टाफ पशन अनुभाग

यको बक UCO BANK

STAFF PENSION CELL

का मक सेवा वभाग Personnel Services Department

REQUIREMENTS TO BE COMPLETED FOR INITIATION OF STAFF FAMILY PENSION:

(1) Form Annexure-B (As attached herewith)

- It should be completely filled in all respects.
- Signature/Thumb Impression of the spouse of deceased employee, as the case may be, must be
 obtained on it.
- Annexure-B must be attested by the Branch Head with appropriate seal and signature.
- Photograph to be pasted on appropriate spot on Annexure B and the same should be attested by the authorized branch official.
- Right/Left Thumb Impression of the applicant, if obtained, must be duly verified by the authorized branch official.
- Proposed Pension Account number of the applicant must be SINGLE OPERATIVE account only.

(2) The following documents must also be sent alongwith Annexure B Form:

- Copy of the Death Certificate of Deceased Employee- Duly verified with original by the authorized Branch Official.
- Forwarding letter from the Branch with recommendation by the Branch Head/ Asst. Branch Head.
- KYC Documents of the applicant (Aadhaar Card, Driving License, Passport etc,)- Duly verified with original by the authorized branch official.
- Life Certificate, Certificate of Non-Employment/Re-Employment and Certificate of Re-Marriage/Marriage (As attached herewith).

The complete set of all the documents, as explained above, is to be sent to:

UCO BANK, HEAD OFFICE - 2 STAFF PENSION CELL, 3RD FLOOR, 3 & 4 DD BLOCK, SALT LAKE, SECTOR-1, KOLKATA – 700064, WEST BENGAL.

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ucohopension@ucobank.co.in

(033) 4455 9335

ANNEXURE B:- APPLICATION FOR STAFF FAMILY PENSION

1.					 w/Widower/Son/Daughter/Parent)									Affix latest Passport					
2.					,							1	size Photo of the Applicant with Official						
3.	Name of the Guardian:												t	Seal and Attestation by the authorized					
	(if the deceased person is Survived by minor child or minor children) officer																		
4.	Relationsh	nip of the Gu	ardian with decea	ased (emplo	yee:							_						
5.	Identificati	ion marks of	the applicant:										_						
6.	DECEASED	EMPLOYEE	DETAILS:																
	I Name :																		
	li EMP No	o. :						i	ii P[OO NO.	:								
	iv Date of	death :																	
7.	Name, Rela	ationship An	d D.O.B. Of Survi	ving '	Widov	w/ W		r & C		,			ased of Bir		oyee		n sione ge	<u>r :</u>	
							Deceased Pensioner												
	1.																		
	2.																		
	3.														_				
	4.																		
8.	Employment	Details of th	ne Applicant : ((Affidavit/Income		-			-								-		-	
9.	Full address	of the appli	cant :															_	
10.	Name of Bra	anch opted fo	or payment of fan	nily p	ensior	n :							SOL	.ID:					
11	Covings Don	l. A /a N.a. af	the Analisent													ı			
11	. Savings Bani	K A/C. NO. OT	the Applicant:											<u> </u>					
L			orize you to reco			-												:he	
<u>I</u>	ALSO CONFIF	RM THAT I H	AVE NEVER BEEN	RE-N	//ARRI	IED.													
							••••			A.I. I									
	(Signature OR thumb Impression of the applicant)					Attestation by Branch Head: (Full Signature with Name, Emp. Number and Seal)													

Required only if the Claimant is the Son /Daughter of the Deceased: Declaration in the form of affidavit stating that monthly income of the claimant from all sources does not exceed Rs.10,000/- p.m., proof of Age and confirmation of unmarried status.

In case of parent: Certificate of Income (i.e. does not exceed Rs 10,000/-p.m.)

<u>AFFIDAVIT</u>

(To be typed on a Non Judicial Stamp of Rs. 50/-)

FORM II

	<u>FORIVI II</u>					
UCO Bank						
	<u>Branch</u>					
Sir,						
to pay Shri/Smtbenefits payable to Shri/Si	ng at my request and on the declaration made by me (Claimant) the pensioner mt since f legal representation to the estate of said deceased,					
indemnify you from and against actions, proceedings, claims and by any person or persons whon any portion thereof and against	(Name of all legal heirs to be not severally indemnity and agree at all times to keep a all claims that may be preferred against you and all demands which may be brought or made against you ansoever in respect of the said pensionery benefits or all losses, damages, costs, charges and expenses that uence of your paying the said representation from a					
	Yours faithfully,					
	1.					
	2.					
Claimants and all Legal Heirs 3.						
	4.					
	5.					
Note: Please strike out whicheve	er is not applicable.					

LIFE CERTIFICATE

Certified that I ha	eve seen the Pensioner Shri/Smt.	
	(Name of the Pensio	ner) holder of the Pension Disbursement Order
(PDO) No	and that he	/she is alive on date.
		on of the Authorized Officer)
	Branch	Date:
FO	ORM OF CERTIFICATE OF NON-EMPLO	DYMENT/RE-EMPLOYMENT
Corporation, auto	onomous body or Society of Central or State Gov ded May/November, 20	er in a Government department /office Company, rernment or Union Territory or a Local Fund during
I declare that I ha	OR ave been employed/re-employed in the office of	
which is a nart	of/ financed by	Government and was in receipt of the
following monthl	ly rates of emoluments during the half-year e	nded May / November, 20 or / during the
	falling within the	
Special Pay/	Allowance	
(Including D.	A., A.D.A. etc.)	
	OR	
` '	orarium	
		pulate my pension being held in abeyance during
•	pyment period.	
(ii) I dec	clare that I have not accepted any commercial en OR	nployment in India.
Central Gove Note : This d (iii) I ded Organisation	ernment and none of the conditions, if any, attac leclaration is required to be given for a period of clare that I have not accepted employment und n of which Government of India is not a memb	•
Place:	Signature of Pension	ner:
	CERTIFICATE OF RE-MARK	RIAGE/MARRIAGE
•	bursing Authority / bank. (Applicable only for lly once)	lertake to report such an event promptly to the r widow recipient of family pension and to be
•	OR clare that I am not married / I have not got mare and unmarried daughters once every six months	ried during the past six months. (To be Submitted s in May and November)
Place :	Signature: _	
I certify to	the best of my knowledge and belief that the a	above declarations are CORRECT in all respects.
Name - C	the Densiener.	, DDO No
name of t	the Pensioner :	, PDO NO

Signature of Pensioner: