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'NEW SAHAJ'

'नया सहज'

CLAIM FORM FOR PF REFUND AND PENSION

भविष्य निधि वापसी एवं पेंशन दावा के लिए फॉर्म

(For all kinds of PF & Pension Claims)

सभी प्रकार के भविष्य निधि एवं पेंशन दावा के लिए

SL No. क्र. सं.	PERSONAL INFORMATION व्यक्तिक सूचना		
1.	NAME OF MEMBER (in Block Letter) सदस्य का नाम (स्पष्ट अक्षरों में)		Please affix passport size color photograph of member or claimant. Photograph must be Countersigned/Attested by Authorized Officer of Colliery Management. कृपया सदस्य/दावाकर्ता का रंगीन पासपोर्ट आकार का फोटो चिपकाएं जो कोलियरी प्रबंधन के अधिकृत अधिकारी द्वारा प्रतिहस्ताक्षरित/अभिप्रमाणित हो।
2.	FATHER'S/HUSBAND'S NAME पिता/ पति का नाम		
3.	CMPF A/C NO. को खा भ नि लेखा संख्या		
4.	PIS No./EMPLOYEE NO. पी आई एस संख्या/कर्मचारी संख्या		
5.	COAL SOCIAL SECURITY NO. कोल सामाजिक सुरक्षा संख्या		
6.	AADHAAR NO. आधार संख्या		
7.	PAN NO. पैन संख्या		Please affix passport size color photograph of Member Jointly with spouse. Countersigned/Attested by Authorized Officer of Colliery Management. कृपया सदस्य के पत्नी सहित रंगीन पासपोर्ट आकार का फोटो चिपकाएं जो कोलियरी प्रबंधन के अधिकृत अधिकारी द्वारा प्रतिहस्ताक्षरित/अभिप्रमाणित हो।
8.	EMAIL ID ई मेल आईडी		
9.	CONTACT/MOBILE NO. संपर्क / मोबाईल संख्या		
10.	DATE OF BIRTH जन्म तिथि		
11.	DATE OF APPOINTMENT नियुक्ति की तिथि		
12.	DATE OF CESSATION समाप्ति की तिथि		
13.	DATE OF DEATH (WHERE APPLICABLE) मृत्यु की तिथि (जहां लागू)		
14.	NAME OF SPOUSE/CLAIMANT पति/पत्नी / दावाकर्ता के नाम		
15.	AADHAAR NO. OF SPOUSE/CLAIMANT पति/पत्नी / दावाकर्ता का आधार संख्या		
16.	PAN NO. OF SPOUSE/CLAIMANT पति/पत्नी / दावाकर्ता के पैन संख्या		
17.	RELATIONSHIP WITH MEMBER सदस्य के साथ संबंध		

Continued.../क्रमशः ...

18. DETAILS OF SERVICE: सेवा के विवरण

NAME OF UNIT ईकाई के नाम	REGISTRATION NO. पंजीवन संख्या	FROM (DATE) से	TO (DATE) तक	REMARKS अभिधुनित
(PLEASE ENCLOSE SEPARATE SHEET) (कृपया अलग से संलग्न करें)				

19. TOTAL RECKONABLE SERVICE 1. UPTO 3/89 _____ 2. FROM 3/90 TO _____ = _____
कुल गणना सेवा 1. 3/89 तक..... 2. 3/90 से तक

20. AVERAGE NOTIONAL SALARY OF LAST 10 MONTHS (Please enclose separate sheet) _____
अंतिम दस माह का औसत अनुमानित वेतन (कृपया अलग से संलग्न करें)

21. DETAILS OF FAMILY (FOR PF REFUND & PENSION): To be filled after death of Member

परिवार का विवरण (पीएफ एवं पेंशन वापसी हेतु) : सदस्य के मृत्यु उपरांत भरा जाए

SL NO. क्र. सं.	NAME OF FAMILY MEMBERS परिवार के सदस्यों का नाम	RELATIONSHIP संबंध	Age at the time of member's death सदस्य के मृत्यु के समय आयु	Marital Status (at the time of member's death) विवाहिक स्थिति (सदस्य के मृत्यु के समय)	REMARKS (Parents dependency & Husband of married daughter alive or not to be shown) अभिधुनित (माता-पिता की पराभिता और विवाहित पुत्री का पति जीवित है या नहीं बताया जाए)
1.	Please enclose Ref-5 (Schedule "C") in death cases (wherever it is applicable). मृत्यु दावा में कृपया रैफ-5 संलग्न करें (अनुसूची "सी") (जो लागू हो)				
2.	Please enclose Ref-6 (wherever it is applicable). कृपया रैफ-6 संलग्न करें (जो लागू हो)				

22. Address for correspondence (as per Colliery Records) _____

पत्राचार का पता (कोलियरी के रिकार्ड के अनुसार)

23. Bank Particulars
बैंक विवरण

1. Name of Account Holder _____
खाता धारक का नाम
2. Name of Bank Branch _____
बैंक शाखा का नाम
3. SB A/C No. _____
बचत बैंक खाता सं.
4. IFSC No. _____
आईएफएससी सं.
5. MODE OF OPERATION _____
संचालन का तरीका
(F&S Mode for employee/Single mode for other than employee)
(सदस्य के लिए एक एंड एस मोड/ सदस्य के अतिरिक्त अन्य के लिए एकल मोड)

24. Certified that above particulars furnished by me is correct and nothing wrong information has been provided by me. I declare that I have not remarried after death of member (In case of widow pension).

प्रमाणित किया जाता है कि मेरे द्वारा दिया गया उपयुक्त विवरण सही है एवं कोई गलत सूचना नहीं दी गई है। मैं यह घोषणा करता/करती हूँ कि मैंने सदस्य की मृत्यु के पश्चात पुनर्विवाह नहीं किया है (विधवा पेंशन दावा में लागू)

(Signature/Thumb impression & Name of Member/Claimant)

(सदस्य/दावाकर्ता का नाम एवं हस्ताक्षर/अंगूठे का निशान)

(Signature/Thumb impression & Name of Spouse/nominee)

(पति/पत्नी/नामित का नाम एवं हस्ताक्षर/अंगूठे का निशान)

25. Certified that the particulars of the Employee and that of his/her family are correct and in accordance with the Service Records maintained by the Colliery Management. Further above particulars have also verified by me and found correct.

प्रमाणित किया जाता है कि सदस्य एवं उनके परिवार का विवरण कोलरी प्रबंधन के सेवा रिकार्ड के अनुसार सही है। उपर्युक्त विवरण मेरे द्वारा सत्यापित किया गया है एवं जो सही पाया गया है।

(Signature/Name & Office Seal of Colliery Manager)

(कोलियरी प्रबंधक का नाम/हस्ताक्षर एवं कार्यालय मुहर)

टिकट लगा अग्रिम प्राप्ति रसीद
ADVANCE STAMPED RECEIPT

मैंने अपने सी० एम० पी० एफ० / पेंशन में जमा राशि के भुगतान हेतु स्टेट बैंक ऑफ इंडिया के एकाउंट पेयी चेक के माध्यम से रुपये (..... मात्र) प्राप्त किये।

Received a sum of Rs. (.....
..... only) by means of an A/C Payee Cheque on the State Bank of India
towards settlement of my CMPF / Pension accumulation in my A/c. No.

प्रबंधक / राजपत्रित अधिकार
द्वारा सत्यापित
Attested by Manager / Gazette Officer

आवेदक का हस्ताक्षर रेवेन्यू टिकट
Signature of applicant Revenue Stamp

To
The Regional Commissioner,
CMPF, Regional Office, D-I, Dhanbad.

Sub:- Authorisation of Provident Fund/Advance payment through electronic fund transfer system (RTGS.)

Sir,

I do hereby authorize CMPFO, RO,D-I to disburse the Provident Fund/Advance amount through electronic fund transfer system RTGS. The details for facilitating the payment is given below.

1	Name of the Member/claimant with CMPF A/c No.	
2	Bank Name and Branch Code	
3	Saving Bank A/c No.(Single operation only)	
4	IFSC code no. of the Bank	
5	E mail address/Mobile No. of the beneficiary for intimation of the disbursement of payment	
6	AADHAR CARD NO.	

I Also do hereby declare that particulars given above are correct and complete in all respect and if the transaction is delayed or credit is not affected due to incorrect information. CMPFO will not be held responsible for same.

Yours faithfully,

Signature of Authorised Officer of
Concerned Colliery Management with
Official Seal and date.

Signature.....

.....
(Name of Member/Beneficiary with CMPF A/c No.)

BANK CERTIFICATION

It is certified that the above mentioned beneficiary having Saving Bank A/c No.....
with our branch and the bank particulars mentioned above are correct.

Authorised Signatory

Name
Official Stamp with date and Signing Power No.

NOTE : ONE, CANCELLED CHEQUE BE PRODUCED IN LIEU OF BANK CERTIFICATION

SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

To,

The Regional Commissioner\
Asstt. Commissioner (Gr.I).
Incharge of Regional Office,
Coal Mines Provident Fund.

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Sub: Payment of pension Under Coal Mines
Pension Scheme -1998 undertaking

Dear Sir,

In consideration of your having at my request, agreed to make payment of pension due to me every Month by credit to my saving Bank A/c No - ----- with ----- Bank -----, the undersigned, agree and undertake to refund or make good any amount to which I am 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 against any loss, suffered or incurred by the authorized officer in so crediting my pension to my account under the scheme and to forthwith pay the same to the authorized officer and also irrevocably authorized the authorized officer to receive the amount due by debit to my said account or any other deposits belonging to me in the possession of the said bank.

Yours faithfully

Signature & date
Name
Address

Witness :
1. Signature
Name
Address

Witness
2. Signature
Name
Address

Date

Date

SPECIMEN SIGNATURE

Colliery Name :-

Unit No. :-

PPO NO.

Member/Claimant Name:-

Father's/Husband's Name:-

CMPF Account No. :-

Specimen Signature/Thumb impression :-

(i) _____

(ii) _____

(iii) _____

Signature & Seal of Authorized Officer
of concerned Colliery Unit.