

To,
The General Manager,
Personnel Admn., Division,
H.O., MANGALORE

Affix a recent Photograph of the Pensioner and spouse (if alive) with their signatures across the Photograph	11. Particulars of Spouse & Children No. of Children : <input type="text"/> : Male <input type="checkbox"/> : Female <input type="checkbox"/>		Relationship	Date of Birth and Age	Marital Status	Occupation (to be specified)	Address of the Employer/School/College/Institution	Physical/Mental disability, if any
	Name							
1. NAME								
2. E/M No.	12. Particulars of Commercial employment after retirement if any						<p>1. I declare that information furnished above are true to the best of my knowledge and in case the information furnished above are found to be untrue/incorrect the benefits under the scheme are liable to be forfeited.</p> <p>2. I further undertake to intimate the Bank the Following events if any, within 30 days of the occurrence :</p> <p>a) My remarriage b) Marriage of daughter c) Demise of any of the children d) Divorce if any e) Commercial employment</p> <p style="text-align: right;">Signature of the Pensioner</p> <p>Date: _____</p>	
3. Designation at the time of retirement :	Name and address of the Organisation	Date of Joining/Commencement	Designation	Nature of Business of the organisation/employer	Monthly emoluments/Income			
4. Date of Birth :								
5. Date of Appointment :								
6. Date of retirement :								
7. Martial Status <input type="checkbox"/> ; Married <input type="checkbox"/> ; Unmarried								
8. Branch/Office last worked								
9. Branch where monthly pension to be credited	Enclosed :							
S.B. A/c. No.	<p>1. Age proof as vouched in SSLC/School T.C.</p> <p>2. Birth certificate for infants/illiterates</p> <p>3. Medical certificate for physical/mental disability from the Medical Officer not below the rank of Civil Surgeon.</p> <p>4. Deed of adoption of adopted Children if any.</p>							
10. Residential Address	Certified that the member has signed before me and verified the enclosed Xerox copies with the original.							
Phone								
Mobile								
Ref No.	Date	Date	Office Seal			Head of Office/Branch		