



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

FORMATS TO BE SUBMITTED BY FAMILY MEMBERS OF DECEASED EMPLOYEE.

Name of the Deceased 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 family of those employees of the Bank who are eligible for family pension	FORMAT - 3	Yes/No	
2	Last drawn Salary in case of family pension	FORMAT - 4	Yes/No	
3	Particulars of Outstanding Liabilities of the Ex-employees	FORMAT - 5	Yes/No	
4	Life Certificate	FORMAT -6	Yes/No	
5	Certificate of Non-Marriage / Re-marriage	FORMAT -8	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	Application for grant of Family Pension in the event of death of the Employee/Pensioner	FORMAT -12	Yes/No	
10	Clearance/ Pre-disbursement formalities to be furnished by the proposed Pension Paying Branch	FORMAT- 13	Yes/No	
11	Staff Member's Basic Details		Yes/No	
12	Letter of Undertaking by Dependent Family Member of Deceased Staff for Realization of Bank's Contribution to Employees Provident Fund from Pension		Yes/No	

Information/documents required:

Particulars	Remarks.
Documents required.	Self-attested Copies of PAN Card, Aadhaar Card of applicant, Bank Pass Book of KVGB of applicant, KYC of Deceased Staff, Death Certificate, Legal heirs certificate, Relieving letter, Individual Passport size photos -3 copies.
Erstwhile Bank joined (deceased employee)	
Pension Payment Order (PPO) of EPFO.If PPO is not available then the Bank Statement reflecting the EPFO pensioncrediting to the Account	
Copy of EPFO A/c statement for full and final settlement at the time of cessationif available	
Copy of last 10 months salary slips if available	

Place:

Date:

Signature of Applicant

Checked & Forwarded by

Signature of the Officer



FORMAT - 3
KARNATAKA VIKAS GRAMEENA BANK
Head Office: DHARWAD-580008 (KARNATAKA)

Option Form to be filled in by the family of those employees of the Bank who are eligible for family pension (To be submitted through the Nearest Regional Office)

Date of receipt of application at Branch / Office		Date of receipt of application at Regional Office		Recent photograph of the applicant to be pasted here and then to be attested by the Branch /Office Head
Forwarded on		Forwarded on		
Forwarded by		Forwarded by		
Signature with Office seal (Branch/Office)		Signature with office seal (Regional Office)		
FOR HO USE ONLY		(Signature & Name of the concerned Authority at HO with date)		Photo attested by me
OPTION NOTED IN SERVICE RECORD / EPF RECORD OF THE DECEASED EMPLOYEE ON _____ (Date)				Signature of the Branch /Office Head

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 / RPFC 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 my husband/wife/father/mother/son/daughter (delete whichever is not applicable) on his/her death while in service/after retirement from Bank's service. I also undertake to refund the non-refundable withdrawal from EPF balance (Bank's contribution component) availed by my husband/wife/father/mother/son/daughter (delete whichever is not applicable), if any, together with interest at EPF rate from time to time up to the date of retirement / death.

1. Name of the applicant/dependent of deceased employee in Full (in Block letters): _____
2. Name of guardian if applicant is minor; _____
3. Relation with the deceased employee: _____
4. Name of the deceased employee (in block letter with surname): _____
5. Emp. No. _____ Designation/ Scale of the employee at the time of exit: _____
6. Date of retirement: _____ Date of death: _____
7. Branch/ Office where the employee last worked: _____ Region: _____
8. EPF No of the deceased employee: _____ . UAN No: _____



9. Applicant Details: PPO No: _____ PAN No.: _____ Aadhaar No: _____

10. Present Residential Address of applicant (in block letter): _____

E -Mail ID _____ Mobile No: _____

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

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

12. List of documents / evidences to be attached:

- a) Copy of Retirement order/Relieve order of the deceased employee (If applicable)
- b) Copy of Death Certificate & legal heir/ family members' certificate of the Employee
- c) Copy of Birth certificate of child eligible for pension
- d) Copy of AADHAAR CARD/ PAN card/ Other ID cards- KYC document in the name of applicant
- e) Any document in support of the stated relation of the applicant (Please specify).
 - (i)
 - (ii)

I hereby declare that what are stated in the application and documents submitted are true, correct and genuine.

(Signature & Name of the applicant)

Enclosures: As stated in point 12 above

Place: _____ Date: _____

Signature of Mr./Ms. _____ is attested by me

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

Forwarded to HEAD OFFICE- PHRD DEPT.

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: Last Drawn average pay & allowances of Shri/Smt. _____
_____ (EPF No _____)

We are furnishing below the **Last Drawn** (prior to Death) 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 DRAWN 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 / died on _____:

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 (Mention details)				
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/Family 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 - 8

CERTIFICATE OF NON- REMARRIAGE / NON-MARRIAGE

(APPLICABLE FOR FAMILY PENSIONERS ONLY)

- I hereby declare that I have not got re-married and I undertake to report the same promptly in the event of my re-marriage. (Applicable for widow / widower Family Pensioner)

- I hereby declare that I am not married and I undertake to report the same promptly in the event of my marriage. (Applicable for un-married daughter Family Pensioner)

(*Please delete which is not applicable)

X

Signature of the Family Pensioner:

Name of the pensioner: _____ PPO No. _____

Place: _____ Date: _____

I certify to the best of my knowledge and belief the above statement is correct & signed before me.

(Signature of the Bank's Officer or respectable /well known person)

Place : _____ Date: _____

Name : _____ S/o. _____

Designation: _____ Address. _____

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,

X

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 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

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 – 12
KARNATAKA VIKAS GRAMEENA BANK

Head Office: DHARWAD-580008 (KARNATAKA)

Branch: _____

Application for grant of Family Pension in the event of death of Employee / Pensioner

Date: _____.

To

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



Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of **Karnataka Vikas Grameena Bank (Employees') Pension (Amendment) Regulations, 2024**, I am submitting below the requisite particulars for kind favour of sanction of Family Pension to me.

1. Name of the applicant (in block letters) : _____

i) . Relation with the deceased employee/pensioner: _____

ii) . Date of Birth : _____

iii) . Name of the Guardian if the deceased Person is survived by minor child/children: _____

iv) . Religion and Caste : _____

02. Present residential address (in block letters) : _____

Contact No: _____

03. Name & age of surviving parent/widow/widower/children of the deceased employee / pensioner:

S. No	Name	Relationship with the deceased employee/pensioner	Date of Birth (by Christian era)
1			
2			
3			
4			
5			

04. Name of the deceased employee/pensioner : _____

05. EPF No of the deceased employee: _____ UAN No. _____

06. Date of death of the employee /pensioner: _____

(Documentary evidence to be attached)

Contd. PAGE - 2



07. Date of retirement (in case of Pensioner): _____

08. a) Branch/Office in which the deceased employee/
Pensioner served last and post held by him/her _____

b) PPO No of the deceased, if any, with the nature
of pension & Disbursing Authority. : _____

09. If the applicant is guardian, date of birth of minor
& relationship with the deceased employee/pensioner _____

10. a) Is the applicant (other than guardian) a pensioner? **YES / NO**
if so, indicate the amount of monthly pension: _____

b) Is the applicant employed? If so, particulars **YES / NO**
in details with last pay drawn certificate from employer:

11. Description of the applicant including (a) Height _____ cm
(b) Personal Identification marks, if any, on hand, face etc. _____

12. **Signature/LTI ** of the applicant** (Duly
Attested by the Branch head with seal) **X** _____

**SIGNATURE / LTI OF THE APPLICANT
IS ATTESTED**

(Signature of the Branch/ Office Head with seal)

13. a) Name of the Bank & Branch through which
Family Pension is to be drawn : _____

b) SB Account No : _____

14. List of Documents / evidence attached:

- a) Three copies of passport size recent photograph of the applicant, duly attested in front side
- b) Attested copy of the Death Certificate of the deceased Employee/ Pensioner, Legal heirs Certificate.
- c) Birth Certificate of the children eligible for pension.
- d) Any other document(s) indicating that the applicant is a genuine claimant e.g. AADHAAR Card, Voter Card, PAN Card etc.

15. I hereby declare that what are stated in this application and documents submitted herewith are true, correct and genuine.

Yours faithfully,

X _____
Signature/LTI of the applicant

**** To be furnished in case the applicant is not literate enough to sign his/her name or unable to sign due to poor health condition which also needs submission of Medical Certificate.**



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.....



KARNATAKA VIKAS GRAMEENA BANK
HEAD OFFICE: DHARWAD

STAFF PASSPORT SIZE
 PHOTO

STAFF MEMBER'S BASIC DETAILS

Emp. No				
------------	--	--	--	--

1.	Basic Details	Name in full												
		Father/ Husband Name												
		Marital status												
		PAN No.												
		Aadhaar No.												
		Phone No.												
		e-Mail ID												
2	Service Details	Date of Birth	DD	MM	YYYY									
		DOJ in the Bank	DD	MM	YYYY									
		Date of Exit	DD	MM	YYYY									
		Mode of Exit (Indicate with mark)												
		Total service rendered Y md											
		Qualifying Service years											
		Cadre/designation at the time of exit	Officer/Office Asst/Office Attndt											
		Scale at the time of exit	Scale I / II / III / IV / V											
3	Spouse Details	Date of Death of staff/ retired Staff	DD	MM	YYYY									
		Name of Spouse in full												
		DOB of Spouse	DD	MM	YYYY									
		Aadhaar No. of Spouse												
		PAN No. of Spouse												

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/
family of Deceased Staff member.

Name: _____

Relation: _____
(in case of deceased staff member)

Letter of Undertaking by Dependent Family Member of Deceased Staff 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 (Family member of Ex-employee) 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 (Family member of Ex-employee) 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 Family of Deceased Staff member
Name of the Dependent: _____
EPF No. Retired/Deceased Staff: _____
Relation: _____ (in case of deceased staff member)

Forwarded to HEAD OFFICE- PHRD DEPT.

REGIONAL MANAGER