

ANNEXURE – I

**APPLICATION TO BE SUBMITTED FOR PAYMENT OF EX-GRATIA
LUMP SUM AMOUNT, SALARY & UPKEEP ALLOWANCE,
EDUCATIONAL SUPPORT TO CHILDREN ON COMPASSIONATE GROUNDS
(FOR DEATH OCCURRED ON OR AFTER 01.04.2020)**

[To be submitted by the dependents i.e. spouse/ nominee/ dependents
of the deceased employee/ employee retired on medical grounds]

From:

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To,
The Chief General Manager
State Bank of India,

.....
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Through:

.....
.....
(Branch/ Office)

Dear Sir,

Sub: **Request for payment of ex-gratia lump sum amount on compassionate
grounds for the cases where death occurred on or after 01.04.2020**

I/We hereby submit my/our application for payment of ex-gratia lump sum amount on
Compassionate grounds in terms of Bank's Scheme (Circular No. Dated.....)
And furnish here below the required particulars:

1	Name/s of the applicant (in capitals)	
2	i. Present Address	
	ii. Telephone No.	
	iii. Account Number & Branch Code	
3	i. Name of the deceased/ prematurely retired employee	
	ii. Designation last held	

	iii. Branch/ office last worked	
	iv) Marital status of the deceased employee	
	v) Date of death/ retirement on medical grounds : (Certified copy of Death Certificate issued by the Competent Authority/ premature retirement order should be enclosed)	
	vi. Date of birth and age of the employee : as on the date of death/ premature retirement	
	vii. Service particulars as on death/ premature retirement:	Total Service : Y M D Remaining Service : Y M D
	viii. Salary last drawn	Gross salary : Gross salary (net of taxes):
4	Whether died in harness	
5	A. Cause of death	
	B. Ailment(s) from which the employee was suffering (in respect of employee retired on medical grounds)	
6	In case of retirement on medical grounds, whether the employee had been subject : to examination by a Medical Board constituted in terms of Central Office letter no. ADM/ SPL/5197 dated 27.9.97, if so, copy of Medical Board's report to be enclosed)	
7	Full address of the house/ flat acquired under Bank's Housing Loan Scheme/ other loans	

8	A. Whether staying at Bank's accommodation/Leased House	Yes /No
	B. If yes, period seeking continuation of staying *Maximum 5 months from the date of the death of the employee	_____months

9.Details of the dependents of the deceased/ prematurely retired employee

Sr. No	Name	Age	Marital Status	Relation with the deceased/ prematurely retired employee	Vocation	If employed give details of Employer	Income per month (Copy of Income/Salary certificate to be enclosed)

Photocopy of the ration card of the family of the deceased employee/ any other proof/ affidavit to be enclosed.

10) Details of maximum 2 dependent children (if any) seeking educational support from the age of 3 years to 21 years or completion of graduation or any technical and Specialization courses, whichever is earlier (as per HRMS data):

Sr.No	Name	Date of Birth	Age	Studying in Class	A/C No

<p>11) Whether letter of authorization from : all the dependents for payment of ex-gratia lumpsum amount on compassionate grounds to one of the dependents and to recover the Bank's dues out of the ex-gratia lumpsum amount as per the format is enclosed (Annexure – II)</p>	
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I/We hereby declare that the above information/ documents submitted by me/us are correct.

12) I/We hereby declare that the above information/ documents submitted by me/us are correct.

13) I/We undertake that I/we shall ensure proper utilisation of the ex-gratia amount for the purpose stated in the scheme.

Place :

Yours faithfully,

Date :

Name(s) in Block letters
with address

Signature(s)
(Signature of claimant(s) dependant/
Signature of the prematurely retired
Employee if applicable)

	Witness 1	Witness 2
Signature:		
Name :		
Address :		

Note :

1. The application for payment of ex-gratia lumpsum amount along with salary & upkeep allowance and educational support to children should be received by the Bank within 6 months from the date of death and within two months from the date of premature retirement of the employee.
2. The signatures of the claimant should be witnessed atleast by two reputed persons well known to the Bank.
3. All required enclosures should be submitted along with the application.
4. The application should be submitted to the branch/ office where the employee had last worked.
5. In case of minor dependents- application should be signed by the natural guardian/ guardian appointed by the Court.

Enclosures: 1. Death Certificate

2. Family Details
3. Photographs of all the dependents
4. PAN card & other KYC documents of the applicant.
5. Photographs of both the children (Para-10)
6. Birth Certificate of both the children (Para-10)
7. Educational proof of both the children (Para-10)
8. copy of Medical Board's report if Para-6 applicable.

LETTER OF AUTHORISATION FROM ALL THE DEPENDENTS

Place :

Date :

From :

.....

.....

To,

The

State Bank of India

.....

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Through:

.....

.....

(Branch & Regional Office)

Dear Sir,

Sub: Authorization for payment of ex-gratia lumpsum amount/ Salary & Upkeep Allowance /Educational Support on compassionate grounds

I/We, the undersigned have applied for payment of ex-gratia lump sum amount along with salary & upkeep allowance and educational support on compassionate grounds consequent upon the death of Shri/ Smt. _____ as per Bank's Scheme.

In this connection, I/we also authorize him/ her to receive ex-gratia lump sum amount along with salary & upkeep allowance and educational support and have no objection to the Bank's paying the ex-gratia lump sum amount along with salary & upkeep allowance and educational support to Shri/ Smt. / Ms. _____

We hereby request you to make the payment to the said authorized person after recovering the dues to the bank if any.

We further declare that the above authorization is final, irrevocable and binding on us.

Yours faithfully,

Place :

Date:

Name in Block letters with address	Signature
1.	
2.	
3.	
4.	

	Witness 1	Witness 2
Signature		
Name		
Address		

Note: The signatures of the claimant should be witnessed at least by two reputed persons well known to the Bank.

**FORMAT OF AFFIDAVIT FOR PAYMENT OF EXGRATIA LUMP SUM
AMOUNT, SALARY & UPKEEP ALLOWANCE AND EDUCATIONAL
SUPPORT ON COMPASSIONATE GROUNDS**
(To be stamped as per the State Stamp Act)

ANNEXURE – III

From:

Date:

Place:

To,
The Chief General Manager,
State Bank of India,
.....
.....

**AFFIDAVIT
VERIFYING ANNEXURE – I/ APPLICATION**

I/We (1) Shri/Smt....., agedyears w/o / s/o / d/o.....
(2) Shri/Smt....., agedyears w/o / s/o / d/o.....
(3) Shri/Smt....., agedyears w/o / s/o / d/o.....
(4) Shri/Smt....., agedyears w/o / s/o / d/o.....
(5) Shri/Smt....., agedyears w/o / s/o / d/o.....
(6) Shri/Smt....., agedyears w/o / s/o / d/o.....

do hereby solemnly affirm and state on oath as follows:

i. I/We am/are applying for payment of ex-gratia lumpsum amount along with salary & upkeep allowance and educational support on compassionate grounds consequent upon the death of Shri/Smt.....on.....

ii. I/We submit that whatever I/we have stated in the application is true to the best of my/our knowledge, belief and information. I/we further submit that I/we have disclosed all the material facts necessary for claiming ex-gratia lumpsum amount along with salary & upkeep allowance and educational support on compassionate grounds.

iii. I/we submit that by way of information whatever documents, I/we have produced are either originals or true copies of the originals. I/we shall produce the originals for scrutiny before any officer of the Bank.

iv. I/we declare that the contents of my/our affidavit are true and correct, and the signature affixed below is/are mine/ours.

2. If it is revealed that the information and particulars furnished in the application or any other documents submitted for the purpose of claiming the ex-gratia lumpsum amount along with salary & upkeep allowance and educational support are materially incorrect or false, it will tantamount to committing a fraud and I/we am/are liable to pay back the entire amount received by me/us to the Bank with interest and bank may take appropriate action against me/us.

The undertaking as above is irrevocable.

Identified by me,
Advocate

Deponent/s

Place:

Date:

Sworn to before me

The
State Bank of India,

ANNEXURE – IV

No.

Date:

Dear Sir,

**THE SCHEME FOR PAYMENT OF EX-GRATIA LUMP SUM AMOUNT,
SALARY & UPKEEP ALLOWANCE AND EDUCATIONAL SUPPORT**

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With reference to Circular no. dated , we forward herewith application dated received from Smt./ Shri/ Km. requesting for payment of ex-gratia lumpsum amount along with salary & upkeep allowance and educational support on compassionate grounds in terms of the Bank's Scheme for payment of ex-gratia lumpsum amount along with salary & upkeep allowance and educational support. We give below the required information/ data for processing the applications at your end duly recommended by us.

SR NO	PARTICULARS REQUIRED	INFORMATION	REMARKS
1	P.F.Number		
2	Name of the Employee		
3	Date of Birth		
4	Date of Joining		
5	Cadre of Joining		
6	Place of Posting		
7	Designation/Scale last held		
8	Date of Death		Encl. :Death Certificate
9	Reason of Death		
10	Total service as on date of death/ retirement	Y M D	
11	Remaining service	Y M D	
12	Marital status		
13	Gross salary - last drawn*		
14	Gross salary (net of taxes) - last drawn		

* Salary & deduction certificate to be enclosed.

B : FAMILY DETAILS OF DECEASED/RETIRING EMPLOYEE:

SR NO	NAME	A G E	MARITAL STATUS	RELATIONSHIP	VOCATION	IF EMPLOYED GIVE DETAILS OF EMPLOYER	INCOME PER MONTH
1							
2							
3							
4							
5							
6							

C. APPLICANT'S BASIC DETAILS:

SR NO	PARTICULARS	DETAILS
1	NAME	
2	RELATIONSHIP WITH THE DECEASED/ PREMATURE RETIRING EMPLOYEE	
3	AGE AS ON DATE OF APPLICATION, RECEIVED BY THE BANK	YEAR MONTH DAYS
4	PRESENT OCCUPATION	
5	EMPLOYMENT DETAILS, IF EMPLOYED	
6	MONTHLY SALARY/INCOME, IF ANY	

D. DETAILS OF THE CHILDREN FOR EDUCATIONAL SUPPORT:

SR NO	Name	Date of Birth	Age as on Date of the death of the employee	Studying in Class	Account No.

E. CALCULATION OF EX-GRATIA AND SALARY:

In terms of P&HRD e-Circular No. CDO/P&HRD-PM/33/2020 – 21 dated 04.09.2020,

(i) Ex-gratia:

a. Eligible amount of ex-gratia:	Rs.
b. Amount of Sampoon Suraksha (Valid upto 31.03.2020)	Months
c. Net amount payable after deduction Sampoon Surksha	Rs.

(ii) Continuation of monthly salary:

a. Amount of last drawn Gross Salary:	Rs.
b. Number of eligible months to be paid	Months
c. Total amount to be paid	Rs.

(*12 months' salary or till the age of notional superannuation of deceased employee, whichever is earlier. Any increment/ revised salary falling due after the death of the employee is not eligible.)

(iii) Continuation of leased accommodation & Payment of Upkeep Allowances:

a. Period allowed for staying at leased/Banks' accommodation: Months*

b. Payment of Upkeep Allowances:

i) Cleansing Materials	Rs
ii) Payment for casual labour	Rs

*Maximum 5 months or till vacation of the accommodation, whichever is earlier.

(iv) Amount to be paid for Educational Support to the Children: (Max 2 children)

(from the age of 3 years to 21 years or completion of graduation or any technical and Specialization courses, whichever is earlier)

Stages & Max Amount		(Amount in Rs.)			
		Child-I		Child-II	
Stages (A)	Amount per month (B)	No. of years to be paid (C)	Amount (B X CX12)	No. of years to be paid (D)	Amount (B X DX12)
Stage-I: Up to Class II	Rs.2000/-				
Stage-I: Up to Class V	Rs.3000/-				
Stage-I: Up to Class VII	Rs.5000/-				

Stage-I: Up to Class XII	Rs.5000/-				
Stage-I: Up to Graduation	Rs.7500/-				
Total Amount to be paid					
Gross Total amount for both children					

*Amount for each stage= Eligible amount per month X Number of years in that stage X 12

F. RECOMMENDATION:

We recommend to consider the applications of Mr./ Ms. _____ who is eligible for

i) Payment of ex-gratia amount of Rs.	Rs.
ii) Payment of monthly salary of	Rs.
iii) Payment of upkeep Allowances of	Rs.
iv) Payment for Educational Support to the Children of	Rs.

Certified that all the information submitted above are correct and accurate. We have Verified from reliable sources/documents/records and found correct.

All required information/ documents are attached duly verified and attested.

Recommended for sanction please.

Yours faithfully

Branch Manager/ HOD/Recommending Authority
Enclosures: As above

Sanctioned:

(Sanctioning Authority)

CHECK-LIST

SR.NO	DETAILS
1	ANNEXURE - I (Application)
2	ANNEXURE - II (Authorisation Letter)
3	ANNEXURE - III (Affidavit)
4	ANNEXURE - IV (Recommendation & Calculation)
5	DEATH CERTIFICATE
6	LAST SALARY SLIP
7	SERVICE SHEET
8	PROVIDENT FUNDS APPROVAL
9	GRATUITY APPROVAL
10	LEAVE ENCASHMENT APPROVAL
11	PENSION PAYMENT ORDER
12	DEPENDANT FAMILY DETAILS
13	PHOTOGRAPHS OF ALL THE DEPENDANTS
14	PAN CARD & KYC DOCUMENTS OF THE APPLICANT
15	BIRTH CERTIFICATE OF THE CHILDREN
16	EDUCATIONAL PROOF OF THE CHILDREN
17	MEDICAL BOARD'S REPORT IF APPLICABLE