



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

(Regd. Under the Trade Union Act, 1926; Regd. No. 546 / 2016)

302, Block No. 304, Ram Krishna Enclave, Nutan Chowk, Sarkanda; Bilaspur (CG)

Website: www.aiace.co.in; E-mail : centralaiace@gmail.com ; Ph. 9907434051

AIACE/CENTRAL/2022 /057

Dated 13-6-2022

To
The Chairman-cum-Managing Director
CMPDI
Kanke Road
Ranchi - 834031
Jharkhand

Sub: Further actions solicited for starting Widow Pension to Smt Raman Wahi, w/o Late A. K. Wahi, retd
CGM(Exploration), CMPDI

Dear Sir,

It is to bring to your kind notice that our Associate member Smt Raman Wahi, w/o Arun Kumar Wahi, Retired CGM Exploration, CMPDI HQ, Ranchi, EIS No: 90011628, CMPF No: BLP/23/233, AIACE Member No: A-20173 has intimated us that, her husband Sri Arun Kumar Wahi expired on 29-4-2021, after which last year, around November, 2021 she submitted CMPDI,HQ, her Pension Claim in SAHAJ form along with all the needful documents. (Annexure-I).

She has not been sanctioned her Widow pension even after lapse of 8 months.

We are not aware of the status whether or not her pension form has been processed onwards to CMPF, Regional Office, Ranchi.

It is requested that, needful instructions to concerned officials be issued so that the widow is able to get her legitimate dues and Smt Wahi may be asked to comply with any other required formalities.

With regards,

P. K. SINGH RATHOR
Principal General Secretary

<akw511@rediffmail.com>

Date: Fri, 10 Jun, 2022, 4:33 pm

Subject: Pension Related Documents

To: centralaiace@gmail.com <centralaiace@gmail.com>

Dear Convenor, AIACE

This is to inform you that my husband Shri Arun Kumar Wahi left for his heavenly abode on 29.04.21. I applied for pension by 2021 year end. Till date I have not received any updates related to pension.

The details are:

Husband Name: Shri Arun Kumar Wahi

Retired from : ExCGM Exploration, CMPDI HQ, Ranchi

EIS No: 90011628

CMPF No: BLP/23/233

AIACE Member No: A-20173

Kindly look into the matter. I will be highly grateful to you.

Enclosures:

1. Pension documents submitted
2. Death certificate



फॉर्म संख्या / Form No. 6
राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
Govt. of National Capital Territory of Delhi
दक्षिणी दिल्ली नगर निगम
SOUTH DELHI MUNICIPAL CORPORATION
मृत्यु प्रमाण पत्र / Death Certificate



0221-16815377

(Issued under section 17 of the Registration of Death Act, 1969 and 8/13 of Delhi Registration of Death Rule, 1999)

This is to certify that the following information has been taken from the original record of DEATH which is the register for South Delhi Municipal Corporation of SOUTH ZONE of N.C.T. Delhi

नाम / Name	ARUN KUMAR WAHI
लिंग / Gender	MALE
मृत्यु की तिथि / Date Of Death	29/04/2021
मृत्यु का स्थान / Place Of Death	MAX SMART SUPER SPECIALITY HOSPITAL MANDIR MARG SAKET NEW DELHI NEW DELHI NEW DELHI MALVIYA NAGAR COLONY SOUTH DELHI INDIA 110017
पंजीकरण की तिथि / Date Of Registration	03/05/2021
पंजीकरण संख्या / Registration No	MCDOLIR-0221-224742
माता का नाम / Name of Mother	RAM PYARI WAHI
पिता/पति का नाम / Name of Father/Husband	RALYA RAM WAHI
जीवनसाथी का नाम / Name of Spouse	RAMAN WAHI
वर्तमान पता / Present Address	T-1202 A, AMRAPALI SILICON CITY, SECTOR-76, NOIDA GAUTAM BUDDHA NAGAR UTTAR PRADESH INDIA 201301
स्थायी पता / Permanent Address	T-1202 A, AMRAPALI SILICON CITY, SECTOR-76, NOIDA GAUTAM BUDDHA NAGAR UTTAR PRADESH INDIA 201301
छपाई की तिथि / Print Date	03/05/2021



Note: This certificate is system generated and does not require any seal/signature in original. The authenticity of this certificate can be verified at mcdonline.nic.in

प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें
ENSURE REGISTRATION OF EVERY BIRTH & DEATH

'SAHAJ'/'सहज'

(Revised)/परशोधित

CLAIM FOR PF REFUND AND PENSION

भिव िनिध वापसी एवं पशन दावा के िलए

(For all kinds of PF and Pension claims)

(सभी कारके भिव िनिध एवं पशन दावा के िलए)

1. Name of the Member(In blockletter) ARUN KUMAR WAHI
सदस्य का नाम(स्पष्ट अक्षरों में)
2. ✓ Father's/ Husband's name RALYA RAM WAHI
पिता/पति का नाम
3. CMPF A/C No. BLP/23/233
को.खा.भ.िनि.लेखा सं ा
4. Name of the Claimant RAMAN WAHI
दावेदार का नाम
5. Relationship with the member SPOUSE
सदस्य के साथ संबंध
6. Aadhar No. 307878671754
आधार संख्या
7. Mobile No.- 9811449466 8.E-mail Id- ramanwahi8914@gmail.com
मोबाइल नम्बर-मेल आईडी
9. Date of Birth of the Member(as per formB) 05.11.1950
सदस्य का जन्म तिथि (फॉर्म बी के अनुसार)
10. Date of Appointment 09.01.1974
नियुक्ति की तिथि
11. Date of Cessation 30.11.2010
समाप्ती की तिथि
12. Reason for Cessation Superannuation/ Medically unfit/ Disabled/ Dismissed/ Retrenched/ Resigned/ Voluntary retirement/ Death
समाप्ती के कारण सेवा-निवृत्ति/शारीरक अनुपयुक्त/विकलांग /बरखास्त/
छंटनी/इस्तीफा/ स्वैच्छक निवृत्ति/मृत्यु
13. Date of death(where applicable) 29.04.2021
मृत्यु की तिथि (यदिआवश्यक)
14. Detail of Service
सेवा के विवरण

Name of Estt. स्थापना का नाम	Period of employment नियोजन के अविध	From से	To तक
CMPDI HQ, Ranchi		9.1.74	25.2.81
RI IV, Nagpur		26.2.81	30.8.97
RI V, Bilaspur		10.9.97	14.8.03

CMPDI HQ, Ranchi 18.8.03 30.11.10

15. Details of family (as per colliery record)
परिवार का विवरण (कोलियरी के रिकॉर्ड अनुसार)

For PF Refund/भिव निधि वापसी के लिए

Sl No क्र.सं.	Name नाम	Relation-ship संबंध	Date of Birth-Age at the time of member's death जन्म तिथि - सदस्य के मृत्यु के समय उम्र	Marital status at the time of member's death सदस्य की मृत्यु के सभी वैवाहिक स्थिति	Remarks (Parent's dependency and husband of married daughter is alive or not to be shown) अभिव्यक्त (मटा-पिता की पराश्रितता और विवाहित पुत्री का पति जीवित है या नहीं बताया जाय)

For Pension/पेंशन के लिए

(Sons and unmarried daughters below 25 years only to be mentioned)

(पुत्रों और अविवाहित पुत्रियों का उल्लेख किया जाए जिनकी उम्र 25 वर्ष से कम हो।)

Sl No क्र.सं.	Name नाम	Relationship संबंध	Date of birth जन्म तिथि	Name of guardian with full address in case of minor अवयस्क होने की स्थिति में अभिभावक का नाम और पता
	NA			

Certified that the member has left no members of the family as defined in the para 2(h) of CMPF scheme and CMPS-98 other than those whose names are specified in point No. 15 प्रमाणित किया जाता है कि सदस्य के [परिवार के कोयलाखान भविष्य निधि योजना के अनुच्छेद 2 (एच) में परिभाषित ऊपर उल्लेखित सदस्यों के अतिरिक्त और कोई सदस्य नहीं है।

Signature of the Manager
कोलियरी प्रबंधक या प्राधिकृत
Authorised Officer
अधिकारी का हस्ताक्षर

16. Present address:- At/Vill: _____ P.O- _____
सदस्य के स्थायी पता ग्राम पो.
P.S.: Sector-49 Dist: GAUTAM BUDDHA NAGAR
थाना NOIDA जिला
State:- UTTAR PIN 201307
राज्य PRADESH पिन

17. Permanent address :At/Vill: _____ P.O- _____
सदस्य के वर्तमान पता पो.
P.S.: Sector-49 Dist: GAUTAM BUDDHA NAGAR
थाना NOIDA जिला
State:- UTTAR PIN 201307
राज्य PRADESH पिन

18. Remittance details/ प्रेषण का विवरण:

FOR P.F. Refund/Pension (Single S.B. account or if joint 'F & S' mode with spouse only)

भविष्य निधि वापसी पशन के लिए (एकल बचत बक खाता सं. या संयुक्त एफ/एस मोड केवलदपित के साथ)

(In case of Widow/Widower Single S.B. Account only)

विधवा/विधुर की अवस्था में एकल बचत बैंक खाता केवल)

- (i) Name of account holder RAMAN WAHI
खाताधारक का नाम
- (ii) S.B. A.C No. (in figures) 32041160786
बचत बक खाता सं. (अंकों में)
- (iii) Name of Bank STATE BANK OF INDIA
बैंक का नाम
- Branch Sector-51, NOIDA IFSC No SBIIN0016739
शाखा आईएफएससी सं.
- (iv) Address of Bank B-1, A/31
बक का पता Sector-51
NOIDA PIN 201307
(U.P.) पिन

19. **Declaration for PF Refund on behalf of minor(s)**

निधि वापसी के लिए नाबालिग की ओर से घोषणा

(In case of minor surviving members)

The amount of Provident Fund money on behalf of minor(s) may please paid to me. In this connection I certify that the minor(s) as at Col.15 Sl. No. is/are living with me and is/are being looked after and supported by me. The Provident Fund money of his/her/their so paid to me will be spent in his/her/their best interest and profit.

..... का भगतान कपया मुझे किया जाय। इस संदर्भ में मैं

Certified that the facts stated overleaf are correct and I recommend the payment of Provident Fund Money in favour of Shri/Smt. _____

On behalf of minor _____

प्रमाणित किया जाता है कि उपयुक्त तथ्य सही है तथ्य नावालिग _____ के पक्ष में भविष्य निधि कि ओर श्री/ श्रीमति _____ राशि के भुगतान की अनुसंशा करता हूँ।

Office Seal
कार्यालय मुहर

Manager _____ Colliery
प्रबन्धक कोलियरी
Signature or/ या
हस्ताक्षर
Mukhia _____ panchayat
or/ या
A Gazetted Officer _____

Month/ माह	Salary in(Rs.) / वेतन	Month/ माह	Salary in(Rs.) / वेतन रु.

राजपि त अधिकारी

Total ten Month Salary Rs. _____

कुल दस महीने का वेतन रु.

Average Ten Month Salary Rs. _____

औसत दस महीने का वेतन .

20. Total pensionable service (As per Annexure-III) 36 Years 11 Month
कुल पशनदायी सेवा (सारणी-III) _____ वर्ष _____ माह

21. Average Notional salary of last ten months.
औसत दस माह का अनुमानित वेतन

22. Option for Pension/पशन का विकल्प

[Strike out the option/portion not applicable/जो लागू न हो उसे काट दो।]

I/मै. RAMAN WAHI S/o, W/o, D/o, पुत्र पुत्री/पत्नी LATE SHRI ARUN

KUMAR WAHI CMPFA/C.No को.खा.भ.नि. लेखा सं. BLP/23/233 employed/नियोजित हूँ
CMPDI HQ, RANCHI colliery/Unit खान/इकाई having fully understood the provisions of
the Pension Scheme and understanding that what I opt below will be final and I shall
have no right to modify

पेंशन स्कीम के उपबंधों को पूरी तरह समझ चुका हूँ और समझता हूँ कि मेरे द्वारा लिया गया विकल्प आत्म
होगा और मुझे उसे उपातरित करने का कोई अधिकार नहीं होगा

A) Draw pension with effect from _____ at the age of _____ years i.e. earlier than
superannuation age under provisions of Sub-Paragraph[3] of Paragraph 10 of the Pension
Scheme.

मैं तारीख _____ से _____ वर्ष की आयु पर अर्थात् पैरा 10 के उप पैरा(3) के उपबंधों के
अधीन अधिविषता की आयु से पूर्व पेंशन लूँगा।

Or/या

B) Draw full admissible amount of pension under clause [a] of Sub-Paragraph[1] of Paragraph 15
of the Pension Scheme.

स्कीम के पैरा 15 लके उप पैरा (1) के खंड (क) के अधीन अनुज्ञेय पेंशन की पूरी रकम लूँगा।

Or/या

C) Draw reduced amount of pension during my life time under the provision of clause [b] of Sub-
Paragraph[1] of Paragraph 15 of the Pension Scheme.

स्कीम के पैरा 15 के उप पैरा (1) के खंड (ख) के उपबंधों के अधीन अपने जीवन-कल के दौरान कम की
गई पेंशन लूँगा।

Or/या

D) Draw reduced amount of pension during my life time under the provision of clause [c] of Sub-
Paragraph[1] of Paragraph 15 of the Pension Scheme.

स्कीम के पैरा 15 के उप पैरा (1) के खंड (ग) के उपबंधों के अधीन अपने जीवन-कल के दौरान कम की
गई पेंशन

Date/ दिनांक:- 27-10-21

Place/ स्थान :- NOIDA

Raman wali

Signature/LTI/RTI/ of the claimant

दावेदार का हस्ताक्षर या बाएँ/दाहिने अंगूठे का निशान

23.

Declaration for payment of pension

(in case of death of member)

[Strike out the option/portion not applicable]

I hereby declare that the above particulars are true to the best of my knowledge and belief. मैं
यह घोषणा करता/करती हूँ कि उपरोक्त विशिष्टियाँ मेरी सर्वोत्तम जानकारी के अनुसार सही हैं।

I declare that I have not remarried after 29.4.21 (date of death of member) मैं, यह घोषणा
करता/करती हूँ कि मैंने _____ (सदस्य की मृत्यु की तारीख उपदर्शित करें) के पश्चात पुनर्विवाह
किया है।

I declare that I have not attained the age of 25 years. (in case of son)

मैं, यह घोषणा करता/करती हूँ कि मैंने 25 वर्ष की आयु प्राप्त नहीं किया है (पुत्र की दशा में)

I declare that I have not married and have not attained the age of 25 years. (in case of daughter) मैं, यह घोषणा करता/करती हूँ कि मैंने विवाह नहीं किया है और 25 वर्ष की आयु प्राप्त नहीं किया है (पुत्र की दशा में)

Date/दिनांक:-

Place/थान :-

Raman wali

Signature/LTI/RTI of the claimant

दावेदार का हस्ताक्षर या बाएँ/दाहिने अंगूठे का निशान

24. Descriptive roll and specimen signature of the member

सदस्य की विवरण पंजी और नमूना हस्ताक्षर

Photo फोटो

Date of Birth/जन्म तिथि _____

Identification Mark/ पहचान चिन्ह _____

Specimen Signature/नमूना हस्ताक्षर _____

Finger Impression:
अँगुलियों के निशान:

Left Hand/ बाएँ हाथ:

Right Hand/दाय हाथ:

IndexFinger तर्जनी	MiddleFinger मध्यमा	RingFinger अनामिका	LittleFinger कनिष्ठ	Thumb अंगूठा
IndexFinger तर्जनी	MiddleFinger मध्यमा	RingFinger अनामिका	LittleFinger कनिष्ठ	Thumb अंगूठा

Attested By/अभिप्रमाणित

Name/नाम

Designation/पदनाम

Seal/मुहर

Attested By/अभिप्रमाणित

Name/नाम

Designation/पदनाम

Seal/मुहर

25. Descriptive roll and specimen signature of the member
सदस्य का विवरण पंजी और नमूना हस्ताक्षर

Photo
फोटो

Date of Birth/जन्म तिथि _____

Identification Mark/ पहचान चिन्ह _____

Specimen Signature/नमूना हस्ताक्षर _____

Finger Impression:
उँगलियों के nishan:

Left Hand/ वारें हाथ:

Right Hand/दाय हाथ:

Index finger तर्जनी	Middle finger मध्यमा	Ring finger अनामिका	Little finger कनिष्ठ	Thumb अंगूठा
Index finger तर्जनी	Middle finger मध्यमा	Ring finger अनामिका	Little finger कनिष्ठ	Thumb अंगूठा

Attested By/अभिप्रमाणित

Name/नाम

Designation/पदनाम

Seal/मुहर

Attested By/अभिप्रमाणित

Name/नाम

Designation/पदनाम

Seal/मुहर

26. Descriptive roll and specimen signature of the Spouse
पति/पत्नी की विवरण पंजी और नमूना हस्ताक्षर

Photo
फोटो

Date of Birth/जन्म तिथि

13.06.55

Identification Mark/ पहचान चिन्ह

—


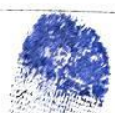


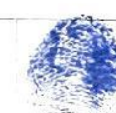


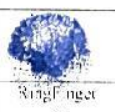
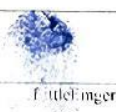
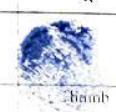
Specimen Signature/नमूना हस्ताक्षर

Raman Wali

Finger Impression:
उँगलियों के निशान:

Left Hand/ वारें हाथ:

Right Hand/दाय हाथ:

				
Index finger तर्जनी	Middle finger मध्यमा	Ring finger अनामिका	Little finger कनिष्ठ	Thumb अंगूठा
				
Index finger तर्जनी	Middle finger मध्यमा	Ring finger अनामिका	Little finger कनिष्ठ	Thumb अंगूठा

Attested By/अभिप्रमाणित

Name/नाम

Designation/पदनाम

Seal/मुहर

Attested By/अभिप्रमाणित

Name/नाम

Designation/पदनाम

Seal/मुहर

27. Descriptive roll and specimen signature
पति/पत्नी की विवरण पंजी और नमूना हस्ताक्षर

Photo
फोटो

Date of Birth ज तिथि 13.06.55




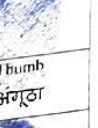



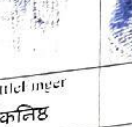

Identification Mark पहचान चिह्न

Specimen Signature नमूना हस्ताक्षर Rohan walia

Finger Impression:
उंगलियों के निशान:

Left Hand बाएँ हाथ:

Right Hand दायाँ हाथ:

				
Index Finger तर्जनी	Middle Finger मध्यमा	Ring Finger अनामिका	Little Finger कनिष्ठ	Thumb अंगूठा
				
Index Finger तर्जनी	Middle Finger मध्यमा	Ring Finger अनामिका	Little Finger कनिष्ठ	Thumb अंगूठा

Attested By अभिप्रमाणित
Name/नाम
Designation पदनाम
Seal मुहर

Attested By अभिप्रमाणित
Name/नाम
Designation/पदनाम
Seal/मुहर

Name of the Colliery Zone Group

ADVANCED STAMP RECEIPT ZONES, UNIT NO.

Received a sum of Rs (Rs only) by means of an Account payable Cheque on the State Bank Of India, Dhanbad towards settlement of Coal Mines Provident Fund SM/DM. Adv. (Account No. BLP/23/233) of self/my father/my husband/my mother/my wife/son/daughter/ Shri ARUN KUMAR WAHI

Signature/ Thumb Impression of

Shri/ Smt. attested.

Manager/ Gazatted Officer

..... Colliery Manager.

Official Seal



(Raman Wahli)

Signature/Thumb Impression of the person actually receiving the payment

Name of the payee RAMAN WAHI

**BANK CERTIFICATE REGARDING STOPPAGE OF PENSION
AND RETURN OF EXCESS PAID ALIVE PENSION.**

Details of pensioner

1. Name of member/Pensioner : ARUN KUNAR WAH1
2. CMPF A/C No. of Pensioner : BLP/23/233 PPO No. 221141500235
3. Name of colliery wherefrom retired. : CMPDI HO, RANCHI
4. Pensioner's S.B. A/C No. & name of Bank : S.B. A/c No. 32040215701
SBI Sec-51, NOIDA Bank
Branch - Sec-51, NOIDA (SBIN0016739)
5. Date of death of pensioner : 29.04.21
6. Amount of monthly pension : Rs. 23,186/- pm

Bank Certificate

This is to certify that the above pensioner Shri..... died on maintained his S.B. A/C No. After the death of and his monthly pension was Rs...../- . His last pension credited in pensioner crediting of monthly pension has been stopped with effect from (Name of month & year). and as per request his above account in the month of excess paid monthly pension credited in his above account after the date of his death has been returned to the CMPF Authority under following details :

Total Pension amount returned : Rs.....
(Bank Statement enclosed)

Remitted to CMPF A/C No. 34871915753,
State Bank of India, IFSC - SBIN0000066
Main Branch, Bank More,
Dhanbad(Jharkhand)

UTR NO. & date

Sign. of Branch Manager

Official Seal

Attestation

The above statement is correct.

Sign./Thumb impression of Widow Raman wah1

Sign. of Authorised Officer of unit.....

Official seal



भारतीय स्टेट बैंक
State Bank of India

SEC 51 BRANCH(16739)

B-1A/31, SECTOR 51
NOIDA-201301
Email Id-sbi.16739@sbi.co.

20.11.2021

TO WHOMSOEVER IT MAY CONCERN

There is a debit entry of Rs 23,759/- dated 30.06.2021 in closed account no 34040215701 in the name of Sh Arun Kumar Wahi with narration " excess pension recovered.

Provident Fund Amount through Electronic Fund Transfer
System (RTGS)

Details for facilitating the payment are as under

(To be filled in block letters only)

1	Name of the Member	(Late) Smt ARUN KUMAR WAH I
2	CMPE A/C No	BLP/23/233
3	Name of the Claimant	RAMAN WAH I
4	Bank Name	SBI
5	Bank Branch Name with Code	Sec-51, NOIDA (SBI NOD16739)
6	SB A/C No. (Single operation Only)	32041160786
8	Mobile No. of the claimant	9811449466
9	AADHAR Number of the claimant	5207 8802 2276
10	PAN No. of the claimant (if available)	AAUPW4544M
11	E-mail address of the claimant (if available)	ramanwali8914@gmail.com

I do hereby declare that particulars give above are correct, genuine. Payment of Provident fund/Advance amount may be done through my above mentioned account.


Signature of Claimant

Name of Claimant **RAMAN WAH I**

Member's CMPE A/C No **BLP/23/233**

COLLIERY MANAGEMENT CERTIFICATION

This is to certify that Sri/Smt. his signature and the particulars of above Bank A/C No. has been found correct & genuine. It is recommended that RTGS payment may be made

Signature of Authorized Officer
Of Concerned Colliery Manager
With Official Seal and Date

BANK CERTIFICATION

It is certified that the above mentioned beneficiary having bank A/C No With our branch and the bank particulars mentioned above as per our records

 20/11/2021
Authorized Signatory
Name: **DEEPAK BHATT**
Official stamp with date





फॉर्म संख्या / Form No. 6
राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
Govt. of National Capital Territory of Delhi
दक्षिणी दिल्ली नगर निगम
SOUTH DELHI MUNICIPAL CORPORATION
मृत्यु प्रमाण पत्र / Death Certificate



0221-16815377

(Issued under section 17 of the Registration of Death Act, 1969 and 8/13 of Delhi Registration of Death Rule, 1999)

This is to certify that the following information has been taken from the original record of DEATH which is the register for South Delhi Municipal Corporation of SOUTH ZONE of N.C.T. Delhi

नाम / Name	ARUN KUMAR WAHI
लिंग / Gender	MALE
मृत्यु की तिथि / Date Of Death	29/04/2021
मृत्यु का स्थान / Place Of Death	MAX SMART SUPER SPECIALITY HOSPITAL MANDIR MARG SAKET NEW DELHI NEW DELHI NEW DELHI MALVIYA NAGAR COLONY SOUTH DELHI INDIA 110017
पंजीकरण की तिथि / Date Of Registration	03/05/2021
पंजीकरण संख्या / Registration No	MCDOLIR-0221-224742
माता का नाम / Name of Mother	RAM PYARI WAHI
पिता/पति का नाम / Name of Father/Husband	RALYA RAM WAHI
जीवनसाथी का नाम / Name of Spouse	RAMAN WAHI
वर्तमान पता / Present Address	T-1202 A, AMRAPALI SILICON CITY, SECTOR-76, NOIDA GAUTAM BUDDHA NAGAR UTTAR PRADESH INDIA 201301
स्थायी पता / Permanent Address	T-1202 A, AMRAPALI SILICON CITY, SECTOR-76, NOIDA GAUTAM BUDDHA NAGAR UTTAR PRADESH INDIA 201301
छपाई की तिथि / Print Date	03/05/2021



Note: This certificate is system generated and does not require any seal/signature in original. The authenticity of this certificate can be verified at mcdonline.nic.in

प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करे
ENSURE REGISTRATION OF EVERY BIRTH & DEATH

COAL MINES PROVIDENT FUND ORGANISATION
Ranchi-I

4th Floor, RIADA Building Lowadih, Namkum Ranchi JhARKHAND 834010
PHONE : 0651-2460056, FAX : 0651-2460041

PENSION PAYMENT ORDER

221141500235

Ref No : CMPF O/RAN/PENR/14-15/47

Dated : 30/05/20

Branch Manager

STATE BANK OF INDIA

Bank Code : SBIN0005598

CENT. MINES PLAN & DESIGN INST, KANKEROAD RANCHI DIST. RANCHI BIHAR 834008 PIN - 834008

Subj: Payment of Monthly Pension of Arun Kumar Wahi, CMPF A/C No. : BLP/23/233 Under Coal Mines Pension Scheme 1998

Sir/Madam,

The jurisdictional regional office Ranchi-I CMPFO, hereby authorises you under the Coal Mines Pension Scheme 1998, to credit and disburse pension under PPO No 221141500235

to Shri/Smt Arun Kumar Wahi having his/her CMPS pension account in in Saving Bank account no 31477119649 of your Bank, as under

Monthly Pension will start from 01-December-2010 as per details given below :

Name of Pensioner	Relation	Para	Option	Kind of Pension	Amt/Pension Rs	Validity
Arun Kumar Wahi,	SELF	10(1)	15(1)a	Monthly Pension	23186 00	Till Death
				Arrear	950626 00	
				Recovery	940786 00	* Reason for recovery if any
Net Amount Payable Upto April 2014					9840.00	

2. We are advising your Bank to credit pension in your Bank A/C as under.

ACCOUNT NO : 31477119649

BANK NAME : STATE BANK OF INDIA

BANK CODE : SBIN0005598

BRANCH & ADD : CENT MINES PLAN & DESIGN KANKEROAD RANCHI DIST. RANCHI, BIHAR 834008 PIN - 834008 INST

3. You are also requested to obtain annual Life Certificate or non-marriage certificate (in case of widow pension) or non marriage certificate (in case of daughter), in November every year in triplicate in the triplicate format (copy enclosed) for the Pension Disb branch of your Bank, Jurisdictional Regional Office of CMPFO and and the nodal branch of your bank. In any further communication to this office, please mention the PPO Number and CMPF A/C No.

* Reason for recovery

Copy to :

1. Personal Manager
CMPFO

2. Pensioner's Name : Arun Kumar Wahi,

Street : 2D/23, CMPDI Colony

City :

District : Ranchi

State : Jharkhand

3. Name & Address of Nodal Branch :

Name of Branch :
Address of Branch :
District :
State :

[Signature]
Assistant Commissioner III/Regional Commissioner

of the Government of Jharkhand, Ranchi
Department of Coal Mines Provident Fund Organisation
Ranchi-I, Jharkhand - 834008

सामान्यतः प्रयोग किए जाने वाले संक्षेपण / GENERALLY USED ABBREVIATIONS

a/c = Account/खाता
 adj = Adjustment/संशोधन
 Amt = Amount/राशि
 Ar = Arrear/अवकाशित
 bal = Balance/बैल
 Capn = Capitalisation/पूंजीकरण
 Chg/ch = Charge/शुल्क
 Chq = Cheque/चेक
 CIF = Customer Information File/ग्राहक सूचना फाइल
 Clos = Closure/समाप्ति
 Coll = Collection/संग्रहण
 Comm. = Commission/आय
 COR/CORR = Correction/संशोधन
 CR = Credit/क्रेडिट

Csh = Cash/कैश
 dep = Deposit/भुगतान
 Dft = Draft/ड्राफ्ट
 dish/dsh = Dishonor/अस्वीकार
 DR = Debit/देबिट
 DOB = Date of Birth/जन्म तिथि
 eft = Electronic Fund Transfer/इलेक्ट्रॉनिक फंड ट्रांसफर
 Inop = Inoperative/निष्क्रिय
 Ins = Insurance/बीमा
 Int / In = Interest/ब्याज
 Ion/loan/भुगतान
 mn = Minimum/न्यूनतम
 os = Outstanding/अवकाशित
 P&T = Postal Charges/पत्र शुल्क

Pos = Point of Sale/बिंदु बिक्री
 Pr = Principal/प्रधान
 proc = Processing Charge/प्रसंस्करण शुल्क
 rd = Recurring Deposit/आवृत्त भुगतान
 rel/rtn = Return/वापस
 Rnd = Round off/पूर्णांकित
 sb = Savings Bank/संचय बैंक
 SC = Short Credit/छोटे क्रेडिट
 SI/So/SORD = Standing Instruction/स्थायी अनुदेश
 S/D/W/H/o = Son/Daughter/Wife/Husband of/पुत्र/पुत्री/पत्नी/पति
 tr/trf/xfer = Transfer/संचालन
 Txn = Transaction/संयोजन
 Wdl = Withdrawal/अवकाश
 *MOD bal = Total balance (SB-linked MOD a/c)/कुल बैल (संचय बैंक + अकाउंट बैल)



State Bank of India

Branch: SECTOR 51, NOIDA BRANCH
 B-1 A/31, SECTOR-51,

Code: 16739

Email: SBI.16739@SBI.CO.IN
 Phone No.: 4346247
 IFSC: SBIN0016739

Bus. Hr. 10:00-06:00 (Mon-Fri)
 MICR: 110002517

Name: ARUN KUMAR WAHI
 S/O/W/O: ARUN KUMAR WAHI
 CIF Number: 87406884845
 Account No.: 32041160786
 A/c Type: REGULAR SAVINGS BANK ACCOUNT
 Address: W/O, ARUN KUMAR WAHI, T 1202 A
 ANRAPALY SILICON CITY
 SECTOR 76, NOIDA, G. GNAGAR
 Email: akw511@rediffmail.com
 P.O. (if minor):
 Pan Number:

MRP: SINGLE
 A/c Opening Dt.: 10/11/2011
 Rom Reg No.: 0000000003650000
 Customer's PAN: AAUPWA004K
 Date of Issue: 20/09/2011
 CONTINUATION

Raman wahi





भारत सरकार
GOVERNMENT OF INDIA



रमन वाही

Raman Wahhi

जन्म तिथि / DOB : 13/06/1955

महिला / FEMALE

5207 8802 2376



आधार - आम आदमी का अधिकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

अर्षागिनी: अरुण कुमार वाही,
टी-1202 ए, अमरपाली सिलिकॉन
सिटी, सेक्टर-76, नॉएडा, गौतमबुद्ध
नगर, उत्तर प्रदेश, 201301

Address:

W/O: Arun Kumar Wahhi, T-1202
A, Amrapali Silicon City,
Sector-76, Noida, Gautam
Buddha Nagar, Uttar Pradesh,
201301



1947
1800 300 1947



help@uidai.gov.in

WWW

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Bengaluru-560 001