

COAL INDIA (HQ) PF & PENSION CELL

Check List for submission of Widow Pension Claim (Retired Member)

1) Death intimation to:-

- i) Pension Paying Bank Branch by widow & make a receipt.
- ii) CMPF Regional Office through Coal India Ltd (HQ)/where from member has retired along with receipt copy of death intimation which has been submitted to payee bank branch.

DOCUMENTS REQUIRED FOR WIDOW AND WIDOWER	
SL NO.	PARTICULARS
1.	Cancelled Cheque and Photocopy of Bank Pass Book in front page of Saving Bank account (Single A/c) of Widow/ Widower for payment of Pension.
2.	Single Passport Size Photograph of claimant - 1 (One) copy.
3.	Copy of Aadhar and PAN card of Deceased Members and Spouse.
4.	Death certificate of member – 2 (Two) copies.
5.	Copy of PPO and updated Bank Pass Book of the deceased member.
6.	Copy of letter of Death information which was given to the Pension Payee branch by Widow and make receipt.
7.	Affidavit by First Class Magistrate by widow.

'NEW SAHAJ'

'नया सहज'

CLAIM FORM FOR PF REFUND AND PENSION

भविष्य निधि वापसी एवं पेंशन दावा के लिए फॉर्म

(For all kinds of PF & Pension Claims)

सभी प्रकार के भविष्य निधि एवं पेंशन दावा के लिए

SL No. क्र. सं.	PERSONAL INFORMATION व्यक्तिक सूचना		Please affix passport size color photograph of member or claimant. Photograph must be Countersigned/Attested by Authorized Officer of Colliery Management.
1.	NAME OF MEMBER (In Block Letter) सदस्य का नाम (स्पष्ट अक्षरों में)		कृपया सदस्य/दावाकर्ता का रंगीन पासपोर्ट आकार का फोटो चिपकाएं जो कोलियरी प्रबंधन के अधिकृत अधिकारी द्वारा प्रतिहस्ताक्षरित/अभिप्रमाणित हो।
2.	FATHER'S/HUSBAND'S NAME पिता/ पति का नाम		
3.	CMPF A/C NO. कोखा भ नि लेखा संख्या		
4.	PIS No./EMPLOYEE NO. पी आई एस संख्या/कर्मचारी संख्या		
5.	COAL SOCIAL SECURITY NO. कोल सामाजिक सुरक्षा संख्या		
6.	AADHAAR NO. आधार संख्या		
7.	PAN NO. पैन संख्या		Please affix passport size color photograph of Member Jointly with spouse. Countersigned/Attested by Authorized Officer of Colliery Management.
8.	EMAIL ID ई मेल आईडी		
9.	CONTACT/MOBILE NO. संपर्क / मोबाईल संख्या		
10.	DATE OF BIRTH जन्म तिथि		
11.	DATE OF APPOINTMENT नियुक्ति की तिथि		
12.	DATE OF CESSATION समाप्ति की तिथि		कृपया सदस्य के पत्नी सहित रंगीन पासपोर्ट आकार का फोटो चिपकाएं जो कोलियरी प्रबंधन के अधिकृत अधिकारी द्वारा प्रतिहस्ताक्षरित/अभिप्रमाणित हो।
13.	DATE OF DEATH (WHERE APPLICABLE) मृत्यु की तिथि (जहां लागू)		
14.	NAME OF SPOUSE/CLAIMANT पति/पत्नी / दावाकर्ता के नाम		
15.	AADHAAR NO. OF SPOUSE/CLAIMANT पति/पत्नी / दावाकर्ता का आधार संख्या		
16.	PAN NO. OF SPOUSE/CLAIMANT पति/पत्नी / दावाकर्ता के पैन संख्या		
17.	RELATIONSHIP WITH MEMBER सदस्य के साथ संबंध		

Continued.../क्रमशः ...

18. DETAILS OF SERVICE: सेवा के विवरण

NAME OF UNIT ईकाई के नाम	REGISTRATION NO. पंजीयन संख्या	FROM (DATE) से	TO (DATE) तक	REMARKS अभिवृक्ति
(PLEASE ENCLOSE SEPARATE SHEET) (कृपया अलग से संलग्न करें)				

19. TOTAL RECKONABLE SERVICE 1. UPTO 3/89 2. FROM 3/90 TO _____ = _____
कुल गणना सेवा 1. 3/89 तक..... 2. 3/90 से तक

20. AVERAGE NOTIONAL SALARY OF LAST 10 MONTHS (Please enclose separate sheet) _____
अंतिम दस माह का औसत अनुमानित वेतन (कृपया अलग से संलग्न करें)

21. DETAILS OF FAMILY (FOR PF REFUND & PENSION): To be filled after death of Member

परिवार का विवरण (पीएफ एवं पेंशन वापसी हेतु) : सदस्य के मृत्यु उपरांत भरा जाए

SL NO. क्र. सं.	NAME OF FAMILY MEMBERS परिवार के सदस्यों का नाम	RELATIONSHIP संबंध	Age at the time of member's death सदस्य के मृत्यु के समय आयु	Marital Status (at the time of member's death) वैवाहिक स्थिति (सदस्य के मृत्यु के समय)	REMARKS (Parents dependency & Husband of married daughter alive or not to be shown) अभिवृक्ति (माता-पिता की पराश्रिता और विवाहित पुत्री का पति जीवित है या नहीं बताया जाय)
1.	Please enclose Ref-5 (Schedule "C") in death cases (wherever it is applicable). मृत्यु दावा में कृपया रेफ-5 संलग्न करें (अनुसूची "सी") (जो लागू हो)				
2.	Please enclose Ref-6 (wherever it is applicable). कृपया रेफ-6 संलग्न करें (जो लागू हो)				

22. Address for correspondence (as per Colliery Records) _____

पत्राचार का पता (कोलियरी के रिकार्ड के अनुसार)

23. Bank Particulars बैंक विवरणी

- Name of Account Holder _____
खाता धारक का नाम
- Name of Bank Branch _____
बैंक शाखा का नाम
- SB A/C No. _____
बचत बैंक खाता सं.
- IFSC No. _____
आईएफएससी सं.
- MODE OF OPERATION _____
संचालन का तरीका
(F&S Mode for employee/Single mode for other than employee)
(सदस्य के लिए एक एंड एस मोड/ सदस्य के अतिरिक्त अन्य के लिए एकल मोड)

24. Certified that above particulars furnished by me is correct and nothing wrong Information has been provided by me. I declare that I have not remarried after death of member (In case of widow pension).

प्रमाणित किया जाता है कि मेरे द्वारा दिया गया उपयुक्त विवरण सही है एवं कोई गलत सूचना नहीं दी गई है। मैं यह घोषणा करता/करती हूँ कि मैंने सदस्य की मृत्यु के पश्चात पुनर्विवाह नहीं किया है (विधवा पेंशन दावा में लागू)

(Signature/Thumb Impression & Name of Member/Claimant)

(सदस्य/दावाकर्ता का नाम एवं हस्ताक्षर/अंगूठे का निशान)

(Signature/Thumb Impression & Name of Spouse/nominee)

(पति/पत्नी/नामित का नाम एवं हस्ताक्षर/अंगूठे का निशान)

25. Certified that the particulars of the Employee and that of his/her family are correct and in accordance with the Service Records maintained by the Colliery Management. Further above particulars have also verified by me and found correct.

प्रमाणित किया जाता है कि सदस्य एवं उनके परिवार का विवरण कोलरी प्रबंधन के सेवा रिकार्ड के अनुसार सही है। उपर्युक्त विवरण मेरे द्वारा सत्यापित किया गया है एवं जो सही पाया गया है।

(Signature/Name & Office Seal of Colliery Manager)

(कोलियरी प्रबंधक का नाम/हस्ताक्षर एवं कार्यालय मुहर)

To,
The Regional Commissioner,
Coal Mines Provident Fund Office,
10, N.S. Road (Annex Building), Coal Bhawan (5th Floor)
Kolkata- 700001

Sub: Authorization of all our payments through electronic fund transfer system FT/RTGS/NEFT.

Dear Sir,

I do hereby authorize Coal Mines Provident Fund Office, Kolkata to disburse the Provident Fund/Advice amount through electronic fund transfer system RTGS. The details for facilitating the payments are given below:

1.	Name of the Member/Claimant with CMPF A/C No.	
2.	Bank Name & Branch Code	
3.	Saving Bank A/C No. (Former & Survivor Mode)	
4.	IFSC Code No. of the Bank	
5.	e-mail address / Mobile No. of the Beneficiary for the intimation of the disbursement of payment	
6.	AADHAR Card No.	

I also do hereby declare that particulars given above are correct and complete in all respect and if the transaction is delayed or credit is not affected due to incorrect information, I will not hold responsible to the Coal Mines Provident Fund Organization.

Yours faithfully,

SIGNATURE.....

.....

(Name of Member/Beneficiary with CMPF A/c No.)

Signature of Authorized Officer of
Concerned Colliery Management
With Official Seal and date

BANK CERTIFICATION

It is certified that above mentioned beneficiary having a bank account No.
With the branch and the Bank particulars mentioned above are correct.

Authorized Signatory
Name

Official stamp with date & signing power No.

Note:- ONE CANCELLED CHEQUE PLEASE BE PRODUCED IN LIEU OF BANK CERTIFICATION.

Undertaking by the pensioners

To

Dear Sir

Payment of pension under Coal Mines Pension Scheme 1998 undertaking

1. In consideration of your having, at my request agreed to make payment of pension due to every month by credit to my saving bank account number..... in the Bank Branch.....code (address of the bank. I the undersigned agree and undertake to refund or make good my account to which I am 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 found my heirs, successors executors and administrators to indemnify the authorised officer from and against any loss suffered or incurred by the scheme and to forthwith pay the same to the authorised office and also irrevocable authorised the authorised Officer to recover the amount due to debit my said account or any other deposits belonging to me in the possession of the said bank.

Yours faithfully

Signature and Date

CMPF No

Address

1) Witness

Signature

Name

Address

2) Witness

Signature

Name

Address