

SBI EMPLOYEE PENSION FUND

NOMINATION OF MENTALLY RETARDED / DISABLED CHILD FOR FAMILY PENSION

Name of the Branch & Code No. _____

Place : _____

Date : _____

1. Name of the Employee :
2. P.F. Index No. :
3. Designation / Grade :
4. Permanent address of :
the employee
5. Date of Birth :
6. Date of appointment :
in the Bank.
7. Date OF retirement :
8. Details of children with disabilities, if any, to whom Family Pension will be payable afterwards:

Sr.No.	Name of the disabled child with address	Date of Birth	Relationship with the employee	Details of disability certificate issued by <u>Medical Officer not below the rank of Civil Surgoen</u>

I hereby declare that the above particulars of my family members are correct and I agree that the family pension is payable subject to terms and conditions as stipulated in relevant rules, regulations, instructions of the Bank issued from time to time, family pension scheme in force at the relevant time.

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of the Office / Branch Manager of any change that may occur hereafter.

Yours faithfully

(Signature / Thumb impression)