

# CERTIFICATES TO BE SUBMITTED BY THE PENSIONER

## 1. LIFE CERTIFICATE

Certified that I have seen the Pensioner Shri/Smt. \_\_\_\_\_ holder of PPO No. \_\_\_\_\_ and that he/she is alive on this date.

Signature of the Pensioner \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Authorised Officer  
(Designation with Seal and SS. No.) SB

A/C (Pension) No. \_\_\_\_\_ PAN No. \_\_\_\_\_

Address: \_\_\_\_\_

Mob No. \_\_\_\_\_ DOB(Family Pensioner): \_\_\_\_\_ (attach Proof)

## 2. NON-EMPLOYMENT

- I. I declare that I have not taken any employment in any capacity either in Government Department/Office/ Corporation/Autonomous Body or Society of Central or State Government or a Local Fund during the year ending 30<sup>th</sup> November \_\_\_\_\_ **OR**
- II. I declare I have not accepted any commercial appointment in or outside India.
- III. I declare that I have not accepted any employment under the Government outside India/an International Organisation of which the Government of India is not a member.
- IV. I undertake to inform the Bank promptly on accepting any employment.

Date: \_\_\_\_\_

✓ Signature of the Pensioner

## 3. RE-EMPLOYMENT

- I. I declare that I have accepted commercial employment in India after obtaining provisional sanction of the concerned government and none of the conditions, if any, attached therein by the Government has been violated and I am drawing salary as mentioned in Para-III **OR**
- II. I declare that I have taken employment in \_\_\_\_\_ and I am drawing salary as mentioned in Para-III. Address \_\_\_\_\_ as \_\_\_\_\_
- III. Basic Pay \_\_\_\_\_ Special Pay \_\_\_\_\_ DA \_\_\_\_\_ Other Allowances \_\_\_\_\_ Total Salary & Allowances \_\_\_\_\_ **OR** Honorarium \_\_\_\_\_
- IV. I declare that I am not getting any increment or allowance on account of my previous employment for which I am drawing this pension.
- V. I further declare that the order of employment or the pension rule governing the pension which I am drawing do/do not stipulate my pension in full or part component being held in abeyance during the re-employment period.

Date: \_\_\_\_\_

✓ Signature of the Pensioner

## 4. NON-MARRIAGE/REMARRIAGE

I hereby declare that I am not married/have not been married/re-married, and I undertake to report any such an event promptly to the Bank. (strike [abe] whichever is not applicable)

Date: \_\_\_\_\_

✓ Signature of the Pensioner

## UNDERTAKING

- I. I undertake to self assess, pay Income tax and file the Income Tax Return in respect of my pension, if required and inform the Bank.
- II. I hereby undertake to refund any excess payment credited to my account due to delay in receipt of any information or any bonafide error pertaining to payment of my monthly pension and authorise Bank to recover such excess payment from my account and/or the pension payable to me.
- III. I certify to the best of my knowledge, belief and understanding that the above declarations are correct.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

✓ Signature of the Pensioner

**FOR USE AT THE**

correct.

Signature of the Authorized Officer verified. Signature/L.T.I of the Pensioner verified  
I certify to the best of my knowledge and belief that the above declaration is

Forwarded to CPPC, Bhubaneswar for necessary action.

**State Bank of India**

Branch: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Pension Paying Officer/Accountant/Branch Manager  
Name: \_\_\_\_\_ SS. No. \_\_\_\_\_ (apply seal)

**LETTER OF UNDERTAKING TO BE OBTAINED FROM PENSIONERS  
WHOSE PENSION IS PAID BY THE BANK  
UNDER THE SCHEME FOR PAYMENT OF PENSION BY PUBLIC SECTOR BANKS**

Not to be Attested

The Asst. General Manager/  
Chief Manager/Branch Manager,  
State Bank of India,

\_\_\_\_\_ Branch,  
\_\_\_\_\_

In consideration with the State Bank of India having agreed, at my request, to make payment of pension, due to me every month and interim payments on account of superannuation as and when due and/or as per the authority letter received payable to me from time to time under the Scheme for Payment of Pensions by Public Sector Banks, by credit to the Savings/Current account in my single name/held jointly with my spouse with your Bank. I, the undersigned...

Shri/Smt./Mr./Ms. \_\_\_\_\_  
Son/Daughter/Wife of \_\_\_\_\_ Aged about \_\_\_\_\_ Years, of  
(Address) \_\_\_\_\_

agree and undertake to refund or make good to the bank any amount to which I am not entitled or any excess amount which may be credited to my account over that to which I am or would be entitled and agree that the amount of money when demanded by the Bank from me as due and payable to the Bank in respect thereof shall be conclusive as to the amount and shall be binding on me. I also hereby undertake and agree to bind myself and my legal heirs, successors, executors and administrators to indemnify the Bank in so crediting my pension and other superannuation benefits under the Scheme and to forthwith pay the same to the Bank and also irrevocably authorize the Bank to recover the amount due by debit to said account or any other accounts/deposits belonging to me in the possession of the Bank.

I further agree and consent that the Bank may furnish to the President of India or any authority specified or nominated in this behalf by the President of India such information relating to Pensions in question, which have been paid by the Bank s may be called for by such authority from time to time having regard to the provisions of any law which may for the time being be in force or the practice among bankers in regard to the secretary to the information relating to their Customer's Account.

Yours faithfully,

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of the Pensioner)

PPONO.: \_\_\_\_\_

Account No. \_\_\_\_\_

Name of the Pensioner: \_\_\_\_\_

Address of the Pensioner: \_\_\_\_\_

**WITNESSES**

1. Signature: \_\_\_\_\_

2. Signature: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Signature/L.T.I of the Pensioner verified.

Signature of the witnesses verified.

Branch: \_\_\_\_\_

Asst. General Manager/Chief Manager/Branch Manager

Place: \_\_\_\_\_

Name: \_\_\_\_\_ SS. No \_\_\_\_\_

Date: \_\_\_\_\_

(Apply Seal)

CERTIFICATE BY BRANCH

1. We certify that Letter of Undertaking dated \_\_\_\_\_ and Life Certificate, Employment/Non-Employment/Re-Employment, Non-Remarriage Certificate dated \_\_\_\_\_ are enclosed.
2. We Certify that Pension to the above named Pensioner has been paid up to \_\_\_\_\_ and request you to arrange for payment of monthly pension from \_\_\_\_\_ with Basic Rs. \_\_\_\_\_ +DP(if any) Rs. \_\_\_\_\_ + DA/TA Rs. \_\_\_\_\_ ( \_\_\_\_\_%).
3. We certify that KYC norms as per the Bank's instruction have been observed while opening the account to which pension shall be credited and the pensioner has been identified properly.
4. a) Last payment details have been given at the back of PPO with signature and SS. No.  
b) Arrear scrolls (6<sup>th</sup> pay/other payment) and Annexure-III (Central/Railway/Telecom(CDA)/State) and Annexure-IV(A)/IV(B)/III (Defence/Defence Civilian) attached.
5. We furnish below the names of the Branch Officials, who have been identified to work in the Pension Software as makers and checkers respectively, along with their PF Index Number and Designation for setting up their ID at CPPC, & CDC, Belapur.

Sl. No.	Name of Branch Official	Designation	PF Index Number	Maker/Checker
1.				
2.				
3.				
4.				

6. Additional Information in Detail:

Yours faithfully,

Asst. General Manager/Chief Manager/Branch Manager

SS. No. \_\_\_\_\_

Branch : \_\_\_\_\_ ( Code: \_\_\_\_\_ ) (Apply Seal)