

DECLARATION CUM AUTHORIZATION BY THE EX-EMPLOYEE

To
The Chairman
Assam Gramin Vikash Bank
Head Office: Guwahati

Details of Bank's Contribution to Provident Fund and EPFO Pension:

1	Name of the Ex-employee	
2	PF Number	
3	Provident Fund Account No. of the Ex-employee (UAN)	
4	EPFO Bank's Contribution amount	
5	Monthly PF Pension being received	
6	Date from which PF Pension receiving	
7	Reference No. of Pension Payment Order (PPO) issued by PF authorities	

Note:

1. Self-attested EPFO passbook copy is to be enclosed. [Supporting document for Sl. No. 4]
2. Self-attested Photo copy of PPO to be enclosed. If PPO is not available, certified photocopy of pass book where PF Pension (latest) is credited, is to be enclosed. [Supporting document for Sl. No. 5, 6 & 7]

**(Either Sl. No.1 or 2 is applicable, Strike out whichever is not applicable)*

1) Details of refund of Bank's Contribution to Provident Fund and EPFO Pension:

1	Amount remitted by the Ex-employee		
2	Date of remittance	DD No. if any	
3	UTR Number		
4	Account details of Ex-employee		

Note: Copy of deposit receipt/ transaction proof is to be enclosed.

Place:
Date:

Signature of the Ex-employee

2) In the absence of Sl. No. 1,

Authorization Letter & Undertaking

I _____, (Name of the Ex-employee) was employed with Assam Gramin Vikash Bank / erstwhile _____ Bank and whose PF account number is _____ and EPFO Pension Payment Order (PPO) No. is _____.

That I am unable to refund the amount of Bank's Contribution to Provident Fund and EPFO monthly Pension received till date, I hereby authorize Assam Gramin Vikash Bank to setoff/recover the amount from the pension arrears/Commutation (if eligible) which entitle me to made eligible for pension as per Assam Gramin Vikash Bank (Employees') Pension (Amendment) Regulations, 2024.

That I hereby undertake to refund the difference amount if any, immediately if found at a later date.

Signature of the Ex-employee

Declaration

I hereby declare that, the information provided above is complete and accurate. I will be responsible for any consequences arising from any discrepancies in the data provided by me.

By signing this authorization, I Mr. /Mrs. _____ release and indemnify the Assam Gramin Vikash Bank from any future claims, disputes or liabilities whatsoever. I also confirm that the Bank is acting in accordance with relevant provisions of Assam Gramin Vikash Bank (Employees') Pension (Amendment) Regulations, 2024.

Place:

Date:

Signature of the Ex-employee