



BHARAT SANCHAR NIGAM LIMITED

(A Govt. of India Enterprise)

Office of the Chief General Manager, Telecommunications
Telangana Telecom Circle, Door Sanchar Bhavan, Abids, Hyderabad –500001

No.TT/CA-I/Corr/VRS/2019-20/79

Dated at Hyderabad 29-09-2020

To

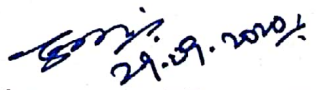
The CAO / IFAs of all the SSAs in TTC

Sub: Submission of claim papers for conversion to Family Pension / payment of deferred gratuity in respect of the deceased employees retired under VRS-2019 scheme – Regarding.

Ref: O/o Pr CCA, DoT, Hyd. Lr no: Pr.CCA/Pen/TS/Gen Corr/ dtd 25-09-2020

Please find herewith the attached letter referred above on the subject. It is requested to ensure that all the forms indicated therein are submitted to DoT Cell duly filled in along with the recommendation of the unit concerned for early settlement of the case.

Encl: As above


Chief Accounts Officer (CA)



DEPARTMENT OF TELECOMMUNICATIONS
O/o Pr. Controller of Communication Accounts, Telangana Circle,
Kavadiguda Telephone Exchange Compound, Bholakpur, HYDERABAD- 500080

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No. Pr.CCA/Pen/TS/Gen Corr/

Date: 25-09-2020

✓ The Dy. Gen Manager (F&A),
O/o CGMT, BSNL, Door Sanchar Bhawan,
Abids, Hyderabad - 500001

Sub:- SUBMISSION OF CLAIM PAPERS FOR 'CONVERSION TO
FAMILY PENSION/PAYMENT OF DEFERRED GRATUITY' IN
R/O THE DECEASED EMPLOYEES RETIRED UNDER VRS
SCHEME - Regarding

It is submitted that the claims for payment of deferred gratuity and for conversion to family pension (in respect of VRS-19 retirees) are being received in this office directly from the family member(s) of the deceased government servant. In this regard, and with reference to Rule 77 and other relevant rules of CCS (Pension) Rules, it is requested to direct all the units under your control to obtain and furnish the following requisite documents (along with the recommendation of the unit concerned) for payment of deferred gratuity and conversion to family pension from the eligible family member(s) in case of death of the pensioner who retired under VR Scheme 2019 so as to process the same in SAMPANN package :-

- (a) Representation from the spouse (along with **Form-14**)/eligible member(s) of the family (along with Form-20/Form-21, as the case may be) for conversion to family pension.
- (b) Claim papers for payment of **deferred gratuity** from the eligible member(s) of the family (as per the nomination or as per 'no-nomination case', as the case may be) in **Form-12** from each claimant duly signed with date.
- (c) Death Certificate in respect of the deceased government servant in original.

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AO (F&A) / AO (IA)

- (d) Copies of Aadhar card in respect of each claimant for deferred gratuity and copy of PAN Card and mobile number also in respect of claimant for family pension.
- (e) Copy(ies) of first page of the pass book(s) or cancelled cheque(s) and ECS mandate(s) in respect of all the claimants.
- (f) Bank undertaking in the prescribed format (copy enclosed) from the claimant for family pension.
- (g) Copy of the EPPO.
- (h) Life Certificate/Digital Life Certificate in respect of the claimant for family pension.
- (j) Non-remarriage certificate from the spouse being the claimant for family pension.
- (k) Unmarried and income certificates issued by revenue authorities from the claimant for family pension (in case of claimant is other than spouse) along with DoB proof.

This has the approval of Pr.CCA.

Encls: Bank undertaking


Dy. Controller of Communication Accounts

Pensioner's letter of Authority and Undertaking

To,

Date _____

Pr.CCA/CCA
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Sir,

I hereby opt to draw my Pension through a Bank Account under the direct disbursement of telecom pension by DOT through SAMPANN. I hereby authorize the bank to receive my monthly Pension on my behalf and credit the same to my account as per particulars given as follows:

- a. Name of the Bank
- b. Branch
- c. Account No.
- d. IFSC Code

- 2) I hereby undertake that any amount of excess/wrong payment of pension, if credited to my Bank Account will be refunded on your instructions.
- 3) I undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify the Bank/ PDA in so crediting my pension to my account under the scheme and to forthwith refund/pay any amount due from me to the Bank/PDA and also irrevocably authorize the Bank/PDA to recover, any amount due from me by debit to my said account or any other accounts/deposits belonging to me in possession of the Bank.

Signature of Pensioner

Witnesses :-

(1) Signature :

(2) Signature :

Name :

Name :

Address :

Address :

1. Personal details:-

1. Name of the Pensioner :
2. Designation :
3. Date of retirement :
4. Address of the Pensioner :

Family Pensioners only:-

5. Relationship with deceased :
6. Name of the Family Pensioner :

2. Bank Details :-

1. Saving /Current Account No. :
2. Name of the Bank :
3. Name of the Branch :

3. (a) Certified that the Bank details (2 above) are correct. The account of pensioner and his/her signature given overleaf agrees with the specimen signature held in our records. (b) Any excess amount credited in the account of the pensioner and due/refundable to the PDA will be refunded immediately as and when called for by the PDA. Notwithstanding anything contained in this clause 3(b), the Bank and the PDA agree and understand that the obligation cost on the Bank by medium of this clause[3(b)], shall be subject to:-

i. The rights conferred and the duties imposed on the Bank by Law and/or norm and/or regulations.

Place :
Date:

Signature of the Bank Manager
(Bank Accounts Seal)

- Note – Part 1 & 2 to be filled in by the pensioner and Part 3 by Bank.

MANDATE FORM

1.	Beneficiary Name	
2.	Beneficiary/Address & Telephone No.	
3.	Beneficiary Account No.	
4.	Account type (Saving/Current for Cash Credit)	
5.	Nine digit code number of the Bank & branch appearing on the MICR Cheque issued by the bank (if available)	
6.	Bank Name	
7.	Branch Name & Address with Telephone No.	
8.	IFSC (Indian Financial Services Code)	
9.	Photo copy of the cancelled cheque to confirm correctness of IFSC code and Account No. given	

I, hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incompleteness or incorrectness of information given by me as above, I would not hold the user institution responsible.

Dated :

(Signature of Spouse)

(Signature of the Beneficiary)

Certified that the particulars furnished above are Correct as per the record.

Bank Stamp
Dated

(Signature of the Authorised officer)