

CALCUTTA PORT TRUST

Form-L  
(Pension)

To be submitted by Pensionable employee who is due to retire shortly from C.P.T. service/retired, to his Head of Department.

To be enclosed by the Department with the Pension Proposal.

Declaration as regards Family members of Shri/Smt. ....  
Designation..... Sec/Dept:..... Employees Item  
..... Code No:..... Retired/ to be retired W.E.F.:.....

Sr. No	Name	Present Address	Age, date of birth (for children)	Relationship with the employee	whether the child Physically handicapped
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- 1)
- 2)
- 3)
- 4)
- 5)

Signature of the applicant/  
Employee/Pensioner/Family

Place:

Date:

Witness Signature

Identification Marks/Height of Shri/Smt:.....

Marks: 1)

2)

Height:.....

Identification Marks and Height  
Attested by

Signature

Designation

Official Seal

Place:

Date:-

Senior Accounts Officer, Pension Section/Head of Department/Head of Section  
(Please specify)

Place: \_\_\_\_\_ hereby nominate the person named below under Regulations.  
I, \_\_\_\_\_ (Name of the pensioner in Capital letter)

of Calcutta Port Trust Pensioners' payment of Arrear of pension (Nomination) Regulations, 1991

Name and address of the Nominee	Relationship with the pensioner	If the nominee is a minor Date of birth	Names and address of the person who may receive the said pension during the nominee's minority	Name and address of other nominee in case the nominee, under Column (1), predeceases the pensioner.	Relationship with the pensioner	Date of birth if the other nominee is minor	Name & address of person who may receive the pension during the other nominee's minority.	Contin- gency on happen- ing of which nomina- tion shall become invalid
1	2	3	4	5	6	7	8	9

Place : \_\_\_\_\_  
 Date : \_\_\_\_\_  
 (1) Witness : \_\_\_\_\_ Signature \_\_\_\_\_  
 Official Seal \_\_\_\_\_  
 Name and Address \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Name and Address \_\_\_\_\_  
 Pension Roll No., if any \_\_\_\_\_  
 Signature (or thumb impression, if illi- terate) and name of pensioner, \_\_\_\_\_  
 Address : \_\_\_\_\_

Signature of Senior Accounts Officer/Pension Section/Head of Department/Head of Section  
 Signature of Senior Accounts Officer, Pension Section/Head of Department/Head of Section  
 Name of Department and Establishment  
 point from where the pensioner/employ- ees retired/will retire  
 Name of Department/Head of Section  
 whose address is \_\_\_\_\_  
 Signature of Senior Accounts Officer, Pension Section/Head of Department/Head of Section  
 whose address is \_\_\_\_\_

N.B.: The witness must be a member of the Local Anchal Panchayet or Commissioner of Local Municipal/Corporation or a Head Master of Local School or an M.L.A. and M.P. or a Gazetted Officer or an Officer of Calcutta Port Trust.  
 Acknowledgement to be sent by the Senior Accounts Officer, Pension Section/Head of Department/Head of Section  
 certified that an application/nomination has been received from \_\_\_\_\_  
 Signature of Senior Accounts Officer/Pension Section/Head of Department/Head of Section  
 Date : \_\_\_\_\_

Senior Accounts Officer, Pension Section/Head of Department/Head of Section

(Please specify)

Place: \_\_\_\_\_ hereby nominate the person named below under Regulations.

I, \_\_\_\_\_ (Name of the pensioner in Capital letter)  
of Calcutta Port Trust Pensioners' payment of Arrear of pension (Nomination) Regulations, 1991

Name and address of the Nominee	Relationship with the pensioner	If the nominee is a minor Date of birth of the person who may receive the said pension during the nominee's minority	Name and address of other Nominee in case the nominee, under Column (1), predeceases the pensioner.	Relationship with the pensioner	Date of birth of the other nominee is minor	Name & Address of person who may receive the pension during the other nominee's minority.	Contingency on happening of which nomination shall become invalid	
1	2	3	4	5	6	7	8	9

Place: \_\_\_\_\_  
Date: \_\_\_\_\_  
(1) Witness: \_\_\_\_\_ Signature: \_\_\_\_\_  
Official Seal: \_\_\_\_\_ (2) Witness: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name and Address: \_\_\_\_\_ Name and Address: \_\_\_\_\_  
Pension Roll No., if any: \_\_\_\_\_

Signature of Senior Accounts Officer, Pension Section/Head of Department/Head of Section  
Department/Head of Section  
Signature of Senior Accounts Officer, Pension Section/Head of Department/Head of Section  
Name of Department and Establishment  
point from where the pensioner/employee retired/will retire  
whose address is: \_\_\_\_\_

Date: \_\_\_\_\_  
Signature of Senior Accounts Officer/Pension Section/Head of Department/Head of Section

# KPLKATA PORT TRUST

FORM-E

## FORM OF APPLICATION FOR THE GRANT OF FAMILY PENSION OF THE EMPLOYEE

1. Name of employee  
Shri/Smt. \_\_\_\_\_

2. Name and age of Wife/Husband/Children of the employee.

Sl. No.	Name	Age	Relationship with the deceased person	Date of birth by Christian Era	Identification mark with height

3. Section/Department in which the Employee Serving. \_\_\_\_\_

4. Full address of the Employee:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Enclosures:

- i) Two specimen signatures (duly attested) of the wife/ Husband / Child/ Children of the Employee entitled to draw Family Pension to be furnished in two separate sheets.
- ii) Two copies of passport size photograph of the Wife /Husband/ Child/ Children entitled to draw Family Pension duly attested.
- iii) Two slips each bearing left hand thumb and finger impression (duly attested) of the Wife/Husband/Child/Children of the employee.
- iv) Certificate (s) of age (in original) with attested copies showing the dates of births of children of the employees.

The certificates should be from the Corporation / Municipal Authorities or from the Anchal Panchayat or from the head of a recognized school if the child is studying in such school. (This information should be furnished in respect of such child or children the particulars of whose date of birth are not available).

6. (a) Signature of the employee  
 (b) Employee No.  
 (c) P.F. account No.  
 (d) F.D. Card No.

**NOMINATION PARTICULARS**

7.

PARTICULAR	NAME OF NOMINEE	RELATIONSHIP	PERCENTAGE
Gratuity			
Provident Fund			
Person entitled to commuted value of pension in the event of death			

8. Signature of the Head of the Department.

**WITNESS**

9.

	Name	Designation	Full Address	Signature
1.				
2.				

APPLICATION FOR DRAWING PENSION/FAMILY PENSION THROUGH  
STATE BANK OF INDIA (Throughout India)

OR

INDIAN OVERSEAS BANK / CANARA BANK  
UNITED COMMERCIAL BANK / UNITED BANK OF INDIA  
(West Bengal jurisdiction only)

(To be submitted in duplicate)

To  
The Financial Adviser &  
Chief Accounts Officer,  
KOLKATA PORT TRUST  
Sir,

I opt for under noted mode of payment for drawal of my pension/Family pension/Ex-gratia payment through Bank for which I give below the necessary particulars to enable you to make arrangement with regard to my pension

- a) i) Name of the applicant in full \_\_\_\_\_  
(In Block letters)  
ii) Name of nominee \_\_\_\_\_ Relationship \_\_\_\_\_  
b) Pension card Roll No \_\_\_\_\_ Case No. \_\_\_\_\_  
c) Local address in the Pension card \_\_\_\_\_  
where pension to be remitted \_\_\_\_\_  
d) Permanent address \_\_\_\_\_  
e) Name of the Bank's Branch \_\_\_\_\_  
f) Code No of Branch \_\_\_\_\_  
g) Address of the Branch \_\_\_\_\_  
h) Pension Bank Account No. Account should  
be 'Single'  'joint' (Either on 'Survivor' basis) \_\_\_\_\_  
i) Single Account to be certified by the  
Branch Manager \_\_\_\_\_  
j) Specimen signature <sup>and</sup> L.T.I. of  
the pensioner \_\_\_\_\_

N.B. L.T.I. is a must.

Yours faithfully,

\_\_\_\_\_  
(Signature L.T.I. of the pensioner)

USE IN OFFICE OF THE FINANCIAL ADVISER AND CHIEF ACCOUNTS OFFICER  
KOLKATA PORT TRUST

Forwarded to the Manager \_\_\_\_\_  
Pension card of Sri/ Smt. Kumar \_\_\_\_\_  
Bearing Roll No \_\_\_\_\_ is sent herewith  
Pension has been paid for the period upto the month of \_\_\_\_\_  
Pension due from the month of \_\_\_\_\_ be arranged by the

Financial Adviser & Chief Accounts Officer  
Kolkata Port Trust

APPLICATION FOR DRAWING PENSION/FAMILY PENSION THROUGH  
STATE BANK OF INDIA (Throughout India)

OR  
INDIAN OVERSEAS BANK / CANARA BANK  
UNITED COMMERCIAL BANK / UNITED BANK OF INDIA  
(West Bengal jurisdiction only)

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To  
The Financial Adviser &  
Chief Accounts Officer,  
KOLKATA PORT TRUST  
Sir,

I opt for under noted mode of payment for drawal of my pension/Family pension/Fix-gratia payment through Bank for which I give below the necessary particulars to enable you to make arrangement with regard to my pension

- a) i) Name of the applicant in full \_\_\_\_\_  
(In Block letters)
- ii) Name of nominee \_\_\_\_\_ Relationship \_\_\_\_\_
- b) Pension card Roll No. \_\_\_\_\_ Case No. \_\_\_\_\_
- c) Local address in the Pension card \_\_\_\_\_  
    where pension to be remitted \_\_\_\_\_
- d) Permanent address \_\_\_\_\_
- e) Name of the Bank's Branch \_\_\_\_\_
- f) Code No of Branch \_\_\_\_\_
- g) Address of the Branch \_\_\_\_\_
- h) Pension Bank Account No. Account should  
    be 'Single ~~or~~ joint' (Either on 'Survivor' basis) \_\_\_\_\_
- i) Single Account to be certified by the  
    Branch Manager \_\_\_\_\_
- j) Specimen signature L.T.I. of  
    the pensioner \_\_\_\_\_

N.B. L.T.I. is a must.

Yours faithfully,

\_\_\_\_\_  
(Signature L.T.I. of the pensioner)

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KOLKATA PORT TRUST

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Pension due from the month of \_\_\_\_\_ be arranged by the

Financial Adviser & Chief Accounts Officer  
Kolkata Port Trust

# ECS MANDATE FORM

Ref: LIC/ECS (Mandate)

Date:

The Manager (P&GS)  
LIC of India  
16, Chittaranjan Avenue  
Kolkata.

Dear Sir/Madam

Re: Annuity No.....

THE BANK DETAILS ARE AS FOLLOWS:-

1. NAME OF THE ANNUITANT: \_\_\_\_\_
2. PARTICULARS OF BANK ACCOUNT

A.	BANK NAME	
B.	BANK BRANCH NAME	
C.	BANK BRANCH ADDRESS	
D.	ACCOUNT TYPE (S.B. ACCOUNT/ CURRENT ACCOUNT OR CASH CREDIT) WITH CODE 10/ 11/ 13	
E.	LEDGER NO. / LEDGER FOLIO	
F.	ACCOUNT NO. (AS APPEARING ON THE CHEQUE BOOK)	
G.	9 DIGIT MICR CODE NO. (AS APPEARING ON THE CHEQUE BOOK)	

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected to at all for reasons of incomplete or incorrect information, I would not hold LIC responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the Scheme.

Date:

(.....)

(Note: Kindly attach a blank cancelled cheque leaf or a photocopy thereof for verification of the above particulars)



## ECS MANDATE FORM

Ref: LIC/ECS (Mandate)

Date:

The Manager (P&GS)  
LIC of India  
16, Chittaranjan Avenue  
Kolkata.

Dear Sir/Madam

Re: Annuity No.....

THE BANK DETAILS ARE AS FOLLOWS:-

1. NAME OF THE ANNUITANT: \_\_\_\_\_

2. PARTICULARS OF BANK ACCOUNT

A.	BANK NAME	
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