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

मूल कार्यक्रमों जिन्हें 11th BPS/ Wage Revision के तहत संशोधित पेंशन के अनुसार पेंशन मामल, प्रेष्यूटी एरिय, अवकाश नकदीकरण एरिय का संशोधित पेंशन के अनुसार संगमिता पेंशन एरिय का देय है, उन मूल कार्यक्रमों के विधिक उत्तराधिकारियों द्वारा उक्त एरिय के भुगतान हेतु संलग्न प्रावधान (अनुमोदन 1) में आवेदन पत्र, दावा लिखित पत्र (Letter of disclaimer) (अनुमोदन 2) तथा क्षतिपूर्ति बन्ध (अनुमोदन 3) आदेश कर प्रेरित किया जायेगा।

दावा लिखित पत्र (Letter of disclaimer) व क्षतिपूर्ति बन्ध पर साद्व में प्रभावी स्टाम्प अधिनियम के अनुसार स्टाम्प शुल्क लगेगा; (दावा लिखित पत्र (Letter of disclaimer) पर ₹ 500/- का तथा क्षतिपूर्ति बन्ध पर नया शुल्क ₹ 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: - ........................................
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.

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<th>S.No.</th>
<th>Name(s) of the claimant</th>
<th>Age</th>
<th>Signature</th>
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</tbody>
</table>

Signed before me

This _______ day of _______ Seal (Notary Public/ Magistrate)
LETTER OF INDEMNITY

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

(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/6th 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 1)________________________________________
surety(ies) 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

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