

20
THE PUNJAB STATE COOPERATIVE AGRICULTURAL DEVELOPMENT BANK
LIMITED, CHANDIGARH, Ph: 0172-5011746

To be filled all columns in BLOCK LETTERS

Application for claiming _____

1. Name of the Employee _____
2. Father/ Husband's Name _____
3. Designation _____
4. Postal Address _____

5. Provident Fund A/C No. _____
6. Saving Bank Account No. _____
With I.F.S.C Code _____
7. Name of Establishment (SADB/PADB) _____
8. Date of Birth _____
9. Date of Joining in the Bank _____
10. Date of leaving service/retirement _____
11. Reason of leaving Service _____
12. Phone No. _____

Certified that the particulars are true to the best of my knowledge.

✓

Signature or left/right
Thumb impression of the member.

The applicant has signed/ thumb impressed before me.

Paste your joint
Photo here (self
attested)

Signature of Authorised official
Designation and seal
SADB/PADB _____

CHECK LIST FOR CLAIMING RETIREMENT DUES

1. RETIREMENT ORDER COPY
2. SBI ACCOUNT (CANCELLED CHEQUE)
3. PAN CARD COPY
4. LPC

NOTE:- THREE SET OF ALL THESE DOCUMENTS SHOULD BE PRODUCED AND SPECIFICLY STATED FOR CLAIMING

- 1. GRATUITY & LEAVE ENCASHMENT,**
- 2. STAFF SECURITY,**
- 3. EMPLOYEE WELFARE FUND**