



NAGALAND RURAL BANK

(Jointly owned by the Govt. of India,
Govt. of Nagaland & State Bank of India)

**Head Office,
AMK Shopping Complex, 2nd Floor,
Near Congress Bhawan,
D. Block, Kohima – 797 001.**

Phone No.0370-2290975(O)

Fax No.0370-2291035

Email : nrb_kma@yahoo.com

Website : www.nagalandruralbank.com

Circular No.17 of 2018-19

16.01.2019

The Senior / Branch Manager
Nagaland Rural Bank
All Branches

Read & Noted by	Initial
GM/CVO	
SM/ BM	
Officer	
Other staff	

Madam/ Dear Sir,

**NAGALAND RURAL BANK (EMPLOYEES') PENSION REGULATIONS-2018
AND NAGALAND RURAL BANK (OFFICERS & EMPLOYEES) SERVICE
(AMENDMENT) REGULATIONS-2018**

The National Bank (NABARD) vide its letter No.NB.IDD/344/316(Pension)/2018-19 dated 23.10.2018 on the captioned subject has advised in pursuant to the order of the Hon'ble Supreme Court of India dated 25th April, 2018 in SLP (C) 39288/2012 regarding grant of pension to the employees of RRBs. DFS, MoF, Govt. of India vide its letter F.No.8/20/2010-RRB dated 23.10.2018 has communicated the approval of the following after consultation with NABARD and State Bank of India being Sponsor Bank.

- a) Model Regional Rural Bank (Employees') Pension Regulation, 2018
- b) Model RRB (Officers & Employees) Service (Amendment) Regulations, 2018.

2. In exercise of the power conferred under Section 30 read with sub-regulation (1) of Section 17 of the Regional Rural Bank Act, 1976 (21 of 1976), the Board of Directors of Nagaland Rural Bank in its meeting held on 29th October, 2018 has approved Nagaland Rural Bank (Employees') Pension Regulation 2018 and Nagaland Rural Bank (Officers & Employees) Service (Amendment) Regulations, 2018. The Regulations are published in Gazette of India Extra-ordinary, Part-III sec 4 on 17th December, 2018. The Gazette Notification along with all Form is enclosed herewith for reference to all concerned. Branches and all existing staff/ retired staffs / family member of deceased and retired deceased staffs are advised to be guided by the enclosed Regulations.

3. As per Nagaland Rural Bank (Employees') Pension Regulation 2018 and Nagaland Rural Bank (Officers & Employees) Service (Amendment) Regulations, 2018, all eligible existing employees, retired employees and the family members of deceased employees/ deceased retired employees are required to execute their option in writing in the prescribed format enclosed with the Notification within 120 days (One hundred and twenty days) i.e. from the date of issue of this circular. The option letter in the prescribed format shall be clear, complete in all respect duly signed and submitted in physical form.

Contd.-2-

4. The details of category of staffs/persons, relevant formats and number of copies to be submitted are furnished here under :

Sl. No.	Category of staff	Forms to be submitted	No. of copies
1	All existing Officers and employees who joined the Bank on or before 31.03.2010	1 and 11	4 copies each
2	All existing Officers and Employees who joined the Bank on or after 01.04.2010 but on or before 31.03.2018	14 and 11	4 copies each
3	Retired staff members	2,7,9,10,11	4 copies each
4	Eligible family members of deceased staff members and deceased retired staff members	3,8,10,11,12	4 copies each

5. Operational Instructions :

- i. The option letters should be in prescribed / given format only.
- ii. Option letter to be submitted to the Head Office, Kohima.
- iii. The option letter should be filled in by furnishing all the required details without alterations/ overwriting and duly signed by the concerned person to avoid any future inconvenience.

6. Bank has also taken up steps for issuing notice for public in the newspaper (Nagaland Post) to bring to the notice of retired staff members and the family of deceased staff members/ deceased retired staff members. A copy of the notice is also attached hereto and branches are advised to display the same notice in the Branch Notice Board. The retired employees/ spouse of the deceased employees are to refund the Bank's contribution received from EPF along with a certificate on the same from EPFO to be produced and further papers/ documents required if any, also to be produced for smooth and timely disposal of pension matter.

7. Please bring the contents of this Circular to the notice of all staff members posted at the Branch/ Office and to the retired staff members and family members of the deceased staff/ deceased retired staff.

Yours faithfully,

Chairman

Encl: As stated.

Circular No.17 of 2018-19

**NAGALAND RURAL BANK
HEAD OFFICE, KOHIMA**

*Option form to be filled by the employees who are in service of the Bank
(To be submitted in quadruplicate through their present Branch/ Office)*

Date of receipt of application at Branch/ Office		FOR HO USE ONLY
Forwarded on		(Signature of the concerned Authority at HO with date)
Forwarded by		
Signature with office seal (Branch/ Office)		

The Chairman
Nagaland Rural Bank
Head Office, Kohima

Date : _____

I hereby declare that I have read and understood the Nagaland Rural Bank (Employees') Pension Regulations, 2018 and I hereby opt to become a member of the Bank's Pension Scheme and irrevocably authorise the Bank/ EPF Trustees/ EPFO/ RPFC to transfer the entire contribution of the Bank along with the interest thereon to the credit of Pension Fund to be created for this purpose. I understand that I am required to contribute to the Provident Fund Account at the rates determined by the Bank from time to time. I further understand that with effect from 16th January, 2019 (the date of implementation of Pension Scheme), the Bank shall not make any contribution to my Provident Fund Account. I also undertake to refund my non-refundable withdrawal from EPF balance (Bank's contribution component) if any, together with interest at EPF rate from time to time up to the date of refund.

1. Signature : _____
2. Name in full (in Block letters) : _____
3. Designation : _____
4. EPF No. : _____
5. Present Residential Address : _____

6. Date of Birth : _____
7. Date of joining the Bank's service : _____
8. Present place of posting : _____ Branch/ Office.

(Signature to be attested by the Branch/ Office Head with seal)

**NAGALAND RURAL BANK
HEAD OFFICE, KOHIMA**

*Option form to be filled by the Retired employees of the Bank
(To be submitted in quadruplicate through the Branch/ Office from where retired)*

Date of receipt of application at Branch/ Office		FOR HO USE ONLY
Forwarded on		OPTION NOTED IN SERVICE RECORD
Forwarded by		
Signature with office seal (Branch/ Office)		(Signature of the concerned Authority at HO with date)

The Chairman
Nagaland Rural Bank
Head Office, Kohima.

Date : _____

I hereby declare that I have read and understood the Nagaland Rural bank (Employees') Pension Regulations, 2018 and I hereby voluntarily opt to become a member of the Bank's Pension Scheme and irrevocably authorise the EPFO/ RPFC to transfer my entire Pension Fund kept with them to Bank and credit Pension Fund to be created for this purpose. I undertake to refund the Bank's Contribution to EPF Fund together with accrued interest thereon paid to me on my retirement. I also undertake to refund my non-refundable withdrawal from EPF balance (Bank's contribution component) if any, together with interest at EPF rate from time to time.

1. Signature : _____
2. Name in full (in Block letters) : _____
3. Designation (at the time of retirement) : _____
4. EPF No. : _____
5. Present Residential Address : _____

6. Date of Birth : _____
7. Date of joining the Bank's service : _____
8. Date of retiring from the Bank's service : _____
9. Branch / Office from where retired : _____ Branch / Office.
10. Branch from where pension to be drawn : _____ Branch.

(Signature to be attested by the Branch/ Office Head with seal)

**NAGALAND RURAL BANK
HEAD OFFICE, KOHIMA**

Option form to be filled by the family of those employees of the Bank who are eligible for family pension (To be submitted in quadruplicate through the Branch/ Office from where retired/ posted at the time of death)

Date of receipt of application at Branch/ Office	Recent photograph of the applicant to be pasted here and then to be attested by the branch/ Office Head	FOR HO USE ONLY
Forwarded on		OPTION NOTED IN SERVICE RECORD/ EPF RECORD OF THE DECEASED EMPLOYEE
Forwarded by		
Signature with office seal (Branch/ Office)		(Signature of the concerned Authority at HO with date)

The Chairman
Nagaland Rural Bank
Head Office, Kohima.

Date : _____

I hereby declare that I have understood the Nagaland Rural Bank (Employees') Pension Regulations, 2018 and I hereby voluntarily opt to become a member of the Bank's Pension Scheme and irrevocably authorise the EPFO/ RPFC to transfer my entire Pension Fund kept with them to Bank to credit Pension Fund to be created for this purpose. I undertake to refund the Bank's contribution to EPF Fund together with accrued interest thereon paid to my husband/wife/father/mother/son/daughter (delete whichever is not applicable) on his / her death while in service/ after retirement from Bank's service. I also undertake to refund the non-refundable withdrawal from EPF balance (Bank's contribution component) availed by my husband/ wife/ father/ mother/ son/ daughter (delete whichever is not applicable), if any, together with interest at EPF rate from time to time up to the date of retirement/ death.

1. Name of the applicant / dependent of the deceased employee in Full (in Block letters) : _____
2. Name of the deceased employee in Full (in Block letters) : _____
3. EPF No. of the deceased employee : _____
4. Relationship with the employee : _____
5. Name of the guardian if applicant is minor : _____
6. Present Residential Address (in block letters) : _____

7. Date of death of the deceased employee (Documentary evidence to be attached) : _____

8. Date of retirement from Bank's service : _____
9. Branch / Office last served and post held : _____
10. Branch from where pension to be drawn : _____ Branch
11. List of documents/ evidences to be attached :
- a) Copy of Superannuation / retirement order of the deceased employees (if applicable)
 - b) Copy of Death Certificate of the employee
 - c) Copy of Birth Certificate of child eligible for pension
 - d) Copy of AADHAR CARD/ KYC document in the name of applicant
 - e) Any document in support of the stated relation of the applicant

(Mention the name / nature of the document)

I hereby declare that what are stated in the application and documents submitted are true, correct and genuine.

Enclosures : As stated in point 11 above.

(Signature of the applicant)

Date : _____

Signature attested by the Branch/ Office Head with office Seal.

NAGALAND RURAL BANK
BRANCH/ OFFICE

Ref No. _____

Date : _____

The General Manager
 Nagaland Rural Bank
 Head Office, Kohima

Dear Sir,

**Sub : Ten months (prior to death/ retirement) average pay & allowances of
 Shri/ Smti. _____ (EPF No. _____)**

We are furnishing below the 10 months (prior to death/ retirement) average pay & allowances of
 Shri/ Smti. _____

Designation (Last) _____, EPF No. _____
 who retired / died on _____ for calculation of pension under Nagaland Rural
 Bank (Employees') Pension Regulations, 2018.

1	Basic	
2	Stagnation increment	
3	Pay and Allowances rank for DA a) (Mention nature of allowances)	
	b)	
	c)	
4	Period of Extra Ordinary Leave on Loss of Pay sanctioned by the Competent Authority and enjoyed during the Service Period	
5	Leave Without Pay during service Period	

Yours faithfully,

*Signature with seal*_____
Branch

Note : 1. Delete which is not applicable 2. No column should be left blank 3. Basic Pay & Stagnation Increment to be reported separately in the column specified 4. For arriving at the months' average please refer to Regulation of Nagaland Rural Bank (Employees') Pension Regulations, 2018.

BRANCH/ OFFICE

DETAILS OF LAST TEN MONTHS SALARY

MONTHWISE BREAK UP YEAR & MONTH										
1. Basic Pay										
2. Stagnation Increment										
3. Pay & Allowances rank for DA										
a) (Mention nature of allowances)										
b)										
c)										
d)										
TOTAL										
AVERAGE										

Note : 1. Delete which is not applicable 2. No column should be left blank 3. Basic Pay & Stagnation increment to be reported separately in the column specified 4. For arriving at 10 months' average please refer to Regulation 36 read with Regulations 2 (c) & 2 (t) of Nagaland Rural Bank (Employees') Pension Regulations, 2018.

Date : _____

Signature with seal

NAGALAND RURAL BANK

BRANCH/ OFFICE

Ref. No.

Date : _____

The General Manager
Nagaland Rural Bank
Head Office, Kohima.

Dear Sir,

**Sub : Particulars of Outstanding Liabilities of
Shri/ Smti.** _____ **EPF No.** _____

We are furnishing below the particulars of outstanding Liabilities of Shri/ Smti. _____

Last designation _____ EPF No. _____ retired /
died on _____ :

Particulars of Outstanding Loan	Account No.	Balance
1. House Building Loan		
2. Housing Loan (Commercial Scheme)		
3. Staff Overdraft		
4. Festival Advance		
5. Education Loan		
6. Conveyance Loan		
7. Others, if any (<i>mention details</i>)		
TOTAL LOAN BALANCE		

Yours faithfully,

Signature with seal

Nagaland Rural Bank
_____ Branch

Note : Please submit this certificate preferably after closure of all staff loan accounts. If Housing loan (Commercial scheme) and / or Education Loan continue(s) in terms of sanction please furnish the status of the account(s) including compliance of all terms and conditions of sanction. Please provide "Nil" Certificate in case of no outstanding liability.

Nagaland Rural Bank Staff Pension* (General Pension)		Customer ID	
Nagaland Rural Bank Family Pension*		S B A/c No.	

(*Please ✓ as applicable)

LIFE CERTIFICATE

(To be submitted by the Pensioner once in a year in November)

Certified that I have seen the pensioner _____ (name)

_____ (address) holder of PPO

No. _____ and that he/ she is alive on this day.

His/ Her AADHAR No. _____.

(Signature of the Pensioner/ Family Pensioner with date)

(Signature with office seal)

Name : _____

Designation : _____

Nagaland Rural Bank, _____ Branch

Date : _____

Place : _____

Acceptance/ Non-acceptance of Commercial Employment

I declare that I have not accepted commercial employment in India.

OR

I declare that I have accepted commercial employment in India w.e.f. _____ after obtaining previous sanction of the Bank and none of the conditions, if any, attached thereto by the Bank has been violated.

OR

I declare that I have accepted commercial employment in India w.e.f. _____ without obtaining the sanction of the Bank.

Date : _____

Signature of the Pensioner

Name of the Pensioner : _____ PPO No. : _____

SB (Pension) Account No. _____ Mobile No. _____

Note : This declaration is required to be submitted for a period of two years from the date of retirement.

CERTIFICATE OF NON-REMARRIAGE / NON-MARRIAGE
(APPLICABLE FOR FAMILY PENSIONERS ONLY)

*** I hereby declare that I have not got re-married and I undertake to report the same promptly in the event of my re-marriage. (Applicable for widow / widower Family Pensioner)**

*** I hereby declare that that I am not married and I understand to report the same promptly in the event of my marriage. (Applicable for un-married daughter Family Pensioner)**

(Please delete which is not applicable)*

Signature of the Family Pensioner

Name of the Pensioner : _____

Place : _____

Date : _____

I certify to the best of my knowledge and belief the above statement is correct.

(Signature of the Bank's Officer or respectable / well known person)

Place : _____

Date : _____

Name : _____

Designation : _____

Address : _____

_____.

Letter of undertaking by the Pensioner

The Branch Manager
Nagaland Rural Bank

Date : _____

_____ Branch

Dear Sir,

Sub : Payment of Pension under PPO No. _____ through your Branch.

In consideration of your having, at my request, agreed to make payment of Pension due to me every month by credit to my SB Account No. _____ with you. I, the undersigned, agree and undertake to refund or make good any amount to which I am not 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 administrators to indemnify the Bank from and against any loss suffered or incurred by the Bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the Bank to recover the amount due by debit to my said Savings Bank account or any other account belonging to me in the possession of the Bank.

Yours faithfully,

Signature in full : _____

Address (in Block letters) : _____

Phone/ Mobile No. : _____

Witness :

Signature :		
Name :		
EPF No.		
Address :		

Letter of undertaking by the Pensioner and Family Members/ Nominees

The Branch Manager
Nagaland Rural Bank

Date : _____

_____ Branch

Dear Sir,

Sub : Payment of Pension under PPO No. _____ through your Branch

In consideration of making payment of Pension as per the Nagaland Rural bank (Employees') Pension Regulations, 2018, I / We do hereby solemnly, sincerely and conscientiously declare and say as under:

I / We, hereby undertake and agree to bind myself / ourselves and my / our heirs, successors, executors, and administrators to indemnify the Bank from and against any loss suffered or incurred by the Bank in making payment as the aforesaid and to forthwith pay the same to the Bank and / or adjust from the pension fund under the aforesaid Regulations and / or from any account maintained with the Bank without any notice to me / us.

Yours faithfully,

Signature (Pensioner) : _____

Signature of Family Members / Nominees : _____

Witness :

Signature :		
Name :		
EPF No.		
Address :		

FORM OF NOMINATION

To,
The Trustees,
Nagaland Rural Bank (Employees') Pension Fund

I, _____ PPO No./ EPF No. _____ hereby nominate the person(s) named below and confer on him / them the right to receive, to the extent specified below, the amount of pensionary benefits under Pension Regulations in the event of my death before the amount become payable, or having become payable.

Name and Address of the nominee(s)	Relationship with the Pensioner	Age	Amount of share (%)	Date of Birth	If nominee is Minor
					Name & Address of the person who may receive the said pension during the nominee's minority
1	2	3	4	5	6

Name and Address of other nominee(s) in case the nominee under column 1 above predeceases the pensioner	Age	Relationship with the pensioner	Amount of share (%)	Date of Birth, if the other nominee(s) is/are minor	Name & Address of the person who may receive the pension during other nominee's minority	Contingency on happening of which nomination shall become invalid
7	8	9	10	11	12	13

This nomination supersedes the nomination made on _____ which stands canceled.

Place : _____

Signature/ Thumb Impression (If illiterate) of Pensioner/ Employee

Date : _____

Name of the Pensioner/ Employee : _____

Witness : 1. _____

2. _____

Address : _____

Address : _____

Signature : _____

Signature : _____

EPF No. _____

EPF No. _____

ATTESTED by the Pension Disbursing Branch/ Deptt. at HO/ Branch

SEAL OF ATTESTING AUTHORITY

Note : 1, if the employee has a family, the nomination shall not be in favor of any person or persons other than the member of the family. 2, If the employee has no family, the nomination may be made in favor of person or persons, or body of individuals whether incorporated or not. 3, Strike out which is not applicable.

NAGALAND RURAL BANK
HEAD OFFICE, KOHIMA

Application for grant of Family Pension in the event of death of Employee/ Pensioner



The Chairman
Nagaland Rural Bank
Head Office, Kohima.

Date : _____

Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms of Nagaland Rural Bank (Employees') Pension Regulations, 2018, I am submitting below the requisite particulars for kind favor of sanction of Family Pension to me.

01	Name of the Applicant (in Block letters) :			
	i) Relationship with the deceased employee/ pensioner			
	ii) Date of Birth			
	iii) Name of the Guardian if the deceased Person is survived by minor child/ children			
	iv) Religion and Caste			
02	Present residential address of the applicant (in Block letters)		_____	
			Contact No. _____	
03	Name & age of surviving parent/widow/widower/children of the deceased employee/ pensioner :			
Sl. No.	Name	Relationship with the deceased employee/ pensioner	Date of birth (by Christian era)	
04	Name of the deceased employee/ pensioner :			
05	EPF No. of the deceased employee :			
06	Date of death of the employee/ pensioner			

(Documentary evidence to be attached)

07	Date of retirement (in case of pensioner) :	
08	(a) Branch / Office in which the deceased employee/ pensioner served last and the post held by him her :	
	(b) PPO No. of the deceased, if any, with the nature of pension & Disbursing Authority :	
09	If the applicant is guardian, date of birth of minor & relationship with the deceased employee/ pensioner :	
10	(a) Is the applicant (other than guardian) a pensioner ? If so, indicate the amount of monthly pension :	YES / NO _____
	(b) Is the applicant employed ? If so, particulars in details with last pay drawn certificate from employer :	YES / NO _____
11	Description of the applicant including : (a) Height	_____ cm.
	(b) Personal identification marks, if any on hand, face etc.	
12	Signature/ LTI** of the applicant (Duly Attested by the Branch head with seal) :	<hr/> SIGNATURE/LTI OF THE APPLICANT IS ATTESTED (Signature of the Branch Head with seal)
13	(a) Name of the Branch of the Bank through which Family Pension is to be drawn :	
	(b) SB Account No.	
14	List of documents / evidence attached : (a) Three copies of passport size recent photograph of the applicant, duly attested in front side. (b) Attested copy of the Death Certificate of the deceased Employee / Pensioner (c) Birth Certificate of the children eligible for pension (d) Any other document(s) indicating that the applicant is a genuine claimant e.g. AADHAR Card, Voter Card etc.	
15	I hereby declare that what are stated in the application and documents submitted herewith are true, correct and genuine.	

Yours faithfully,

Signature / LTI of the applicant

*****To be furnished in case the applicant is not literate enough to sign his/ her name or unable to sign due to poor health condition which also needs submission of Medical Certificate.***

NAGALAND RURAL BANK
HEAD OFFICE, KOHIMA

**Clearance / Pre-disbursement formalities to be furnished by
the proposed Pension Paying Branch**

01	Date of Report	
02	Name of the Pension Paying Branch	
03	Branch Code No. / SOL ID	
04	Pensioner's name	
05	Pension Type (General or/ Family Pension	
06	PPO No. / EPF No. (in case of Family Pension, mention EPF No. of original pensioner	
07	S. B. Account No.	
08	Date of Certificate	
	(a) Life Certificate	
	(b) Non-marriage / Re-marriage Certificate (For Family Pensioner only)	
	(c) Non-Employment / Re-employment Certificate	
	(d) Disability Certificate	
09	Whether Undertaking for refund of Excess Payment is taken	YES / NO

Branch Manager
(Please use Branch Seal)

Nagaland Rural Bank
_____ **Branch**

**NAGALAND RURAL BANK
HEAD OFFICE, KOHIMA**

*Option Form to be filled in by the Employees who joined the service of the Bank
between 01-Apr-2010 and 31-Mar-2018
(To be submitted in quadruplicate through their present Branch/ Office)*

Date of receipt of application at Branch / Office		For Head Office use only
Forwarded on		Option noted in Service Record
Forwarded by		
Signature with office seal (Branch/ Office)		Signature of the concerned authority at Head Office with date

The Chairman
Nagaland Rural Bank
Head Office, Kohima.

Date : _____

I hereby declare that I have read and understood the Nagaland Rural Bank (Employees') Pension Regulations, 2018.

I am presently covered under EPF Scheme 1995 and hereby irrevocably undertake and opt to remain covered under EPF Scheme 1995 only
--OR--

I hereby opt to become a member of the National Pension Scheme (NPS) and irrevocably authorise the Bank/ EPF Trustees/EPFO/RPFC to transfer the entire contribution of Myself and the Bank along with the interest thereon to the credit of Fund Manager to be appointed for this purpose. I understand that I am required to contribute to the NPS at the rates determined by the Bank/PFRDA from time to time. I also undertake to refund my non-refundable withdrawal from EPF Balance (Bank's contribution component) in any, together with interest at EPF rate from time to time up to the date of refund.

1. Signature : _____
2. Name in full (in Block letters) : _____
3. Designation : _____
4. EPF No. : _____
5. Present Residential Address : _____

6. Date of Birth : _____
7. Date of Joining the Bank's Service : _____
8. Present Posting Place : _____

Signature to be attested by the Branch/Office Head with seal