vi) Demand Loan
 - vii) Any other Loan (Specify)
 - (1)
 - (2)
 - viii) Outstanding in Sundry Debtor or any other advance A/c.

Give Details

- (2) Full Details of Salary & Allowances Actually drawn and deductions therefrom for the last 12 months in duplicate As per enclosed Sheet (STF-49)

Explanatory notes :

- i) Since an employee is expected to apply for settlement of his terminal benefits two/three months before his retirement the salary particulars including deductions in respect of these two/three months should be given on notional basis indicating against the months for which notional figures have been given. Immediately, after retirement actual salary particulars in respect of the months for which notional figures given should be sent by the Branch/Office on the 1st date of the month following the month of retirement.
 - ii) If the employee has been on loss of pay anytime during the last 12 months of his/her retirement etc., Salary & Allowance notionally payable should be given for the period on loss of pay with suitable remarks in Form STF-49.

ii) अगर कर्मचारी अंशकालिक वेतनमान में हैं तो
सेवा की अवधि _____ विभिन्न वेतनमान में _____

(दो प्रतियों में)

| से | तक | कुल अवधि |
|-------------------|----|----------|
| एक तिहाई | | |
| अर्ध वेतन पर | | |
| तीन चौथाई वेतन पर | | |
| पूर्ण वेतन पर | | |

3.4) त्यागपत्र दिए जाने की स्थिति में सूचना के बदले वसूली गई राशि (जहां कहीं भी विनिर्दिष्ट हो)

4) संलग्न दस्तावेज़/कागजात :-

4.1 प्र.का. 12

दिनांक _____

4.2 (i) अगर प्र.का. 12 के शर्ताधीन हैं और उस कर्मचारी के विरुद्ध चार्जशीट/अदालती मामला लंबित है तो उस संबंध में एक संक्षिप्त नोट प्रस्तुत करें और उस कर्मचारी की भूल-चूक की वजह से बैंक को अगर कोई क्षति हुई हो तो उस क्षति की मात्रा बताएं।

(ii) चार्जशीट की प्रति

एवं

(iii) कर्मचारी की सेवा से वर्खास्तगी/समाप्ति/निष्कासन/अनिवार्य सेवा निवृत्ति के मामले में अनुशासनिक प्राधिकारी/अपोल प्राधिकारी/पुनरीक्षण प्राधिकारी के आदेश की प्रतिलिपि अपेक्षित है।

4.3 फार्म जी-62 की प्रतिलिपियाँ

एवं

4.4 कर्मचारी की सेवानिवृत्ति से पूर्व मृत्यु के मामले में फार्म एसटीएफ-21/एसटीएफ-21ए की प्रतिलिपियाँ

4.5 कर्मचारी द्वारा घोषित नामिती का नाम

सम्बन्ध

(i) उपादन हेतु - फार्म एसटीएफ-21/21ए के अनुसार

श्री/श्रीमती _____

(ii) भ.नि. के लिए फार्म सं. जी.62 के अनुसार

श्री/श्रीमती _____

(iii) पेंशन के लिए

श्री/श्रीमती _____

यहाँ दिए गए विवरण एवं कागजात मेरी अधिकतम

जानकारी के अनुसार पूर्ण एवं सही हैं।

जहां उपयुक्त हो वहाँ कर्मचारी का प्रति हस्ताक्षर कराएँ (अगर कर्मचारी उपलब्ध न हो या कर्मचारी सहयोग न करे तो भी फार्म प्रस्तुत करने में देर न करें)।

शाखा प्रबंधक का हस्ताक्षर

नोट : कर्मचारी अपने हित को ध्यान में रखते हुए इस फार्म को जल्द से जल्द प्रस्तुत करें एवं अंचल कार्यालय तथा प्र.का. ऋमिक विभाग (क.स. कक्ष) के पास सही समय पर अविलंब प्रस्तुतीकरण हेतु अनुबत्ती करावार्ड करें। उन्हें यह भी देखना चाहिए कि उनके द्वारा एवं शान्ता द्वारा प्रस्तुत सभी विवरण एवं कागजात हर प्रकार से पूर्ण एवं सही हैं।

- iii) In case any arrears in respect of revision of pay etc. has been paid during last 12 months monthwise particulars relating to last 12 months should be given.
- iv) In case of Death or Resignation or Voluntary Retirement/Premature Retirement the salary particulars should be given upto the date of relief or death as the case may be.

3. Additional information, wherever applicable (*to be submitted in duplicate*)

3.1 Total duration of the employees absence from duty on Loss of pay/Half pay in the course of his service in the Bank (to be given separately)

(in duplicate)

| | From | To | Total |
|--------------------|------|----|-------|
| (a) On loss of pay | | | |
| (b) On half of pay | | | |

3.2 (i) Total period of suspension of the employee, if any during his service period

(in duplicate)

| From | To | Total |
|------|----|-------|
| | | |

(ii) Out of which period treated on duty.

(in duplicate)

| From | To | Total |
|------|----|-------|
| | | |

3.3 (i) In case of sub staff –

Period of consolidated wages if initially so engaged

(in duplicate)

| From | To | Total period |
|------|----|--------------|
| | | |

(ii) If the employee was in part time scale wages the period of service : _____
In various scale wages : _____

| | From | To | Total period |
|--------------|------|----|--------------|
| One third | | | |
| One Half | | | |
| Three Fourth | | | |
| Full | | | |

- 3.4 In case of resignation, the amount recovered in lieu of notice wherever stipulated)

4) Documents/Papers enclosed :

4.1 H.O. 12 Dated _____

4.2 (i) If H.O.12 is qualified and chargesheet/Court case pending against the employee, a brief note thereof and quantifying the loss, if any, sustained by the Bank due to any acts of omission or commission on the part of the employee.

(ii) Copy of Chargesheet.
and

(iii) Copy of order of Disciplinary Authority/Appellate Authority/Review Authorities is required in case of dismissal/termination/removal/compulsory retirement from service.

4.3 Copies of Form G-62.
and

4.4 Copies of Form STF-21/STF-21A required in case of death of an employee before retirement.

| 4.5 Name of nominee declared by the employee | Relations |
|---|---------------|
| (i) For Gratuity – As per Form No. STF-21/21A | Sri/Sm. _____ |
| (ii) For P.F. as per Form No. G-62 | Sri/Sm. _____ |
| (iii) For Pension | Sri/Sm. _____ |

Counter signature of the employee wherever feasible (submission of form should not be delayed if the employee is not available or the employee does not co-operate)

**Signature of Branch
Manager/Departmental Head**

Note : Employees in their own interest should submit the form at the earliest and also follow up its expeditious submission to the Zonal Office and H.O. Personnel Deptt. (E.R. Cell) in time. They should also see that information and papers submitted by him and also the Branch are complete and correct in all respects.

**APPLICATION FOR PENSION WITH COMMUTATION NOT SUBJECT
TO MEDICAL EXAMINATION OR WITHOUT COMMUTATION**

(To be submitted within one year from the date of retirement)

THROUGH UCO BANK

..... Branch

To
 The Chief Officer,
 Personnel Department,
 UCO Bank, Head Office,
 12, Old Court House Street
Calcutta - 700 001

SPACE FOR AFFIXING
 ATTESTED PASSPORT
 SIZE JOINT PHOTOGRAPH
 OF RETIREE
 WITH SPOUSE

Dear Sir,

I retired/will retire from the Bank's service with effect from _____ and have opted for Bank's Pension Scheme/* I am covered under the Pension Scheme. I request you to disburse pension and I desire/* do not desire to commute a fraction of my Pension in accordance with UCO Bank (Employees') Pension Regulations, 1995. The necessary particulars are furnished below : (* delete whichever is inapplicable)

1. Name in full (in block letters) : _____
2. PF No. : _____
3. Designation at the time of retirement : _____
4. Name of Office/Department from where retired : _____
5. Date of birth (as per Bank's Service Record) : _____
6. Date of Retirement : _____
7. Class of Pension (Superannuation/Voluntary/
Premature/Compulsory/Invalid) : _____
8. Fraction of Pension proposed to be
commuted not exceeding 1/3rd. thereof : _____
9. Branch from where to draw Pension
with its Code No. : _____
10. S.B. A/c. / Current A/c. No. : _____
11. Branch/Office from where Pension
option form submitted : _____
12. Address for communication : _____

Place :

Date :

(Signature)

Acknowledgement

Received from Sri/Smt./Kum. (P.F. No.) (Former Designation)
 the application dated for Pension with/without commutation.

Place :

Date :

Signature of Chief Officer (Personnel)

**संराशीकरण सहित पेंशन के लिए आवेदन जो चिकित्सा
परीक्षण के अधीन नहीं है या बिना संराशीकरण के है
(सेवानिवृत्ति की तारीख से एक वर्ष के भीतर प्रस्तुत करें)**

यूको बैंक

शाखा से

सेवा में,
मुख्य अधिकारी,
कार्मिक विभाग,
प्रधान कार्यालय,
12, ओल्ड कोर्ट हाउस स्ट्रीट,
कलकत्ता-700 001.

सेवानिवृत्त होने वाले
कर्मचारी के साथ पति या
पत्नी का संयुक्त रूप से
प्रमाणित पासपोर्ट
फोटो लगाएँ

प्रिय महोदय

मैं ————— से बैंक की सेवा से निवृत्त हो गया/गई हूँ/हो जाऊँगा/जाऊँगी एवं मैंने बैंक की पेंशन योजना का विकल्प चुना है / * मैं पेंशन योजना के अंतर्गत आता/आती हूँ, अतः मैं आपसे निवेदन करता/करती हूँ कि मेरी पेंशन की राशि को संवितरित करें एवं मैं यूको बैंक (कर्मचारी) पेंशन विनियम, 1995 के अनुसार अपनी पेंशन के कुछ अंश का संराशीकरण करना/* नहीं करना चाहता/चाहती हूँ। आवश्यक विवरण नीचे दिए गए हैं : (* जो आवश्यक न हो उसे काट दें)

- | | | |
|---|---|-------|
| 1. पूरा नाम (बड़े अक्षरों में) | : | ————— |
| 2. भ.नि.स. सं. | : | ————— |
| 3. सेवानिवृत्ति के समय पदनाम | : | ————— |
| 4. सेवानिवृत्ति के समय कार्यालय/विभाग का नाम | : | ————— |
| 5. जन्म तिथि (बैंक की सेवा रिकार्ड के अनुसार) | : | ————— |
| 6. सेवानिवृत्ति की तारीख | : | ————— |
| 7. पेंशन की श्रेणी (अधिवर्धिता/स्वैच्छिक/ समयपूर्व/ अनिवार्य/अशक्त) | : | ————— |
| 8. संराशीकरण हेतु प्रस्तावित पेंशन का भाग | : | ————— |
| 9. उस शाखा का नाम एवं उसकी कूट सं. दर्शाएँ जहाँ से पेंशन की राशि आहरित करनी है | : | ————— |
| 10. ब.खा.सं./चालू खाता सं. | : | ————— |
| 11. उस शाखा/कार्यालय का नाम जहाँ से पेंशन विकल्प हेतु फार्म जमा किया गया है | : | ————— |
| 12. पत्राचार हेतु पता | : | ————— |

स्थान :

दिनांक : _____ (हस्ताक्षर)

पावती

मुझे श्री/श्रीमती/कुमार/कुमारी _____

भ.नि.स.सं. _____ विगत पदनाम _____

का संराशीकरण सहित/रहित आवेदन दिनांक _____ प्राप्त हुआ।

मुख्य अधिकारी (कार्मिक) का हस्ताक्षर

**SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER/
FAMILY OF THE DECEASED EMPLOYEE/PENSIONER**

To

The Branch Manager,
UCO Bank

Date : _____

(Branch & Address)

Dear Sir,

Payment of pension/family pension (PF No.) through your Office

In consideration of your agreeing, at my request, to make payment of pension/★ family 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 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 UCO Bank (Employees') Pension Regulations, 1995 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.

\$ I hereby declare to the best of my knowledge that –

- i) ★ I was not suspended anytime during my entire service in the Bank.
★★ I was under suspension from (date) to (date).
★★★ I was under suspension approximately for (months) 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 (months) during my entire service.
- iii) ★ I was not chargesheeted during my entire service in the Bank.
★★ I was chargesheeted as under and I was punished/not punished as per the details given hereinbelow.

Date of C/SOrder of the disciplinary/review/appellate authority

iv) ★- No judicial proceedings are pending against me.

★★ The following judicial proceedings details of which are mentioned below, are pending against me.

DETAILS OF PENDING JUDICIAL PROCEEDINGS :

| <i>Date on which initiated</i> | <i>Reference No., if any</i> | <i>Reasons</i> | <i>Present position</i> |
|--------------------------------|------------------------------|----------------|-------------------------|
|--------------------------------|------------------------------|----------------|-------------------------|

\$ 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 action as it deems fit including recovering the excess amount paid to me on account of the above declaration which subsequently turns to be untrue.

Yours faithfully,

Address : Signature :
..... Name :
..... \$ P.F. No. :

WITNESS :

| | |
|----------------------|----------------------|
| 1) Signature : | 2) Signature : |
| Name : | Name : |
| Date : | Date : |
| Address : | Address : |

Notes : ★ / ★★ / ★★★ Strike out the inapplicable.

\$ Applicable only for the pensioner and not for the family of the deceased employee/pensioner.

In case the space provided in the above format for furnishing any information is insufficient, a separate sheet may be attached.

पेंशनभोगियों/मृतक कर्मचारी/पेंशनभोगियों के परिवार द्वारा दिए जाने वाले वचन पत्र का नमूना

सेवा में
शाखा प्रबंधक
यूको बैंक
(शाखा कार्यालय)

दिनांक _____

प्रिय महोदय

(आपकी शाखा के माध्यम से पेंशन/परिवार पेंशन का भुगतान, भ० नि० संख्या)

मेरी प्रार्थना पर आपने प्रति माह मुझे देय पेंशन/★ परिवार पेंशन को आपके पास प्रति माह जमा करने की जो सहमति प्रदान की है उस हेतु मैं, अधोहस्ताक्षरकर्ता उस राशि को जिसके लिए मैं योग्य नहीं हूँ और, जो कि भूलवश या सूचनाओं में कमी के कारण मेरे खाते में अधिक जमा कर दी जाती है, को वापस करने के लिए अथवा उसकी पूर्ति के लिए वचनबद्ध होता/होती हूँ। मैं पुनः यह वचन देता/देती हूँ एवं स्वयं तथा अपने वारिसों, उत्तराधिकारियों, निष्यादकों एवं प्रशासकों की ओर से वचनबद्ध होता/होती हूँ कि यूको बैंक (कर्मचारी) पेंशन विनियम 1995 के अंतर्गत मेरा पेंशन/★ परिवार पेंशन मेरे खाते में जमा करने के दौरान अगर बैंक को कोई हानि उठानी पड़ी हो तो उस राशि को मैं बैंक को वापस कर दूँगा/दूँगी एवं साथ ही मैं बैंक को यह अपरिवर्तनीय अधिकार देता/देती हूँ कि वह उस बकाया राशि को मेरे उक्त खाते अथवा कोई अन्य खाते/जमा, जो बैंक के कब्जे में है, मैं से नामे कर बसूल कर ले।

\$ मैं एतद्वारा अपने पूर्णज्ञान के आधार पर यह घोषणा करता/करती हूँ कि

- (i) ★ मैं बैंक में अपने पूरे कार्यकाल की अवधि के दौरान कभी निलंबित नहीं हुआ/हुई।
★★ मैं _____ (तारीख) से _____ (तारीख) तक निलंबनाधीन रहा/रही।
★★★ मैं अपने पूरे कार्यकाल के दौरान लगभग _____ (महीने) निलंबनाधीन रहा/रही।
- (ii) ★ मैं बैंक में अपने पूरे कार्यकाल के दौरान वेतनरहित छुट्टी पर कभी नहीं रहा/रही।
★★ मैं अपने पूरे कार्यकाल के दौरान _____ (महीने) तक वेतन रहित छुट्टी पर रहा/रही।
- (iii) ★ बैंक में अपने पूरे कार्यकाल के दौरान मुझ पर चार्जशीट जारी नहीं किया गया।
★★ मुझपर निम्न चार्टशीट जारी किया गया एवं नीचे दिए गए विवरण के अनुसार मुझे सजा हुई/नहीं हुई।

चार्जशीट की तारीख

अनुशासनिक/पुनरीक्षण/अपील प्राधिकारी के आदेश

(iv) ★ मेरे विरुद्ध कोई न्यायिक प्रक्रिया लंबित नहीं है।

★★ निम्नलिखित न्यायिक प्रक्रिया, जिसका ब्योरा नीचे दिया गया है, मेरे विरुद्ध लंबित है।

लंबित न्यायिक प्रक्रिया का ब्योरा

| शुरू करने की तारीख | संदर्भ संख्या, यदि कोई हो तो | कारण | वर्तमान स्थिति |
|--------------------|---------------------------------|------|----------------|
| | | | |

मैं इससे भी सहमत हूँ कि मेरे द्वारा दी गई उपर्युक्त सूचना अगर गलत साबित होती है तब उपर्युक्त घोषणा के आधार पर, जो कि बाद में गलत साबित होता है, तो मुझे भुगतान की गई अधिक राशि की वसूली के साथ-साथ बैंक जो भी उचित समझे, कार्रवाई कर सकता है।

भवदीय,

पता : _____ हस्ताक्षर : _____

नाम : _____
S. B. N. संख्या: _____

साक्षी

(1) हस्ताक्षर : _____ 2) हस्ताक्षर : _____
नाम : _____ नाम : _____
दिनांक : _____ दिनांक : _____
पता : _____ पता : _____

टिप्पणियां : ★ / ★★ / ★★★ जो लागू न हो उसे काट दें।

इ केवल पेंशनभोगी पर लागू, मृतक कर्मचारी/पेंशनभोगी के परिवार हेतु प्रयोज्य नहीं।

अगर किसी प्रकार की सूचना के लिए उपर्युक्त उपलब्ध कराया गया स्थान अपर्याप्त हो तो अन्याम से पृष्ठ जोड़े जा सकते हैं।

CERTIFICATE OF RE-MARRIAGE/MARRIAGE

I hereby declare that I have not got re-married and I undertake to report such an event promptly into the Pension Cell at Head Office and to the branch from where the Family Pension is being drawn.

(Applicable only for widow recipient of family pension and to be furnished only once)

OR

I hereby declare that I am not married/I have not got married during the past six months.

(To be submitted by widowers and unmarried daughters once every six months in May and November)

Signature :

Name of the Pensioner :

Name of the Deceased employee :

P.F.M. No. :

Place :

Date :

I certify to the best of my knowledge and belief that the above declaration is correct.

Signature of a responsible
officer or a well-known person

Name :

Designation :

Place :

Date :

पुनर्विवाह/विवाह प्रमाणपत्र

मैं यह घोषणा करती हूँ कि मैंने पुनर्विवाह नहीं किया है और मैं यह वचन देती हूँ कि ऐसी दशा में मैं तुरंत प्रधान कार्यालय के पेंशन कक्ष को एवं उस शाखा को सूचित करूँगी जहां से परिवार पेंशन आहरित किया जा रहा है।

(केवल परिवार पेंशन की विभवा प्राप्तकर्ता के लिए प्रयोज्य और केवल एक ही बार प्रस्तुत करें)

या

मैं यह घोषणा करती हूँ कि मैं विवाहित नहीं हूँ/मैंने विगत छः माह के दौरान विवाह नहीं किया है।

(विधवाओं एवं अविवाहित वेटियों द्वारा प्रति छः माह पर एक बार मई एवं नवंबर में प्रस्तुत किया जाए)

हस्ताक्षर :

पेंशनभोगी का नाम :

मृत कर्मचारी का नाम :

भ.नि.स.सं. :

स्थान :

दिनांक :

मैं यह प्रमाणित करता हूँ कि उपरोल्लिखित घोषणा मेरी अधिकतम जानकारी एवं विश्वास के अनुसार सही है।

किसी जिम्मेवार अधिकारी
या किसी सुपरिचित व्यक्ति का
हस्ताक्षर

पदनाम :

स्थान :

दिनांक :

प्रधान कार्यालय / HEAD OFFICE:
10, वि.त्रै. मं सरणी. / 10, B.T.M. Sarani
कोलकाता / Kolkata - 700 001



यूको बैंक
UCO BANK

प्र.का. / H.O. 12 - (3/10) B.E.

सेवा में,
न्यासी/THE TRUSTEES,
यूको बैंक/UCO BANK
कर्मचारी भविष्य निधि
EMPLOYEES' PROVIDENT FUND
कोलकाता/KOLKATA

..... शाखा /Branch

दिनांक/Date 20

द्वारा/Through
महाप्रबंधक/THE GENERAL MANAGER,
यूको बैंक/UCO BANK
स्टाफ अनुभाग/STAFF SECTION,
कोलकाता/KOLKATA

भविष्य निधि दावा / PROVIDENT FUND CLAIM

महोदय/Dear Sir,

हम एतद्वारा यह प्रमाणित करते हैं कि श्री/श्रीमती/सुश्री का
दिनांक 20 को सेवानिवृत्ति/त्यागपत्र/सेवा समाप्ति/पदच्युति/मृत्यु से बैंक को कोई हानि या क्षति नहीं हुई है।

We hereby certify that the Bank has suffered no loss or damage due to the retirement/resignation/termination
of service/dismissal/death of Mr./Mrs./Miss.
on 20.....

कृपया आप इस कर्मचारी (सदस्यता सं.) के भविष्य निधि दावा का यथाशीघ्र निपटान कर दें।
Please settle the Provident Fund Claim of this employee (Membership No.) at
your earliest convenience.

भवदीय/Yours faithfully,
प्रबंधक / MANAGER

पुनःश्च : सेवा समाप्ति/पदच्युति का कारण यहाँ दर्शाएँ : /N.B. : The reason for termination/dismissal should be stated hereunder:-

प्रधान कार्यालय के स्टाफ अनुभाग द्वारा भरा जाए /TO BE FILLED IN BY STAFF SECTION AT HEAD OFFICE :
बैंक की सेवा में कार्यग्रहण करने की तारीख सेवामुक्ति के समय उस
Date of joining the Bank's service Age while leaving service
टिप्पणी/Remarks :

दिनांक/Date

हस्ताक्षर/Signature

जारी/Contd. p/2

प्रधान कार्यालय के भविष्य निधि अनुभाग द्वारा भरा जाए :
TO BE FILLED IN BY PROVIDENT FUND SECTION AT HEAD OFFICE :

| | | | |
|--|-----------|-----|---|
| | तक का शेष | Pay | <u>सदस्य/Member's</u> के अंशदान का भुगतान करें/ दोनों/both contribution(s) |
| Balance as at | | | |
| 1. सदस्य का अंशदान खाता में रु. | | | |
| Member's Conts. A/c. Rs. | | | |
| 2. बैंक का अंशदान खाता में रु. | | | दिनांक/Date 20 न्यारी/Trustees |
| Bank's Contd. A/c. Rs. | | | चेक सं. रु. के द्वारा |
| 3. ऋण खाता में रु. | | | दावा निपटाया गया |
| Loan A/c. Rs. | | | Claim settled by cheque No. |
| 4. ऋण खाता में व्याज रु. | | | for Rs. |
| Interest on Loan A/c. Rs. | | | |
| 5. ऋण खाता के अतिरिक्त ग्रहणाधिकार खाता में रु. | | | |
| Lien other than on Loan A/c. Rs. | | | |
| दिनांक/Date 20 आद्यक्षर/Initials | | | दिनांक/Date 20 आद्यक्षर/Initials |



यूको बैंक UCO BANK
प्रधान कार्यालय Head Office
Personnel Services Department

3-4, डीडी ब्लॉक DD Block, सेक्टर Sector-I, साल्ट लेक Salt Lake कोलकाता Kolkata-64

Circular no.CHO/PMG/39 /2014-15

Date: 06/02/2015

To all Branches and Offices in the Indian Union

Sub: Settlement of Terminal Benefits - Gratuity, Provident Fund and Pension, submission of Forms online.

Attention of Branches, Offices is drawn towards Head Office Circular no.CHO/PMG/14/96 dated 06.08.1996, circular no. CHO/PMG/7/97 dated 20-5-97 and circular no. CHO/PMG/11/2000 dated 05.09.2000 on the captioned subject.

There has been considerable improvement in speedier settlement of terminal benefits after detailed guidelines were issued in this regard. However, we feel that the system and procedure needs to be streamlined further. Therefore, suitable modifications, taking into account the developments that have taken place since issuance of the last circular, are made in guidelines with an intent to release terminal benefits of employees/ officers on the date of retirement itself.

We also observe that the Terminal Benefits claim papers are not received in time at Head office from Branches / Zonal Offices in spite of timely submission of papers by concerned employee/ officer. **Now, Department has come out with guidelines to submit terminal benefits Claim forms Online.**

Accordingly, before outlining the procedure for submission of Claim forms **Online**, we append below detailed guidelines for submission of terminal benefits claim forms as under.

1. Check list and action taken at various levels – "**Annexure-A**".
2. A set of specimen of claim forms and documents to be submitted while requesting for settlement of terminal benefits – "**Annexure-B**"
- 3) List of discrepancies/deficiencies commonly observed in claim papers/ information, submitted by the branches/offices – "**Annexure-C**".
- 4) Detailed guidelines for online submission of Terminal benefits papers- "**Annexure -D**"

This circular supercedes all circulars issued in the matter of submission of claim for settlement of terminal benefits.


(S P Singh)

General Manager
Personnel services

Enclosure: (i) Annexure- 'A'
(ii) Annexure- 'B'
(iii) Annexure- 'C'
(iv) Annexure- 'D'

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Check list and action taken at various levels

1. Every year, in the month of October, all Circle offices, Zonal Office/concerned offices have to submit a list of employees retiring during the following calendar year to Head Office, Personnel Services Department eg. list of employees who are retiring in calendar year 2016 will be submitted latest by 31st October, 2015.
2. Branches / Offices are to ensure that if any show cause, non-vigilance / vigilance case(s) is/ are pending or contemplated against the employee all out efforts should be made for disposal of the same before sending the claims forms.
3. We observe that branches / Offices are reporting about pendency of show cause, non-vigilance / vigilance cases in the month of retirement of an employee. In such, a situation an officer will not retire in normal course and Disciplinary Authority may have to extend the date of retirement by invoking Regulation 20(3)iii under Officer Service Regulation,1979 as amended and in case of Award staff, the employee should be allowed to retire converting pending Disciplinary Action against him/her under Pension Regulations. This adversely affects working culture of staff of the bank and has telling effects on the career & mental peace of retiring employee in general and moral of working employee in particular, apart from monetary hardship an officer/ employee may suffer after retirement
4. **All retiring employees/ concerned officers are advised to submit Terminal benefits claim Forms at least a month before their retirement date**. Process of sending retirement letters to the retiring employee starts one month before the date of retirement. It may be noted that retirement letters shall be issued by Head Office only.
5. The employees / Branches / Offices are advised to submit the set of claim Forms **Online** only (detailed guidelines are mentioned in **Annexure-D**) .
6. (i) The settlement of GSLI will automatically be made at Head Office level without submission of claim forms. Normally LIC of India takes about two months for settlement of GSLI after cessation of Service.
(ii) In case of death of employee during the service period, the claimant(s) is/are required to submit GSLI claim form along with original death certificate (to be returned after verification by LIC) post-mortem report, copy of FIR and final police report (in case of accidental death) and Deceased Claim Form G-64(R) (wherever nomination is not available).
7. (i) In case of deceased employees and employees posted at Head Office, Terminal Benefits claim forms should be submitted **Manually only** in revised format.
(ii) In case of resignation/compulsory retirement/termination of services the employee concerned should submit the claim papers on the date of his leaving the branch/ Office **Online**.



8. While reporting loss of pay, Branches/ Offices should mention whether leave without pay (LWP) is against sanctioned leave or on account of unauthorized absence.

9. In case of death of an employee, it is the sole responsibility of the branches/offices where he was posted on the date of his/her demise to intimate to the spouse/nominee/ legal heir of the deceased employee for submission of claim forms and to guide them in submission of claim forms properly.

10. Branches / Offices are advised to send a set of claim forms (as mentioned in STF-46 Part-II) to the nominee / legal heir, at their last known address within a week of death of the employee indicating the details of required papers/documents. Branches/ offices should ensure to obtain complete information from the claimant(s) to avoid calling them repeatedly.

11. In case of death of an employee, Branches/ Offices are requested to inform immediately to Head Office through **E-mail (hopsd.gsl@ucobank.co.in; hopsdtb@ucobank.co.in; ho.esw@ucobank.co.in)**

12. Branches, where employee/officer is retiring, are advised to send request for encashment of privilege leave to the concerned Zonal Office for approval alongwith the terminal benefits claim forms. Zonal offices will in turn send their approval to branches. Other Offices (viz. COs/ZOs/ CSC/RTCs) are authorized to make payment of leave encashment at their end.

13. Privilege leave encashment is not payable in case of compulsory retirement / termination/dismissal . In case of resignation only 50% of privilege leave at credit will be encashable/ encashed.

14. Branches / Offices are also informed that in case of any eligible retiring/retired employees wishes to avail the facility of Group Medical Insurance under Staff Welfare Scheme, they may submit their request form along with terminal benefits forms.

15. All retiring employees are requested to inform their permanent address and contact no., where they propose to settle after retirement to **Pension Grievance Cell, Personnel Services Department, UCO Bank, Head Office, 3 & 4 DD Block, Salt Lake, Sector-I, Kolkata -700064 (Email address- staffpension.gr@ucobank.co.in)**.

16. Since an employee is required to submit claim forms for settlement of his terminal benefits at least one month before his retirement, the notional salary particulars for the month during which he/she will retire may be furnished in advance. Changes, if any, should be informed within 15th day from the last date of the retiring month.

17. In case any arrears to employee/officer were paid on account of revision of pay etc. during last 12 months, the month wise revised salary particulars are also be furnished (STF-49).

18. All applicable allowances, increments etc should be released and duly incorporated in form STF-49 before sending claim forms to HO.

19. Please note that after submission of claim forms online, no change be made in any information. If there is any change it may be advised separately.

21.Revised Terminal Benefits claim Forms are also available in UCO online .

