



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 / 030

Dated 19.6.2023

To

The Commissioner
Coal Mines Provident Fund Organization,
Police Lines,
Dhanbad – 826001
(JHARKHAND)

Sub:- Series of Harassment being meted out to widow of Late Sri K N Chary, . CMPF NO A-4-73-728
by not starting her 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& II).

After a lot of persuasion at CCL, her papers, duly completed in every respect was forwarded to RC,CMPF, Region- 1, Ranchi on 24-4-2023. (Annexure-III).

From the content of copies of enclosed documents, it appears that Smt Katta Vijaya, spouse of Late K Narasimha Chary, retired Dy. CE (Excv), NK Area Central Coalfields Ltd. (EIS 90018409) was subjected to denial of necessary co-operation from dealing departments of CCL followed by CMPFO 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).

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.

Thanking You,

(P. K. SINGH RATHOR)

Principal General Secretary

Encl: As above

CC:

1. CMD, CCL, Ranchi
2. Regional Commissioner, CMPFO, Region-1, Ranchi

Copy for kind information to

The Coal Secretary, Ministry of Coal, New Delhi.

To

Date: 8th July 2022

Chief General Manager
Central Coal Field Ltd
NK Area
(PO) Dakra - 829210
Dist RANCHI
State: Jharkhand

Dear Sir,

SUBJECT: Fixation of Pension with respect of
Katta Vijaya, w/o of K. Narasimha Chary, Dy. Chief Engineer
(Exc), CCL, NK Area with Employee No: 90018409

With Reference to the above subject my husband
late K. Narasimha Chary has expired on 16/12/2021. At
Present I am staying along with my son. A copy of death
Certificate is enclosed. I am here enclosing all the required
documents duly filled and signed by me. Copy of the bank
account details is also enclosed. You are requested to arrange
for the fixation of my Pension and arrange for the
deposit of amount along with arrears from the (date of death)

CMPF No : A/4/73/728

PPO No : 1000050647

Thanking you,
Yours faithfully
K. Vijaya

Smt. KATTA VIJAYA

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
 8th July 2022, 11th Sept 2022 & 28th Nov 2022 this is
 to inform you that my husband, ^{late} Katta Narasimha ^{chary} expired on
 16/12/2021. I have submitted all the forms and all other
 required documents filled and signed by me following with
 Dy Mgr (Personal) Akella 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



CENTRAL COALFIELDS LIMITED
OFFICE OF THE GENERAL MANAGER, N.K.AREA
AT & PO - DAKRA, DISTT- RANCHI, PIN-829210



संयुक्त कुटुंबाभरण
ONE EARTH • ONE FAMILY • ONE FUTURE

Ref No.GM (NK)/PD/SAHAJ CMPF/23/ 159

DATE:- 24/04/2023

To
The Regional Commissioner
Coal Mines Provident Fund
R-I, Ranchi (CCL,Campus).

Subject- Submission of 01(One) nos. of PF/Pension claim in r/o NK Area.

Dear Sir,

Enclosed please find herewith 01(One) nos. of PF/Pension claim in r/o NK Area.
The details is given below:-

| SL. NO | NAME OF THE MEMBER | CMPF A/C NO. | DATE OF RETIREMENT/ DEATH | UNIT/PROJECT |
|--------|--------------------|--------------|---------------------------|-------------------------|
| 01. | Late. K. N. Chary | A/4/73/728 | Death 16.12.2021 | G.M. office NK Area. |

This is for further needful.

Encl: As above

Yours faithfully

Copy to:-

1. General Manager (Pen./S.S)CCL,Ranchi.
2. Project Officer.....
3. Service Unit Head.....

[Handwritten Signature]
24/04/23

'SAHAJ'/'सहज'

(Revised)/परसोधित

CLAIM FOR PF REFUND AND PENSION

भिव ितिथ वापसी एवं पशन दावा के िलए

(For all kinds of PF and Pension claims)

(सभी कारके भिव ितिथ 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.म.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. 722408901348
आधार संख्या
7. Mobile No. 9945053975 S.E-mail Id- laxmankattal@gmail.com
मोबाइल नम्बर-मेल आईडी
9. Date of Birth of the Member(as per formB) 10-04-1948
सदस्य का जन्म तिथि (फॉर्म बी के अनुसार)
10. Date of Appointment 29th December 1973
नियुक्ति की तिथि
11. Date of Cessation 30th April 2008
समाप्ती की तिथि
12. Reason for Cessation Superannuation/ Medically unfit/ Disabled/ Dismissed/
समाप्ती के कारण सेवा-निवृत्ति/शारीक अनुपयुक्त/विकलांग /बरखास्त/
Retrenched/ Resigned/ Voluntary retirement/ Death
छूटनी/इस्तीफा/ स्वैच्छक निवृत्ति/मृत्यु
13. Date of death(Where applicable) 16th December 2021
मृत्यु की तिथि (यदि आवश्यक)
14. Detail of Service
सेवा के विवरण

| Name of EstL स्थापना का नाम | Period of employment नियोजन के अविध | From से | To तक |
|-----------------------------------|--|------------|----------|
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15. Details of family (as per colliery record)
परिवार का विवरण (कोलियरी के रेकॉर्ड 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 पराभितता और विवाहित पुत्री का पति जीवित है या नहीं बताया जाय) |
|--------------------|-------------|------------------------|--|---|--|
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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 |
|--------------------|-------------|-----------------------|----------------------------|--|
| | | | | |
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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 & 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 / गों 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:-

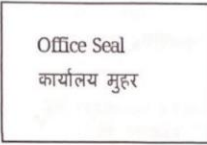
Signature/LTI/RTI of the claimant

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/मैं, 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/अभिप्राणित
Name/नाम
Designation/पदनाम

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

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

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

Seal/मुहर
VERIFIED & SCRUTINIZED
For STATE BANK OF INDIA
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)

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 रीद / DOB: 22/12/1957

स्त्री / FEMALE



7224 0890 1348

सामान्यमानवसंसाधन विभाग

भारतीय विशिष्ट पहचान प्राधिकरण
INDIAN IDENTIFICATION AUTHORITY

विरुनामा:

Address:

W/O: कट्टा नरदामा चारी 6-6-

478, शर्म नगर, करीमनगर,

करीमनगर,

आंध्र प्रदेश - 505001

W/O: Katta Naradama 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/प्रसिद्धि शुल्क |
| Ar = Arrear/अग्रप्राप्त | 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/भूगतान | tr/trf/xfer = Transfer/अंतरण |
| Comm. = Commission/कमीशन | min = Minimum/न्यूनतम | txn = Transaction/संश्लेष |
| COR/CORR = Correction/संशोधन | os = Outstanding/अग्रप्राप्त | Wdl = Withdrawal/अग्रण |
| CR = Credit/क्रेडिट | P&T = Postal Charges/पत्र शुल्क | +MOD bal = Total balance (SB-linked MOD a/c)/कुल खाता शेष (संचय बैंक + जुड़ाव खाता) |



भारतीय स्टेट बैंक Branch: KARIMNAGAR Code: 4903

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

APT VRN RD

Email: SBI.04903@SBI.CO.IN

PPSC No: 2742660

IFSC: SBIR0004903

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

RTCR: 505002002

Name: Mrs. Ketta Vijaya

S/D/H/o : LAXMINARAYANA MARSINGOLI

MOP: SINGLE

CIF Number : 90885017552

A/c Opening Dt: 03/01/2022

Account No.: 40687604504

Nom Reg No: 0000000355999509

A/c Type : REGULAR SAVINGS BANK ACCOUNT

Customer's PAN:

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

Date of Issue: 03/01/2022

rma Nagar

FIRST

Karimnagar

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 be furnished by 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 ప్రభుత్వ 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

CMPF NO:A/4/73/728

PERMANENT ADDRESS

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

DIABATIC PATIENT

Signature
6/9/14



CENTRAL EXCAVATION TRAINING INSTITUTE

CENTRAL COALFIELDS LIMITED

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



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

SIGNATURE/THUMB IMPRESSION
C. E. EMPLOYEE

Sr. Pr. AUTHORITY
C.E.T.I. Hazaribagh

K. Vijaya