

**APPLICATION FOR SWITCH OVER OF PENSION PAYMENT
THROUGH PUBLIC SECTOR BANK**

(To be submitted in triplicate)

To,
The Pay & Accounts Officer,
O/o AG (A&E) Telangana,
Hyderabad.

Sir,

I opt to draw my pension through Public Sector Bank from the month of and given below are necessary particulars to enable you to make arrangement in this regard:

1. PARTICULARS OF PENSIONER:-

- a) Name :-
- b) P.P.O No. :-
- c) Present Address:-

- d) Date of Birth :-

2. PARTICULARS OF THE AUTHORISED PSB WHERE PAYMENT IS DESIRED:-

- a) Name of the bank :-
- b) Branch and Address where payment is desired:-

- C) My S/B A/c No. :-
- D) Bank B.S.R Code :-

Place :

Your faithfully,

Date :

Pensioner's Signature

FOR USE IN THE OFFICE OF THE PENSION DISBURSING AUTHORITY

Forwarded to the Central Pension Accounting Office for transmission to the Link Branch of PSB.....(Name of the Link Branch).

The Disbursers half of P.P.O ofbearing P.P.O No.....sent herewith.

The pensioner has been paid pension@ Rs.....P.M and Dearness relief thereon @.....up to month of

*.....
The pension payment from the month ofis to be arranged by the bank.*

Station : Hyderabad

Date:-

(PENSION DISBURSING AUTHORITY)

(With Name and Seal)

SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

Date _____

TO,

The Branch Manager

_____ (Bank)

_____ (Branch & address)

Dear sir,

Payment of pension under A/C No. _____ **through your Bank.**

In consideration of your having, at my request, agreed to make payment of pension due to me every month by credit to my account 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, successor, executors and administrators to indemnify the bank for 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 and also irrevocably authorise the bank to recover the amount due by debit to my said account or any other account/ deposits belonging to me in the possession of the bank.

Yours faithfully,

Signature,

Name:

Address:

Witnesses:

(1) Signature:

Name:

Address

Date:

(2) Signature:

Name:

Address:

Date:

MANDATE FORM
Electronic Clearing Service (Credit Clearing)/ Real Time Gross Settlement (RTGS)
facility for receiving payments.

A. Details of Accounts Holders:-

Name of Account Holder	
Complete Contact Address	
Telephone Number/Fax/E-mail	

B. Bank Account Details:-

Bank Name	
Branch Name with Complete Address, Telephone No. and E-mail	
Whether the Branch is computerized?	
Whether the Branch is RTGS enabled? If yes then what is the Branch's IFSC Code	
Is the Branch also NEFT enabled?	
Type of Bank Account (SB/Current /Cash Credit)	
Complete Bank Account No. (Latest)	
MICR Code of Bank	

Date of effect:-

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 incomplete or incorrect information I would not hold the use Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

Signature of Customer

Date

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

Date:

Signature of Customer

- 1. Please attach a photocopy of cheque along with the verification obtained from the bank.**
- 2. In case your Bank Branch is presently not "RTGS enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.**

ATTESTED SLIP OF SPECIMEN SIGNATURES, HEIGHT AND TWO MARKS OF IDENTIFICATION OF PENSIONER / FAMILY PENSIONER

P. P. O. No.:-

Name of the pensioner/family pensioner:-

Specimen Signatures:-

1.

2.

3.

Height:-

Two Marks of Identification:-

1.

2.

**LIST OF DOCUMENTS TO BE SUBMITTED ALONGWITH DULY FILLED IN
FORMS AS SPECIFIED FOR MIGRATION OF PAO COUNTER PENSIONERS TO
PUBLIC SECTOR BANK THROUGH CPAO**

- (1) Joint photograph (in case of Service pensioner) – 02 copies
- (2) Single photo (in case of family pensioner) – 02 copies
- (3) Aadhaar card photocopy
- (4) PAN card photocopy
- (5) Bank pass book photo copy(updated Account number, IFSC & MICR)
- (6) PPO in original (Pensioner's copy)