NOTICE

OFFICE OF THE PR. ACCOUNTANT GENERAL (A&E), WEST BENGAL,
KOLKATA

In view of movement restrictions and other difficulties due to the spread of pandemic COVID 19, it is hereby stated that in terms of Para 7.7 of Civil Accounts Manual 2007, Pensioners/Family Pensioners whose pension is being drawn from the PAO cash counter of this office may, if desired, switch over the pension payment channel from PAO cash counter of this office to authorized Banks.

Pensioners/Family Pensioners who are willing to opt for bank payment may apply in prescribed format along with original PPO Book (Pensioner’s Portion) and required enclosures. Copy of the prescribed format is also available herewith. The process of transfer will be initiated on receipt of such option by the pensioners.

Dated the 12th May, 2020
Kolkata.

Dy. Accountant General (A/cs & VLC)
1. Application for Bank Transfer in plain white paper.

2. Bank Option form (4 Copies).

3. Undertaking form (2 Copies).

4. Specimen Signature (3 Copies)(3 signs in each copy)----- Attested

5. Identification Mark & Height (3 Copies)---- Attested

6. Joint Photograph / Single Photograph (3 copies)--- Attested

7. Photo Copy of Bank Pass Book (1st Page).

8. Original PPO Book.

APPLICATION FOR DRAWAL OF PENSION THROUGH PUBLIC SECTOR BANK IN TERMS OF MINISTRY OF FINANCE (DEPTT. OF ECONOMIC AFFAIRS) V.N.NO. F.10(23)-B(TE)76 DATED THE 11TH JUNE,1976
(To be submitted in duplicates)

To
The Pay and Accounts Officer (Audit)
O/o The Pr. A.G. (A&E) WB.
Treasury Buildings
Kolkata-700001

Sir,

I opt to draw my pension through public sector Bank and given below necessary particulars to enable you to make arrangement in this regard.

1. **Particulars of Pensioner**
   
   Name : 
   
   P.P.O.No. : 
   
   Present Address & Contact No. :

2. **Particulars of P.S.B.**
   
   Name of Bank : 
   
   Branch where payment desired & Full Address (with pin code) :

3. *Pensioner’s S.B/Current Account No. at the Branch to which pension is to be credited:
   
   B.S.R Code :
   
   Place :
   
   Date :

* Note ‘Joint’ or Either or Survivor Account

Pensioner’s specimen signature

Yours faithfully,

Pensioner
LETTER OF UNDERTAKING BY THE PENSIONER

To
The Branch Manager,

____________________ (Bank)

____________________ (Branch & Address)

Dear Sir,

Payment of pension under A/C No. ________________ through your Bank with B.S.R. Code ________________.

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 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 from 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 authorize 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 :
Certificate to be given in case of non-attendance in person

CERTIFIED that I have seen the Pensioner Sri/Smt. and that he/she is alive on this date.

Date: 201

Either of the following endorsement should be signed by the Pensioner:

(i) कृपया (BANK) को देने पूर्व रिज़र्व करें।
Please make the cheque payable to (Banker).

(ii) कृपया चेक पर नाम लिखिए।
Please pay the cheque to

Pensioner

यदि उसके पूर्व नाम लिखिए। उसकी पदार्पण ऐसे व्यक्ति को वड़ी चाहिए विनो वहाँ से (वर्तमान), परिषद मंगल/विनोदक, सेवाप्रदायिक, केंद्रीय, वास्तविक व वास्तविक के नाममात्र का आधार बनाना है।

Here state name of the pensioner. He should be identified by someone known to the office of the Principal Accountant General (A & E), W.B./Director of Audit, Central, Calcutta.

*Declaration(s) not applicable may be scored through.

Signature
Name
Designation
<table>
<thead>
<tr>
<th>Name of the Officer</th>
<th>Date</th>
<th>Address</th>
<th>Pay Rank</th>
<th>Competent Authority</th>
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</table>

**Proforma for I.C. 14207/95**

**Date:**

**Receipt of Amount of Pension due for the month:**

**Note:**

1. **Proforma for I.C. 14207/95**
2. **Date:**
3. **Receipt of Amount of Pension due for the month:**

**Note:**

1. **Proforma for I.C. 14207/95**
2. **Date:**
3. **Receipt of Amount of Pension due for the month:**