



**ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)**  
( Regd. Under the Trade Union Act, 1926; Regd. No. 546 / 2016 )  
302, Block No. 4, Ram Krishna Enclave, Nutan Chowk, Sarkanda; Bilaspur (CG)  
E-mail : centralaiace@gmail.com ; Ph. 9907434051

Ref No. **AIACE/CENTRAL/2023 / 013**

**Dated 13.3.2023**

To  
CMD, CCL,  
Darbhanga House,  
Ranchi (Jharkhand).

Sub:- Harassment being meted out to widow of Late Sri K N Chary, . CMPF NO A-4-73-728 by not processing her Sahaj Form for starting Widow Pension

Dear Sir,

AIACE wants to draw your kind attention to the copy of a representation which has been endorsed to us by our Associate member Smt K. Vijaya, w/o Late K. N. Chary, CMPF A/c no. A/4/73/728 & PPO number 1000050647 ( Copy attached in Annexure-I).

From the content of this letter, it appears that Smt Katta Vijaya, spouse of Late K Narasimha Chary, retired Dy. CE (Excv), NK Area Central Coalfields Ltd. (EIS 90018409) is being denied the necessary co-operation from dealing departments for starting her Widow Pension.

Late K Narasimha Chary (EIS 90018409) expired on 16-12-2021 and Mrs Vijaya submitted her claim in SAHAJ form, along with all necessary documents on 8-7-2022 to CGM, NK Area, CCL. (Copy of all documents are enclosed).

Since then, there is no word either from the concerned office of NK Area or CMPFO on this issue. Smt Vijaya had again sent a reminder to GM (Pension) on 11th September 2022, but failed to receive any response.

Meanwhile, the pension paid in the intervening period has already been recovered by SBI and remitted to CMPF, Dhanbad against the account CMPF NO A/4/73/728 along with original PPO No. 1000050647.

It is requested to kindly look into the matter and take necessary action in this regard so that her claims are settled in the earliest possible time.

It is further requested to take appropriate disciplinary action against the concerned officials for delaying the thing and harassing the widow.

Thanking You,

(P. K. SINGH RATHOR)  
Principal General Secretary

Encl: As above

1. Chairman, CIL, Kolkata
2. CMPF Commissioner, Dhanbad

Copy for kind information to

The Coal Secretary, Ministry of Coal, New Delhi.

To

Date 13/03/2023

The General Manager (PENSION)  
 Central Coal fields  
 Darbhanga House  
 Ranchi, Jharkhand

SUB: Fixation of Pension with respect of Katta Vijaya w/o  
 of Katta Narasimha chary, Dy Chief Engineer (Exec), CCL  
 NK area with employee No - 90018409, CMPF Number: A/4/73/728  
 & PPO Number: 1000050647.

Dear Sir,

In with respect to above subject & previous letters dated  
 8<sup>th</sup> July 2022, 11<sup>th</sup> Sept 2022 & 28<sup>th</sup> Nov 2022 this is  
 to inform you that my husband, <sup>late</sup> Katta Narasimha <sup>chary</sup> expired on  
 16/12/2021. I have submitted all the forms and all other  
 required documents filled and signed by me. I am following with  
 Dy. Mgr (Personal) A Kella L.N. Sarma for the same. Request you to do  
 the fixation of my pension and arrange for the deposit of amount  
 along with arrears from the date of death (16/12/2021). Also please  
 arrange to deposit the amount of pension arrears to my bank  
 account. The bank account details are furnished below.

Name of the account holder :

Bank Name : State Bank of India

Type of Account : Regular Savings Bank Account

Account Number : 40687604504

IFSC Code : SBIN0004903

I will be very much thankful if it is done at the earliest as  
 already more than six months has been completed from my first letter request.

Thanking you, Yours faithfully

K. Vijaya

Smt. Katta Vijaya

Mail ID : vijayalakatta@gmail.com

Mobile Number : 9945053775

1

'SAHAJ'/'सहज'

(Revised)/परसोधित

## 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) late KATTA NARASIMHA CHARY  
सदस्य का नाम(स्पष्ट अक्षरों में)
2. Father's/ Husband's name KATTA LAXMIPATI  
पिता/पति का नाम
3. CMPF A/C No. A/4/73/728  
को.खा.अ.पिन.लेखा सं.ा
4. Name of the Claimant KATTA VIJAYA  
दावेदार का नाम
5. Relationship with the member WIFE  
सदस्य के साथ संबंध
6. Aadhar No. 7224089011348  
आधार संख्या
7. Mobile No.- 9945053975 8.E-mail id- laxman.katta1@gmail.com  
मोबाइल नम्बर-मेल आईडी
9. Date of Birth of the Member (as per form B) 10-04-1948  
सदस्य का जन्म तिथि (फॉर्म बी के अनुसार)
10. Date of Appointment 29<sup>th</sup> December 1973  
नियुक्ति की तिथि
11. Date of Cessation 30<sup>th</sup> April 2008  
समाप्ती की तिथि
12. Reason for Cessation Superannuation/ Medically unfit/ Disabled/ Dismissed/  
समाप्ती के कारण सेवा-निवृत्ति/शारीरिक अनुपयुक्त/विकलांग /बरखास्त/  
Retrenched/ Resigned/ Voluntary retirement/ Death  
छंटनी/इस्तीफा/ स्वैच्छक निवृत्ति/मृत्यु
13. Date of death(where applicable) 16<sup>th</sup> December 2021  
मृत्यु की तिथि (यदि आवश्यक)
14. Detail of Service  
सेवा के विवरण

Name of Estt. स्थापना का नाम	Period of employment नियोजन के अवधि	From से	To तक

--	--	--	--

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 की मृत्यु के समय उम्र	Marital status at the time of member's death सदस्य की मृत्यु के तत्काली वैवाहिक स्थिति	Remarks (Parent's dependency and husband of married daughter is alive or not (to be shown) अभियुक्त (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

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: No 6 Shalavani ENCLAVE P.O.  
सदस्य के स्थायी पता MANJUNATHA LAYOUT MUNNEKOLALA  
P.S.: MARATHAHALLI Dist:- BANGALORE  
थाना जिला  
State:- KARNATAKA PIN 560037  
राज्य पिन
17. Permanent address :At/Vill: H-No-6-6-478 P.O. SHARMANAGAR  
सदस्य के वर्तमान पता पो.  
P.S.: \_\_\_\_\_ Dist: KARIMNAGAR  
थाना जिला  
State:- TELANGANA PIN 505001  
राज्य पिन

## 18. Remittance details/ प्रेषण का विवरण:

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

भविष्य निधि वापसी/पेशन के लिए (एकल बचत बैंक खाता सं. या संयुक्त एक / एस मोड केवलदंपित 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 VIJAYA KATTA  
खाताधारक का नाम
- (ii) S.B. A.C No. (in figures) 40687604504  
बचत बैंक खाता सं. (अंकों में)
- (iii) Name of Bank State BANK OF INDIA  
बैंक का नाम
- Branch KARIMNAGAR IFSC No SBIIN0004903  
शाखा Code: 4903 आईएफएससी सं.
- (iv) Address of Bank H-NO-2-8-242 MARUTHI COMPLEX  
बैंक का पता EX CAPT VAN RD KARIMNAGAR  
PIN 505001  
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.

नाबालिग की ओर से भविष्य निधि की राशि का भुगतान कृपया मुझे किया जाय। इस संदर्भ में मैं प्रमाणित करता हूँ कि नाबालिग / गौं जोकि स्त. सं. 15 - क्र. सं. मेरे साथ रह रहा है एवं उसका/की सहायता और देखभाल मेरे द्वारा की जा रहा/रही है। उसका/की भिव निधि राशि का भुगतान किया जाता है, तो इसे सर्वोत्तम हित एवं लाभ के लिए व्यय किया जाएगा।

Date/दिनांक :-

Place/स्थान:-

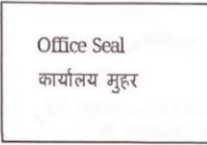
Signature/LTI/RTI of the claimant

दावेदार का हस्ताक्षर बाएँ/दाहिने अंगूठे का निशान

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 हैं तथ्य नाबालिग \_\_\_\_\_  
कि ओर श्री/ श्रीमति \_\_\_\_\_ के पक्ष में भविष्य निधि राशि के भुगतान की अनुसंशा करता हूँ।



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) -----Years-----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 द।]

I/मै, KATTA VIJAYA S/o; W/o, D/o, पुत्र /पुत्री/पत्नी LATE NARASIMHA  
\_\_\_\_\_ CMPFA/C.No को.खा.भ.नि. लेखा सं. A/4/73/788 employed/नियोजित हैं CHARY  
CCL 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 अंतिम होगा और मुझे उसे उपांतरित 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-काल 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-काल के दौरान कम की गई पेंशन

Date/ दिनांक:- 08/07/2022

Place/ स्थान :- BANGALORE

K. Vijaya

\* 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 16/12/2021 (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:- 08/07/2022  
Place/थान :- BANGALORE

K. Vijaya  
Signature/L1/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:  
उँगलियों के निशान:

Left Hand/ बाएँ 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



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 निशान:

Left Hand/ बाएँ हाथ:

Right Hand/दाय हाथ:

Index Finger तर्जनी	Middle Finger मध्यमा	Ring Finger अनामिका	Little Finger कनिष्ठ	Thumb अंगूठा
N/A				
Index Finger तर्जनी	Middle Finger मध्यमा	Ring Finger अनामिका	Little Finger कनिष्ठ	Thumb अंगूठा

Attested By/अभिप्रमाणित  
Name/नाम  
Designation/पदनाम

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



roll and specimen signature of the Spouse  
रण पंजी और नमूना हस्ताक्षर

Date of Birth/जन्म तिथि 22/12/1957  
Identification Mark/ पहचान चिन्ह A MOLE OF NOSE  
Specimen Signature/नमूना हस्ताक्षर K. Vijaya

Finger Impression:  
उँगलियों के निशान:

Left Hand/ बाएँ 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 K. Kusuma Kumari  
Name/नाम  
Designation/पदनाम Assistant Manager

Attested By/अभिप्रमाणित K. Kusuma Kumari  
Name/नाम  
Designation/पदनाम Assistant Manager

Seal/मुहर  
VERIFIED & SCRUTINIZED  
For STATE BANK OF INDIA  
K. Kusuma Kumari  
Branch Manager  
MUNNEKOLALU BRANCH, (16296), BANGALORE-37

Seal/मुहर  
VERIFIED & SCRUTINIZED  
For STATE BANK OF INDIA  
K. Kusuma Kumari  
Branch Manager  
MUNNEKOLALU BRANCH, (16296), BANGALORE-37

(7382510)

(7382510)



Specimen signature of the Spouse  
जी और नमूना हस्ताक्षर

Birth/जन्म तिथि 22/12/1957  
Identification Mark/ पहचान चिह्न A MOLE OF NOSE  
Specimen Signature/नमूना हस्ताक्षर K. Vijaya

Finger Impression:  
उंगिलियों के निशान:

Left Hand/ बाएँ 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 K. Kusuma Kumari  
Designation/पदनाम Assistant Manager  
Seal/मुहर

VERIFIED & SCRUTINIZED  
For STATE BANK OF INDIA  
*K. Kusuma*  
Branch Manager  
MUNNEKOLALU BRANCH, (16296), BANGALORE-37

(7382510)

Attested By/अभिप्रमाणित  
Name/नाम K. Kusuma Kumari  
Designation/पदनाम Assistant Manager  
Seal/मुहर

VERIFIED & SCRUTINIZED  
For STATE BANK OF INDIA  
*K. Kusuma*  
Branch Manager  
MUNNEKOLALU BRANCH, (16296), BANGALORE-37

(7382510)

**DETAILS OF CONTRIBUTION AND RECKONABLE**  
**PERIOD अंशदान और गणनयो सेवा अविध का विवरण**

VV Sl No./ वी.वी. क्रम सं.	Regd. No. Of Colliery कोलियरी निबंधन सं.	CPE वित्त वर्ष	PFC भविष्य निधि अंशदान	FPC परिवार पंशन अंशदान	2% 2 प्रतिशत	One increment एक वेतन वृद्धि	Month माह

Signature and Seal of Authorised Officer  
प्राधिकृत अधिकारी के हस्ताक्षर और मुहर

Documents to be enclosed and general instructions

1. Certificate(s) of age in original with two attested copies showing the date of birth of the children. The certificate should be issued from the Municipal authorities or from Registrar of birth and death or from the head of the recognized school where the children are studying.  
मूल जन्म प्रमाण -पत्र के साथ दो सत्यापित छाया प्रति दिया जाए जिसमें बच्चे का जन्म तिथि उल्लेखित हो। यह प्रमाण पत्र स्थानीय निकाय (नगर निगम/नरम पालिका/ नगर पंचायत/ ग्राम पंचायत) अथवा पंजीकृत मृत्यु एवं जन्म प्रमाण पत्र अथवा शासन द्वारा मान्यता प्राप्त शैक्षणिक संस्थानों के मुखिया या प्रधान द्वारा जारी किया गया हो, ही मान्य होगा।
2. Death certificate from Registrar of birth and death (where ever applicable).  
मृत्यु प्रमाण-पत्र पंजीकृत जन्म व मृत्यु प्रमाण पत्र द्वारा जारी किया गया होगा।
3. Medical Certificate in support of total and permanent disablement by competent Medical Board.  
स्थायी शारीरिक विकलांगता चिकित्सा प्रमाण-पत्र अधिकृत चिकित्सा न्यायी परिषद द्वारा जारी किया गया हो।
4. Attested Xerox copy of Savings Bank Account Pass Book opened on single or 'Former or survivor' basis.  
सत्यापित बैंक का एकल अथवा संयुक्त (फार्मर या सरवायीवर) बैंक पास बुक की छाया प्रति।
5. Pension contribution and reckonable period details year wise are to be filled from the of date of commencement of contribution till date of cessation of service .  
वर्षवार पेंशन अंशदान तथा माह का विवरण सदस्य की नियुक्ति तिथि से सेवानिवृत्त तक दिया जाए।
6. Three nos. Of passport size photograph of the member with each dependent family memberseparately under definition of the Pension Scheme-1998 attested by the authorized officer of the coal mine/unit.  
तीन पासपोर्ट साईज फोटोग्राफ प्रत्येक सदस्य तथा उसके आश्रित परिवार के प्रत्येक सदस्यो के साथ संयुक्त फोटो दिया जाय जो पेंशन योजना 1998 के अंतर्गत, अंतर्निहित है, को कोलियरी के अधिकृत अधिकारी द्वारा सत्यापित किया गया हो।
7. Guardianship certificate from competent authority in the absence of natural guardian and guardian appointed in Form A.  
नाबालिग का अभिभावक प्रमाण-पत्र , जिसका प्रकृतिक अभीभवक ना हों तथा उसके द्वारा प्रपत्र 'ए'(पीएस-4) में घोषित का सत्यापित प्रमाण-पत्र दिया जाय।

भारत सरकार

भारतीय विशिष्ट पहचान प्राधिकरण



कट्टा विजया

Katta Vijaya

पुष्पिन रीड / DOB: 22/12/1957

स्त्री / FEMALE



7224 0890 1348

सामान्यमानवसंसाधन विभाग

भारतीय विशिष्ट पहचान प्राधिकरण  
INDIAN IDENTIFICATION AUTHORITY

చిరునామా:

Address:

W/O: కట్ట నరసింహ చారి 6-6-

478, శర్మ నగర్, కరీంనగర్,

కరీంనగర్,

ఆంధ్ర ప్రదేశ్ - 505001

W/O: Katta Narasimha Chary, 6-6-478,  
Sharma Nagar, Karimnagar, Karim  
Nagar,  
Andhra Pradesh - 505001

7224 0890 1348

Aadhaar-Aam Admi ka Adhikar

K.Vijaya

सामान्यतः प्रयोग किए जाने वाले संक्षेपण / GENERALLY USED ABBREVIATIONS

a/c = Account/खाता	Csh = Cash/कैश	Pos = Point of Sale/बिंदु और सेल
adj = Adjustment/संशोधन	dep = Deposit/भुगतान	Pr = Principal/मूलधन
Amt = Amount/रकम	Dft = Draft/ड्राफ्ट	proc = Processing Charge/संसाधन शुल्क
Ar = Arrear/अग्रगण्य	dish/dsh = Dishonor/असवीकृत	rd = Recurring Deposit/आवृत्त बचत
bal = Balance/शेष	DR = Debit/देबिट	ret/rtn = Return/वापसी
Capn = Capitalisation/पूंजीकरण	DOB = Date of Birth/जन्म तिथि	Rnd = Round off/पूर्णांकित
Chg/ch = Charge/शुल्क	eft = Electronic Fund Transfer/इलेक्ट्रॉनिक फंड ट्रांसफर	sb = Savings Bank/संचय बैंक
Chq = Cheque/चेक	Inop = Inoperative/निष्क्रिय	SC = Short Credit/छोटा क्रेडिट
CIF = Customer Information File/ग्राहक सूचना फाइल	Ins = Insurance/बीमा	SI/So/SORD = Standing Instruction/स्थायी आदेश
Clos = Closure/समाप्ति	Int / In = Interest/ब्याज	S/D/W/H/o = Son/Daughter/Wife/Husband of/ पुत्र/ पुत्री/पत्नी/पति
Coll = Collection/संग्रह	Ion/loan/लोन	tr/trf/xfer = Transfer/अंतरण
Comm. = Commission/कमीशन	min = Minimum/न्यूनतम	txn = Transaction/संश्लेष
COR/CORR = Correction/संशोधन	os = Outstanding/अग्रगण्य	Wdi = Withdrawal/अग्रहण
CR = Credit/क्रेडिट	P&T = Postal Charges/पत्र शुल्क	+MOD bal = Total balance (SB-linked MOD a/c)/कुल बकाया (संचय बैंक + जुड़ती बकाया)



भारतीय स्टेट बैंक Branch: KARIMNAGAR Code: 4903

H NO.2-8-242, MARUTHI COMPLEX, C

APT VRN RD

Email: SBI.04903@SBI.CO.IN

IFSC: SBIR0004903

Bus. Hrs: 10:00:00-16:00:00  
MICR: 505002002

Name: Mrs. Ketta Vijaya

S/D/H/o : LAXMINARAYANA MARSINGOLI

CIF Number : 90885017552

Account No.: 40687604504

A/c Type : REGULAR SAVINGS BANK ACCOUNT

Address : W/O: Katta Marasimha Chary, 6-6-478, Sha  
rma Nagar  
Karimnagar

MOP: SINGLE

A/c Opening Dt: 03/01/2022

Nom Reg No: 0000000355999509

Customer's PAN:

Date of Issue: 03/01/2022

FIRST

Phone No. :

Email : vijayalakatta@gmail.com

D.O.B.(If Minor):

PPD Number :



K. Vijaya

COAL MINES PENSION SCHEME - 1998

\*(Certificate to be furnished by the pensioner)

STATE BANK OF INDIA

CERTIFICATE

Certificate to have seen the Pensioner Shri / Smt / Miss \_\_\_\_\_  
Son / Daughter / Wife of Shri / Smt \_\_\_\_\_ Whose pension  
particulars are as below:

(i) VC No. A/4/73/728  
(ii) Payment order No. 1000050647 Date \_\_\_\_\_  
(iii) Payment authority \_\_\_\_\_  
CMPF Regional Office \_\_\_\_\_  
P.O. \_\_\_\_\_ Dist. \_\_\_\_\_

(iv) Payment Details

For here PF save  
order without  
the PF. Where  
the PF is under  
deduction by this  
order saving  
PF.

Saving Bank A/c No. \_\_\_\_\_  
Bank Name State Bank of India  
Bank Branch \_\_\_\_\_ Branch Code \_\_\_\_\_  
Pensioner's Address \_\_\_\_\_  
(with Mobile/Tel No.) \_\_\_\_\_  
Pensioner's PAN No. \_\_\_\_\_

Place: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Sign/Thumb impression of Pensioner

Signature and Office Seal  
Name \_\_\_\_\_  
Designation: \_\_\_\_\_  
(Authorised officer of the Colliery/Gazetted  
Officer / Officer of PSU / RBI / Nationalised Bank)

2 DECLARATION BY PENSIONER

I \_\_\_\_\_ Widow / Widower / Son / Daughter of Shri /  
Smt. \_\_\_\_\_ hereby declare:

- (i) I have not re-married after \_\_\_\_\_ (date of death of employee).
- (ii) I have not attained the age of 25 years ( In the case of Son).
- (iii) I have not married and I have not attained the age of 25 years ( In the case of daughter).
- Strike out the declaration(s) not applicable

\_\_\_\_\_  
Sign / Thumb impression of Pensioner

Place: \_\_\_\_\_

*K. Vijaya*



FORM No.6  
తెలంగాణ ప్రభుత్వము  
GOVERNMENT OF TELANGANA  
DEPARTMENT OF MUNICIPAL ADMINISTRATION  
వైద్య ఆరోగ్యశాఖ  
MEDICAL & HEALTH DEPARTMENT  
మరణ ధృవ పత్రము  
DEATH CERTIFICATE

TSGGDF



Certificate Id: 50102-D-94242

జనన మరణ నమోదు చట్టము 1969, 12/17 విభాగము ప్రకారము, ఆంధ్రప్రదేశ్ జనన మరణ నమోదు నిబంధనలు 1999, 8/13 నిబంధన క్రింద జారీ చేయబడినది.

(Issued under Section 12/17 of the Registration of Births and Deaths Act 1969 and Rules 8/13 of the Andhra Pradesh Registration of Births and Deaths Rules 1999)

తెలంగాణ రాష్ట్రము కరీంనగర్ జిల్లా కరీంనగర్ నగరపాలక సంస్థ (స్థానిక ప్రదేశము) మరణ రిజిస్టరు లోని మరణానికి సంబంధించిన అసలు రికార్డు నుండి, క్రింది సమాచారము తీసుకొనబడినదని ధృవీకరించడమైనది.

This is to certify that the following information has been taken from the original record of death which is in the register for (local area / local body) **KARIMNAGAR MUNICIPAL CORPORATION OF KARIMNAGAR DISTRICT OF STATE OF TELANGANA**

పేరు / Name	KATTA NARASIMHA CHARY
లింగము / Sex	MALE
మరణించిన తేదీ / Date of Death (DD/MM/YYYY)	16/12/2021 ONE SIX ONE TWO ZERO TWO ONE
మరణించిన ప్రదేశము / Place of Death	APOLLO REACH HOSPITAL THEEGALAGUTTAPALLY KARIMNAGAR KARIMNAGAR 505001
తల్లి పేరు / Name of Mother	NA
తండ్రి/భర్త పేరు / Name of the Father/Husband	KATTA LAXMIPATHI
మరణించినప్పుడు మృతుని చిరునామ / Address of the Deceased at the time of Death	6-6-478 SHARMANAGAR KARIMNAGAR
మృతుని స్థిర నివాసపు చిరునామ / Permanent Address of the Deceased	6-6-478 SHARMANAGAR KARIMNAGAR
నమోదు సంఖ్య / Registration Number	162
నమోదు తేదీ / Date of Registration (DD/MM/YYYY)	12/01/2022
రిమార్కులు / Remarks	
జారీ చేసిన తేదీ / Date Of Issue (DD/MM/YYYY)	20/01/2022

NA - Not Available.

Application No:



CDMA022206773608

Date : 20/01/2022

Verified By :

Note : This is Digitally Signed Certificate, does not require physical signature. And this certificate can be verified at <http://www.tg.meeseva.gov.in/> by furnishing the application number mentioned in the Certificate.

Certified By

*(Signature)*

Name : Triyambakeshwar Rao  
Registrar of Births & Deaths  
KARIMNAGAR MUNICIPAL CORPORATION  
KARIMNAGAR DISTRICT

K Vijaya

MEE SEVA





Date: 12.01.2012

TO WHOM IT MAY CONCERN

It is to certify that Sri.K.NARASIMHA CHARY is saving bank account holder in SBI karimnagar main branch having SB account no 10540273252.

He is CMPF pension holder and Rs.14582.00 is credited to his account no A/C no 10540273252 every month in this branch.

SBI

KARIMNAGAR MAIN BRANCH

STATE BANK OF INDIA  
KARIMNAGAR MAIN BRANCH  
*[Handwritten signature]*

*K. Vijaya*

భారత ప్రభుత్వం  
Government of India




Download Date: 28/11/2019



కట్ట నరసింహ చారి  
Katta Narasimha Chary  
పుట్టిన తేదీ/DOB: 10/04/1948  
పురుషుడు/ MALE

Issue Date: 21/04/2016

**2661 9297 5725**  
VID : 9126 2847 1605 7984

నా ఆధార్, నా గుర్తింపు

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
Unique Identification Authority of India




విడుదల తేదీ:  
6-6-478, షర్మ నగర్, కరీంనగర్, కరీంనగర్,  
తెలంగాణ - 505001

**Address:**  
6-6-478, Sharma Nagar, Karimnagar,  
Karimnagar,  
Telangana - 505001



**2661 9297 5725**  
VID : 9126 2847 1605 7984

1947 | help@uidai.gov.in | www.uidai.gov.in

K. Vijaya

CMPP NO:A/4/73/728

PERMANENT ADDRESS

302, KAMAL  
UTKARSH APARTMENTS  
KHARE TOWN  
DHARAMPATH  
NAGPUR-10  
PHONE: 2560410

DIABATIC PATIENT

*6/9/04*



CENTRAL EXCAVATION TRAINING INSTITUTE  
CENTRAL 39ALFIELDS LIMITED

P.O. - N.T.S. BARKAKANA - DIST. - HAZARIBAGH



NAME OF EMPLOYEE  
K. NARASIMHA CHARY  
NAME OF FATHER/SPOUSE  
LATE K. LAXMIPATHI  
DESIGNATION PRINCIPAL/DY. CE (EXC  
PIS NO. 90018409 -V)  
DATE OF BIRTH 10-04-1948  
DATE OF APPT 29-12-1973  
BLOOD GROUP A+

SIGNATURE AND IMPRESSION  
C. E. EMPLOYEE

Sr. P. AUTHORITY  
GETL BARKAKANA

K. Vijaya