

APPLICABLE FOR JCOs/OR**(TO BE INITIATED 6 MONTHS PRIOR TO RETIREMENT)**

(Form should be typed on both sides on one sheet and reach AGIF four months prior to retirement)

AGI CLAIM-MATURITY AND EXTENDED INSURANCE BENEFITS SCHEME

1. Army No :		<u>FOR AGI USE ONLY</u>	
2.	JC No :	Mail ID	
3.	Rank & Name :	Claim ID	
4.	Regt/Corps :	Entered On	
5.	Unit Last served :	Verified on	
	with address :	Approved on	
6.	Dates of :-	PAL No	
(a)	Birth :	PAL Amount	
(b)	Enrolment :	Addl Interest	
(c)	Promotion to Nb Sub :	Cheque No and Date	
(d)	SOS (Army) :	or	
7.	(a) Medical Category :	Unique Code for Elec Tfr	
	(b) Percentage of Disability (if any) :	EIC No and Date	
		MBS No	
		DID No	
(c)	Reasons for Discharge/SOS :		
8.	AGI Membership period : <u>From</u> <u>To</u> <u>Years</u> <u>Days</u>		
(a)	As OR		
(b)	As JCO		
9.	Bankers (Please specify whether you wish payment of maturity benefits by Cheque or by Electronic Clearance)		
(a)	<u>For Payment by Cheque :-</u>		
	(i) Name of Bank.....	(ii) Branch.....	
	(iii) Bank Code	(iv) Acct No	
	(v) Address/Location of Bank		
	Distt.....State.....PinTele No		
	(To avoid delay, please do not change this bank account until you have received amount)		
	<u>OR</u>		
(b)	<u>For Electronic Payment.</u> (Please note that drawee branch should be on Core banking)		
	(i) Name of Bank		
	(ii) Branch		
	(iii) Bank Code		
	(iv) Location		
	(v) CBS Credit Account No (11 to 16 Digits)		
	(vi) Account Type		
	(vii) IFSC Number		
	(viii) MICR Number		
10.	Treasury/Bank through which individual will drawn his pension		
11.	Address after retirement. (Change to be intimated)		
	S/O (Father's Name)		
	Address		
State.....Pin Code.....Tele/ Mob No.....		
12.	Permanent Address :-		
	S/O (Father's Name)		
	Address		
State.....Pin Code.....Tele/ Mob No.....		

13. Loans Details :-

	<u>Type of Loan</u>	<u>Date of Loan</u>	<u>Amount Taken</u>	<u>Amount Refunded</u>	<u>Amount Balance</u>	<u>Remarks</u>
(a)	HDFC					
(b)	HBA (AGI/Govt)					
(c)	Conveyance					
(d)	Advance (AGI)					
(e)	Any other loans					

14. Family Details :

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>
(a)			
(b)			
(c)			

15. Name of First Nominee with relationship and addressName of Second Nominee with relationship and address

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16. In case any discharge/retirement order are cancelled. I undertake to refund the maturity benefits paid to me within 45 days, failing which I hereby undertake to pay penal interest on the said amount at the rate of 15 percent per annum till the amount is received back by AGIF.

17. Certified that the particulars given are correct and the claim for these benefits has not been submitted previously.

Countersigned by OC Unit

Signature
Rank
Name

(Office Seal)

(Signature of the individual)

Date :

Date :

Received Payment
Signature _____
Rs 1/- Revenue Stamp

Note : On completion, the forms should be sent to Records in quadruplicate for filing Part II & III along with 3 copies of Passport size joint photographs with spouse and two copies of single photograph of first nominee.

PART II

(To be filled by PAO (OR))

Certified that sum of Rupees _____/- (Rupees _____ only) has been deducted from the pay of No _____ Rank _____ Name _____ for the period from _____ to _____ as monthly subscription towards AGIF recovery.

Date : Office Seal

(Signature of Account Officer)

PART III

Certified that the above data is correct/amended as under :-

Place :

Date :

(To be verified by SRO with Office Seal)

DETAILS OF SAVING BANK ACCOUNT

1. **Personal Details.**

- (a) Army No :
- (b) Rank :
- (c) Name :
- (d) Corps/Regt :

2. **Home Address.**

- (a) House No :
- (b) Village :
- (c) PO :
- (d) Distt :
- (e) State :
- (f) Pin Code :

3. **Bank Details.**

- (a) Name of Bank :
- (b) Branch :
- (c) Bank Code :
- (d) Location & Address :
- (e) CBS Credit Account No (11 to 16 Digit) :
- (f) Account Type :
- (g) IFSC Number :
- (h) MICR Number :
- (j) Signature of indl :

4. **Sig of Witness with Name & Address.**

This is to certify that above Saving Bank Account has been opened in the name of _____ . The account is a single/ joint account with our branch.

Date :

Signature _____
(Bank Manager)

Office Seal