

Payment of arrear on account of wage revision in terms of 11th BPS/ 8th Joint note

मृत कार्मिकों जिन्हें 11th BPS/ Wage Revision के तहत संशोधित वेतन के अनुसार वेतन एरियर , ग्रेच्यूटी एरियर, अवकाश नकदीकरण एरियर तथा संशोधित पेंशन के अनुसार संगणित पेंशन एरियर देय हैं, उन मृत कार्मिक के विधिक उत्तराधिकारियों द्वारा उक्त एरियर के भुगतान हेतु संलग्न प्रारूप (अनुलग्नक 1) में आवेदन पत्र , दावा त्याग पत्र (Letter of disclaimer) (अनुलग्नक 2) तथा क्षतिपूर्ति बन्ध (अनुलग्नक 3) अद्यतन कर प्रेषित किया जायेगा ।

दावा त्याग पत्र (Letter of disclaimer) व क्षतिपूर्ति बन्ध पर राज्य में प्रभावी स्टाम्प अधिनियम के अनुसार स्टाम्प शुल्क लगेगा (दावा त्याग पत्र (Letter of disclaimer) पर रू. 500/- का तथा क्षतिपूर्ति बन्ध पर न्यूनतम रू. 200/- का स्टाम्प शुल्क देय हैं) ।

(Proforma for claiming Arrear Amount by Deceased Employee only)

Annex I

To
General Manager,
Rajasthan Marudhara Gramin Bank,
Tulsi tower 9th B road Sardarpura,
Head Office
Jodhpur (Raj).

Sir/ Madam,

Sub : - Claim of Arrear amount on account of wage revision as per 11th Bipartite/8th Joint note.

I/We.....S/o,W/o,D/o..... declare that
My Worked as (Designation) at
(Branch/Office) of Rajasthan Marudhara Gramin Bank, as 11th bipartite settlement/8th Joint note has been
implemented in bank.

I hereby request you to kindly arrange to pay me Arrear of Salary, Pension, Retiral Leave Encashment and
Gratuity as per 11th Bipartite/8th Joint note, details are as mentioned below.

Details of the Staff

RMGB Employee ID :-
Name :-
Grade/Scale :-
Branch/office last posted: -

Date of Retirement (if Applicable): - Date of Death: -

I request you to kindly credit the amount to my following RMGB account.

Account No. :- Account type :-
Branch :-

I hereby irrevocably authorize the bank to adjust any of its dues against my, if any, from above
arrear.

I further undertake that the above details are true to the best of my Knowledge and belief.

Yours Faithfully,

.....
Name :-
Contact NO. (Mobile) :-
Date: - Place: -



(To be duly stamped as per the Stamp Act applicable to the State)

LETTER OF DISCLAIMER

The Branch Manager/Chief Manager/ General Manager
Rajasthan Marudhara Gramin Bank

Dear Sir,

11th BPS/ 8th joint note Arrear(Gratuity/Leave Encashment/salary/pension/Etc..) in the name of
Shri/Smt./Kum. _____ Balance

Rs. _____

With reference to the above, I/we the following legal heirs of the late Shri/Smt./Kum.

_____ (Name of the deceased) have to advise that we have no
interest in the above assets and as such we have no objection to your paying the amount lying
with you in the name of the aforesaid Shri/Smt./Kum. _____ (Name of the deceased) to
Shri/Smt./Kum. _____.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Such delivery of the payment would be completely binding on us and we will not question the
Bank's action in so doing if any proceedings. I/We also undertake to bind ourselves, our heirs
and legal representatives not to revoke the declaration made herein.

S.No.	Name(s) of the claimant	Age	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Signed before me

This _____ day of _____

Seal (Notary Public/ Magistrate)



(To be duly stamped as per the Stamp Act applicable to the State)
LETTER OF INDEMNITY

(Letter of Indemnity with respect to payment of Retirement Benefits without Production of Legal Representations)

To,
The Branch Manager/Chief Manager/ General Manager
Rajasthan Marudhara Gramin Bank,
HEAD OFFICE, JODHPUR

IN CONSIDERATION of your paying or agreeing to pay us,

- Insert here the 1) _____
- name(s) of the 2) _____
- claimants 3) _____
- 4) _____
- 5) _____
- 6) _____

The sum of Rupees _____ Standing at the credit of 11th BPS/8th joint note Arrear(Gratuity/Leave Encashment/salary/pension/Etc) _____ with your bank in the name of Shri/Smt./Kum. _____ since deceased, without production of Letters of Administration or a Succession Certificate to his/her estate or a certificate from the Controller of Estate Duty to the effect that estate duty has been paid or will be paid or none is due we,

- Insert here the name(s) of the surety(ies) 1) _____
- 2) _____

do hereby for ourselves and our heirs, legal representatives executors and administrators, jointly and severally UNDERTAKE AND AGREE to indemnify you and your successors and assign against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reasons or in consequence of your having agreed to pay/or paying me/us the said sum as aforesaid.

Signed, Sealed and delivered
By the above named on this _____
Day of _____ two thousand _____

SIGNED AND DELIVERED by :

- The above named.
- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____ 6. _____

(heirs/ claimants of the deceased)

SIGNED AND DELIVERED by :

- The above named.
- 1. _____ 2. _____

(Sureties)



OPINION REPORT ON THE SURETY

Annexure-'C'

- 1. Name in Full :
- 2. Address :
- 3. Academic Qualification :
- 4. Age :
- 5. Occupation
if employed, please state the name of the employer and since when employed. :
- 6. Present monthly income/salary (Attach a salary certificate, if income is by way of salary) :
- 7. Total yearly income from all source. :
- 7A. No. of Dependents :
- 8. Personal Assets :
- a Immovable Property viz. land / building, flat etc. give details acquisitions, present value etc. :
- b Investments (Fixed Deposits, shares etc. (if any) :
- c Life Insurance Policy :
- d Other Assets. :
- e Details of Bank Accounts, if any (Name and address of Banker with the account no. (Current/Savings) to be furnished. :
- 9. Personal Liability, if any. :
- 10. Please indicate whether surety is related to the claimants. : Yes/No
- 11. Period for which claimants are known. : _____ Years

I confirm that all the statements made by me in this application are true and correct and have been made by me.

Place :

Date :

Signature : (Surety)

Remarks of the Regional Manager/Branch Manager.

Date :

Regional Manager/ Branch Manager

