



KARNATAKA VIKAS GRAMEENA BANK

Head Office: DHARWAD-580008 (KARNATAKA)

FORMATS TO BE SUBMITTED BY EX-EMPLOYEES (Retired/ Resigned/ CRS/ Dismissed/ Terminated Employees)

Name of the Employee:

EPF/Emp No :

Mode of Exit : Resigned/Dismissal/CRS/Removed/Terminated etc.

Sl no	Particulars	Format Type	Whether complied	Remarks if any
1.	Option Form to be filled in by the Ex-employee of the Bank	FORMAT – 2	Yes/No	
2.	Ten months (prior to retirement) average pay & allowances.	FORMAT - 4	Yes/No	
3.	Particulars of Outstanding Liabilities of the Ex-employee	FORMAT - 5	Yes/No	
4	Life Certificate	FORMAT -6	Yes/No	
5	Acceptance/ Non-acceptance of Commercial Employment	FORMAT -7	Yes/No	
6	Letter of undertaking by the Pensioner	FORMAT -9	Yes/No	
7	Letter of undertaking by the Pensioner and Family Members /Nominees	FORMAT -10	Yes/No	
8	Form of Nomination	FORMAT -11	Yes/No	
9	Clearance/ Pre-disbursement formalities to be furnished by the proposed Pension Paying Branch	FORMAT- 13	Yes/No	
10	Staff Member's Basic Details		Yes/No	
11	Letter of Undertaking by The Retiree/ Ex-employees for Realization of Bank's Contribution to Employees Provident Fund from Pension arrears payable by the Bank		Yes/No	



Information/documents required:

Particulars	Remarks.
Documents required.	Self-attested Copies of PAN Card, Aadhaar Card, Bank Pass Book of KVGB, Relieving letter, Individual & Joint photo with his/her spouse-3 copies.
Erstwhile Bank joined	
Pension Payment Order (PPO) of EPFO. If PPO is not available, then the Bank Statement reflecting the EPFO pension crediting to the Account	
Copy of last 10 months salary slips if available	
Details of break in service if any	
Details of suspension/s if any	
Net service put in the Bank	
Copy of cessation orders	
Copy of charge sheet if applicable	

Place:

Date:

Signature of Retired

Checked & Forwarded by

Signature of the Officer



FORMAT - 2
KARNATAKA VIKAS GRAMEENA BANK
Head Office: DHARWAD-580008 (KARNATAKA)

Option Form to be filled in by the Retired/ Resigned/ CRS/ Dismissed/ Terminated Employees of the Bank

(To be submitted through the Nearest Regional Office)

Date of receipt of application at Branch / Office		Date of receipt of application at Regional Office		FOR HO USE ONLY
Forwarded on		Forwarded on		OPTION NOTED IN SERVICE RECORD ON _____
Forwarded by		Forwarded by		
Signature with Office seal (Branch/Office)		Signature with office seal (Regional Office)		(Signature of the concerned Authority at HO with date)

The Chairman,
Karnataka Vikas Grameena Bank,
Pension Cell, Personnel & HRD Dept.,
Head Office- DHARWAD.

Date: _____

I hereby declare that I have read and understood the **Karnataka Vikas Grameena Bank (Employees') Pension (Amendment) Regulations, 2024** and I hereby voluntarily opt to become a member of the Bank's Pension Scheme and irrevocably authorize the EPFO / RPF to transfer my entire Pension Fund kept with them to Bank to credit Pension Fund to be created for this purpose. I undertake to refund the Bank's contribution to EPF Fund together with accrued interest thereon paid to me on my retirement. I also undertake to refund my non-refundable withdrawal from EPF balance (Bank's contribution component), if any, together with interest at EPF rate from time to time.

1. Signature: _____ Emp. No: _____
2. Name in Full (in Block letters with surname): _____
3. Designation/ Scale (at the time of retirement): _____ Date of Birth: _____
4. Date of Joining in the service: _____ Date of retirement: _____ Mobile No: _____
5. E P F No: _____ UAN No: _____ PPO No: _____
6. Aadhaar No. _____ PAN No: _____ e-Mail ID: _____
7. Present Residential Address: _____

8. Branch / Office where retired: _____ DPD: _____ Region: _____

9. Bank & Branch details from where pension to be drawn: **KARNATAKA VIKAS GRAMEENA BANK**

Branch: _____ SB A/c No. _____ IFSC No. KVGBN _____

Signature of the above staff member is attested by me

(Signature of the Branch/Office Head with Office Seal)

Forwarded to HEAD OFFICE- PHRDDEPT.

REGIONAL MANAGER



FORMAT - 4
KARNATAKA VIKAS GRAMEENA BANK
Head Office: DHARWAD-580008 (KARNATAKA)
Branch/Office: _____

Ref: _____

Date: _____

The Chairman,
Karnataka Vikas Grameena Bank,
Pension Cell, Personnel & HRD Dept.,
Head Office. Dharwad

Dear Sir,

Sub: Ten months (prior to retirement) average pay & allowances of Shri/Smt. _____ (EPF No _____)

We are furnishing below the 10 months (prior to retirement) average pay & allowances of Shri/Smt. _____ Designation/Scale (at the time of retirement) _____, Emp. No _____ who retired on _____ for calculation of pension under Karnataka Vikas Grameena Bank (Employees') Pension (Amendment) Regulations, 2024.

PARTICULARS	AVERAGE AMOUNT
1. Basic Pay	
2. Stagnation increment(PQP-Basic)	
3. Pay and Allowances rank for DA	
a) Operator- B allowance(SWO-Basic)	
b) Cashier Allowance(Basic)	---
c) Physically Handicapped Allowance(Basic)	--
d) City Compensatory Allowance(Basic)	--
e) Deputation Allowance(Basic)	--
f) Washing Allowance(Basic)	--
g) Driving Allowance(Basic)	--
h) Daftary/ Rotation Allowance(Basic)	
i) Cycle Allowance(Basic)	--
4.FPP-(Basic)	
5. Period of Extra Ordinary Leave on Loss of Pay sanctioned by the Competent Authority and enjoyed during the Service Period	
6. Leave Without Pay during Service Period	

The above information is true & correct.

Yours faithfully,

Signature of Branch/ Office Head with Seal

_____ Branch, _____ Region.



FORMAT – 4 (PAGE – 2)

KARNATAKA VIKAS GRAMEENA BANK:
HEAD OFFICE: DHARWAD
BRANCH/ OFFICE: _____
DETAILS OF LAST TEN MONTHS SALARY/ ALLOWANCES.

MONTHWISE BREAK UP YEAR & MONTH										
1. Basic Pay										
2. Stagnation increment(PQP-Basic)										
3. Pay and Allowances rank for DA										
a) Operator- B allowance(SWO-Basic)	--	--	--	--	--	--	--	--	--	--
b) Cashier Allowance(Basic)	--	--	--	--	--	--	--	--	--	--
c) Physically Handicapped Allowance(Basic)	--	--	--	--	--	--	--	--	--	--
d) City Compensatory Allowance(Basic)	--	--	--	--	--	--	--	--	--	--
e) Deputation Allowance(Basic)	--	--	--	--	--	--	--	--	--	--
f) Washing Allowance(Basic)	--	--	--	--	--	--	--	--	--	--
g) Driving Allowance(Basic)										
h) Daftary/ Rotation Allowance(Basic)										
i) Cycle Allowance	--	--	--	--	--	--	--	--	--	--
4.FPP-Basic)										
TOTAL										
AVERAGE										

The above information is true & correct.

Signature of the Branch/ Office Head with Branch Seal

Date: _____

Forwarded to HEAD OFFICE- PHRDDEPT.

REGIONAL MANAGER

Note: 1. Delete which is not applicable 2. No columns should be left blank 3. Basic Pay & Stagnation Increment to be reported separately in the columns specified 4. For arriving at the ten months' average please refer to Regulation _____ of Karnataka Vikas Grameena Bank (Employees') Pension Regulations, 2024.



FORMAT - 5
KARNATAKA VIKAS GRAMEENA BANK
Head Office: DHARWAD-580008 (KARNATAKA)
Branch: _____

Ref: _____

Date: _____

The Chairman,
Karnataka Vikas Grameena Bank,
Pension Cell, Personnel & HRD Dept.,
Head Office-DHARWAD.

Sir,
Sub: Particulars of Outstanding Liabilities of Shri/Smt. _____
_____ (EPF No: _____)

We are furnishing below the Particulars of Outstanding Liabilities/ Accountabilities/ responsibilities of Shri / Smt. _____ Emp. No. _____, Last Designation/ Scale: _____ EPF No: _____ retired _____:

Particulars of Outstanding Loan	Account No	Date of loan	Amount of loan- Rs.	Balance-Rs.
1. House Building Loan				
2. Housing Loan (Commercial Scheme)				
3. Staff Over Draft				
4. Festival Advance				
5. Education Loan				
6. Conveyance Loan				
7. Others, if any (<i>Mention details</i>)				
TOTAL LOAN BALANCE	XXXXXX			

Yours faithfully,

Signature of the Branch/Office Head with Seal

KARNATAKA VIKAS GRAMEENA BANK

Branch: _____ Region: _____

Forwarded to Pension Cell, PHRD Dept., Head Office, Dharwad, confirming that no other liability/accountability/responsibility outstanding in the name of the above retired/deceased staff member.

Signature of the Regional Manager.

_____ Region.

Note: Please submit this certificate preferably after closure of all staff loan accounts. If Housing Loan (Commercial Scheme) and / or Education Loan continue(s) in terms of sanction, please furnish the status of the account(s) including compliance of all terms and conditions of sanction. Please provide "N I L" Certificate in case of no outstanding liability.



FORMAT - 6

..... STAFF PENSION* (GENERAL PENSION)		Customer ID	
..... FAMILY PENSION*		S B A/C No	

(*Please /as applicable)

LIFE CERTIFICATE

(To be submitted by the Pensioner once in a year in November)

Certified that I have seen the pensioner Shri/Smt. _____

(name) _____

_____ (address) holder of PPO No. _____

and that he /she is alive on this day. His/her AADHAAR No _____ &

PAN No. _____ .(enclose copy of the above documents)

X

(Signature & Name of the Pensioner with date)

(Signature of the Branch/Office Head with Seal)

KARNATAKA VIKAS GRAMEENA BANK

Branch: _____ Region: _____

Forwarded to HEAD OFFICE- PHRDDEPT.

REGIONAL MANAGER



FORMAT -7

Acceptance/ Non-acceptance of Commercial Employment

I declare that I have not accepted commercial employment in India.

OR

I declare that I have accepted commercial employment in India **w.e.f.** _____ after obtaining previous sanction of the Bank and none of the conditions, if any, attached thereto by the bank has been violated.

OR

I declare that I have accepted commercial employment in India **w.e.f.** _____
Without obtaining the sanction of the Bank

Date: _____ **Signature of the Pensioner.**

Name of the pensioner: _____ **PPO No:** _____

SB (Pension) Account No. _____ **Mobile:** _____

(Note: This declaration is required to be submitted for a period of two years from the date of retirement.)

Signed before me

Branch/ Office Head with seal

Forwarded to HEAD OFFICE- PHRDDEPT.

REGIONAL MANAGER



FORMAT - 9

Letter of undertaking by the Pensioner

Place: _____

Date: _____

**The Branch Manager,
Karnataka Vikas Grameena Bank,
_____Branch.**

Dear Sir,

Sub: Payment of Pension under PPO No. _____ through your Branch.

In consideration of your having, at my request, agreed to make payment of Pension due to me every month by credit to my SB Account No _____ 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 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 scheme and to forthwith pay the same to the Bank to recover the amount due by debit to my said Savings Bank Account or any other account belonging to me in the possession of the Bank.

Yours faithfully,

Signature

Name in full with surname: _____

Address (in block letters) : _____

Phone/Mobile No _____ e-Mail ID: _____

Witness- 1

Witness-2

Signature		
Name		
E.P.F No		
Full Address		



FORMAT -10

Letter of undertaking by the Pensioner and Family Members / Nominees

Place: _____

Date: _____

**The Branch Manager,
Karnataka Vikas Grameena Bank,
_____Branch.**

Dear Sir,

Sub: Payment of Pension under PPO No. _____ through your Branch

In consideration of making payment of Pension as per the Karnataka Vikas Grameena Bank (Employees') Pension (Amendment) Regulations, 2024, I / We do hereby solemnly, sincerely and conscientiously declare and say as under

I / We, hereby undertake and agree to bind myself / ourselves and my / our heirs, successors, executors, and administrators to indemnify the Bank from and against any loss suffered or incurred by the Bank in making payment as aforesaid and to forthwith pay the same to the Bank and / or adjust from the pension fund under the aforesaid Regulations and / or from any account maintained with the Bank without any notice to me/ us.

Yours faithfully,

X
Signature of Pensioner
(Name: _____)

Signature of Family Members / Nominees: 1. _____

2. _____ 3. _____

4. _____ 5. _____

Witness-1

Witness-2

	Witness-1	Witness-2
Signature		
Name		
E.P.F No		
Full Address		



FORMAT - 11
FORM OF NOMINATION

To

THE TRUSTEES,
KARNATAKA VIKAS GRAMEENA BANK (EMPLOYEES'S) PENSION FUND,
PHRD DEPARTMENT, HEAD OFFICE: DHARWAD.

I, _____ PPO No/ EPF No _____ hereby
nominate the person(s) named below and confer on him / them the right to receive, to the extent specified
below, the amount of pensionary benefits under the Pension Regulations in the event of my death before
the amount become payable, or having become payable, has not been paid.

Name and address of the Nominee(s)	Relationship with the pensioner	Age	Amount of share (%)		Date of Birth	IF NOMINEE IS MINOR
			(3)	(4)		Name & address of the person who may receive the said pension during the nominee's minority
(1)	(2)		(3)	(4)	(5)	(6)

Name and address of other Nominee(s) in case the nominee under column 1 above predeceases the pensioner	Age	Relationship with the pensioner	Amount of share (%)	Date of Birth ,if the other nominee(s) is/are minor	Name & address of the person who may receive the pension during other nominee's minority	Contingency on happening of which nomination shall become invalid
(7)	(8)	(9)	(10)	(11)	(12)	(13)

This nomination supersedes the nomination made on _____ which stand cancelled.

Place: _____

Signature / Thumb Impression (if illiterate) of Pensioner/Employee

Date: _____

Name of Pensioner/Employee: _____ EMP. No. _____

WITNESS :1. Signature: _____ 2. Signature: _____

Name: _____ Name: _____

Address _____ Address: _____

EPF No: _____ EPF No: _____

ATTESTED by the Pension Disbursing Officer at H O / Branch.

SIGNATURE &SEAL OF ATTESTING AUTHORITY

NOTE:1. If the employee has a family, the nomination shall not be in favour of any person or persons other than the members of the family. 2. If the employee has no family, the nomination may be made in favour of person or persons, or a body of individuals whether incorporated or not. 3. Strike out which is not applicable.



FORMAT - 13
KARNATAKA VIKAS GRAMEENA BANK
Head Office: DHARWAD-580008 (KARNATAKA)
Branch: _____

**Clearance / Pre-disbursement formalities to be furnished by
the proposed Pension Paying Branch**

01. Date of Report	
02. Name of the Pension Paying Branch	
03. Branch Code No / SOL ID	
04. Pensioner's name	
05. Pension Type (General or /Family Pension)	
06. PPO No / EPF No (in case of Family Pension , mention EPF No of original pensioner	
07. S B Account No	
08. Date of Certificates	
a) Life Certificate	
b) Non-Marriage/Re-Marriage Certificate (For Family Pensioner only)	
c) Non-Employment/Re-Employment Certificate	
d) Disability Certificate	
09. Whether Undertaking for refund of Excess Payment is taken	YES / NO

Branch Manager/ Office Head
(Please use Branch Seal)

.....**Branch**
..... **Bank**

Date.....

4	EPF Details	EPF NO.
		UAN No.	
		Bank's Share of EPF received	
		Date wise Amt of NRW drawn from Banks share of EPF amount	
5	Existing pension	PPO No.	
		Basic Family pension amount	
		Commutation If any	
		Net pension amount receiving	
		Pension drawing Bank	
		Pension drawing Branch	
		Account No.	
		IFSC No.	
6	Last drawn salary details	Basic pay for the month of _____	
		PQP	
		Special Allowance	
		DA	
		HRA	
		FPP	
		Other allowances	
		Total amount of salary	

Place:

Date:

Signature of the Retired Staff member.

Name: _____

EPF: _____

Letter of Undertaking by The Retiree for Realization of Bank's Contribution to Employees Provident Fund from Pension arrears payable by the Bank

Date: __/__/____

To,
The Chairman
KVGB(Employees') Pension Fund Trust, Karnataka
Vikas Grameena Bank, Head Office, Dharwad.

I have opted for Karnataka Vikas Grameena Bank(Employees) Pension (Amendment) Regulations,2024 and retired/resigned/VRS/dismissed/removal from the service of the Karnataka Vikas Grameena Bank on __/__/____. I have undertaken to cause transfer of the entire contribution of the bank to EPF along with interest accrued thereon, to the credit of the KVGB(Employees') Pension Fund Trust in terms of.....

Tick the appropriate for realization of PF refund amount:

I hereby irrevocably authorize and

- Agree for refunding the whole PF amount and not to adjust with pension arrears payable.
- Agree for realization of whole PF amount in pension arrears payable.
- Agree for refund of over & above the PF amount if short even after realization of pension arrears payable

I further declare that such realization of entire contribution of the Bank to EPF along with the interest accrued updated shall be based on the estimate provided by Head Office, Pension Cell pending receipt of actual data from the EPF authority and understand that adjustment/realization will be made by way of debit/credit from any account maintained by me with the bank.

Further, I hereby undertake to refund the difference amount if any, immediately if found at a later date. In the event of failure to do so, I hereby authorize the Pension Fund Trust to deduct the amount from the pension payable to me till its clearance.

Signature of the Retired Staff member

Name of the Retiree/Dependent: _____

EPF No. Retired Staff: _____

Forwarded to HEAD OFFICE- PHRDDEPT.

REGIONAL MANAGER



Form VI
[See regulation 39 (9)]
KARNATAKA VIKAS GRAMEENA BANK

Application for Commutation of Pension without Medical Examination

Space for Affixing
attested passport
size photograph

To
Designated Authority

Dear Sir,
I retired 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 Karnataka Vikas Grameena Bank (Employee's) Pension) Regulations, 2018. The necessary particulars are furnished below:

Name in full (in block letters) : _____
 Designation at the time of Retirement : _____
 Name of Office/Department from which retired: _____
 Date of birth (as per Bank's Service Record) : _____
 Date of Retirement : _____
 Class of Pension : _____
 Fraction of Pension proposed to be Commuted not exceeding 1/3rd thereof. : _____

Place: _____ Address: _____

Acknowledgement

Received from Shri/Smt/Kum _____ application for
 commutation of Pension.

 Former Designation

Place: _____
 Date: _____

 (Signature of Designated Authority)

STAMPED RECEIPT FOR COMMUTATION OF PENSION
(For use by retired staff members)

From

Date:

Name:, Cadre

(Retd).....

Emp.No. _____

Mobile No.....

To

The Chairman

Karnataka Vikas Grameena Bank

Head Office

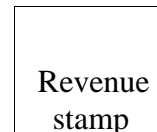
Dharwad

STAMPED RECEIPT – COMMUTATION OF ELIGIBLE PENSION

Received from Karnataka Vikas Grameena Bank, Head Office Dharwad, a sum of Rs.....

(Rupees.....

.....Only) being the commutation of eligible pension payable to me as applied
by me vide application dated....., on



Date:

Witness:

Signature: