

Date: _____

To

Deputy General Manager (P)

Dear Sir / Madam,

Re: Pensionary benefit to SVRP 2003 / SVRS 2004 optees who rendered qualifying service of less than 20 years but more than 10 years

With reference to the Company's Notice dated 18.04.2022 and dated 07.06.2022 on the above subject, allowing pensionary benefits to SVRP 2003 and SVRS 2004 optees who were pension optees under the General Insurance (Employees') Pension Scheme 1995 and rendered qualifying service for more than 10 years but less than 20 years, subject to withdrawal of any legal suit against the Company, if any, for grant of aforesaid benefits and further subject to that no interest will be payable on the amount of commuted value of pension and / or pension arrears, I / we hereby apply for release of the aforesaid benefits.

The requisite particulars are as under:

- (i) Name in Full : _____
- (ii) Employee / Salary Roll No. : _____
- (iii) Designation : _____
- (iv) Office where last worked : _____
(Indicate the name of its controlling DO and RO, if applicable)
- (v) Date of Birth : _____
- (vi) Date of joining service of the Company : _____
- (vii) Reason of Exit – SVRP 2003 / SVRS 2004: _____
- (viii) Date of Relieving : _____
- (ix) Last Drawn Basic Pay per month : _____
- (x) Present Address : _____

- (xi) Permanent Address : _____

- (xii) Name of the Bank and Branch : _____
- (xiii) Account No. (Saving Bank) : _____
- (xiv) IFSC Code : _____

(xv) Details of Family:-

(Family for this purpose means the family as defined in Rule 2(1) of the General Insurance (Employees') Pension Scheme, 1995)

S. No.	Name of the members of the family	Date of Birth	Relationship to the employee	Remarks If any
1.				
2.				
3.				
4.				

(xvi) If the Employee has expired:

(a) Date of Death : _____

(b) Details of Legal Heirs :

S. No.	Name of Legal Heir	Date of Birth	Relationship to the employee	Remarks If any
1.				
2.				
3.				
4.				

I / we hereby undertake that:-

- (i) **There is no legal suit in any court of law against the Company for grant of pensionary benefits instituted by me / us, individually or through any group or association.**
- (ii) **No interest on the amount of commuted value of pension and / or pension arrears will ever be requested for or claimed by me / us.**

You are requested to release the aforesaid pensionary benefits at the earliest.

Thanking you,

(Signature)

Name : _____

Employee / Legal Heirs (if employee has expired) / Family Pensioner

Relationship with the Employee: _____

Attestation*

Date: _____

Signature of Officer-in-charge

Employee / Salary Roll No.: _____

(Name in full)

Office where last working: _____

(Designation & Rubber Stamp)

Verification**

Employee's Name : _____

Employee / Salary Roll No. : _____

This is to certify that the above particulars as declared by the employee concerned have been verified and found to be correct as per office records which I have seen personally.

Date: _____

Signature of Officer Concerned

Employee / Salary Roll No.: _____

(Name in full)

RO / HO Deptt.: _____

(Designation & Rubber Stamp)

NOTE:

***Attestation:** The form is to be countersigned and signature attested by the Officer-in-charge, if the employee was working at a Branch or a D.O. and by the Head of the Department, if the employee was working at RO/HO

****Verification:** The particulars furnished in respect of the employee including date of birth and date of joining have to be certified as having been verified and found to be correct by the designated officer of the Personnel Department at RO/HO, not below the rank of Manager (Scale IV).