

REF : FAMPEN/2014-15/SRNO- /NAME;

APPLICATION FOR GRANT OF FAMILY PENSION

1. (a) Name of the Applicant :

(b) If the applicant is employed,
furnish the name of the
employer & address :(c) If the applicant is daughter
of deceased employee,
(i) Whether she is married :

(ii) If so, Date of marriage :

2. Relationship with the
Deceased Employee/Pensioner :3. Name and Age of the surviving
Widow/Widower/and Children
of the Deceased Employee/
Pensioner :PHOTOGRAPH
SHOULD BE
ATTESTED BY
BRANCH MANAGERPassport
size
Photograph

Sl No.	Name of family members	Relationship	Dt of Birth	Marital status
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4. (a) Name of deceased Employee :

(b) SR No / SSR No :

5. P.P.O Number if any :

6. Date of Death of Employee :

7. Office/Branch in which last
served :

8. Full address of the applicant :

Phone / Cell No :

9. If the application is made on behalf of the Minor,

- Name and Address of the Guardian
- Proof of Guardianship

10. Indicate whether Family Pension is admissible from any other source (Military/State/Public Sector Undertaking/Autonomous Body/Local Fund under the Central/State Government : Service : Basic Pension : Period from : Sanctioning Authority :

(If so,enclose a Photocopy of P P O with this Application)

11. Pension payment desired through

(a) Name of the Branch :

(b) SB a/c No :

12. Last Drawn full Salary details :

(a) Basic Pay : Rs.

(b) SPI Pay : Rs.

(c) FPP : Rs.

(d) PQP : Rs.

Date :

Signature or Left Thump
impression of the Applicant

WITNESS No.1

Signature :
Name :
Designation :
Address :

WITNESS No.2

Signature :
Name :
Designation :

Signature attested by
Name of Branch Manager :
Specimen signature No :
with Branch Seal.

Enclosures : The following documents are to be enclosed along with this application.

- Copy of DEATH CERTIFICATE duly attested by Branch Manager.
- Attested copy of CERTIFICATE FOR PROOF OF AGE of Child/Children.
- COPY OF LEGAL HEIR CERTIFICATE.
- Three copy of PASSPORT SIZE PHOTOGRAPHS of the applicant, out of which one should be pasted and attested on the application and the remaining two photos should be sent along with the application form.

Note. : Attestation should be done by the Branch Manager where the applicant desires to draw the Pension.

FOR OFFICE USE ONLY

- APPLICATION RECEIVED ON :
 - PENSION OPTION REGISTERED ON :
 - OPTION ACKNOWLEDGEMENT SENT ON :
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ENCLOSURE

From

Name of Family Pensioner

Name of the Pensioner

SR Number

Retired from

Residential Address

Mr / Ms

Pin Code :

Ph No / Mobile No :

To

The Head of the Department,
Indian Bank,,
CO:HRM Dept.
254-260 Avvai Shanmugam Salai
Royapettah, Chennai 600 014.

Dear Sir,

Ref: 9th Bipartite Settlement / Joint Note dated 27.04.2010 -
Revision in Pension / Family Pension on account of Wage Revision.

I have applied for pension / family pension or I am presently drawing pension / family pension through your Branch in Circle and my pension / family pension Identity Number is IDN:

I am eligible to get revised monthly pension / family pension on account of the IX Bipartite Settlement / Joint Note with effect from 01.11.2007. I request you to pay me such revised pension, at your earliest. I understand that you are agreeable to release such revised pension, effective from 01.11.2007, pending compliance of legal formalities connected with such revision, subject to my furnishing the letter of authority / undertaking authorizing you to make recoveries of excess payments, if any made to me, while paying the revised pension on adhoc basis.

Accordingly, I hereby irrevocably authorize you to make any recoveries / adjustments out of my future pension, if it is revealed at any time that I have been paid such increased pension / family pension wrongly. Further, if my pension / family pension is insufficient to meet the excess amount paid, I hereby 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.

I am also aware that revised pension / family pension being paid to me shall be effective from 01.11.2007 and that no arrears prior to said date is payable to me.

Yours faithfully,

(Signature of the pensioner / family pensioner).

Place :

Date :