পেনশনার তথ্য ফরম (পেনশনার কর্তৃক পূরনযোগ্য) Pensioner Information Form

SI N0	Description							
1	Personal Information							
(a)	Pension Identification No							
(b)	National ID							
(c)	Name of Pensioner(In Bangla)							
(d)	Name of Pensioner(In English)							
(e)	Gender	(a) Male	(b)Female					
(f)	Date of Birth							
(g)	Father's Name(In Bangla)							
(h)	Father's Name(In English)							
(i)	Mother's Name(In Bangla)							
(g)	Mother's Name(In English)		-					
(k)	Religion:							
(1)	Marital Status							
(m)	Mobile Phone No							
(n)	Email:(If any)							
(0)	Present Address							
(p)	Permanent Address							
2	Information relating to last wor	king place						
(a)	Last working place:							
	Ministry/Division							
	Directorate							
	Field Office							
(b)	Last Designation							

3.	Information relating to	o P	ensi	on											
(a)	Date of Retirement			\prod											
(b)	PPO No														
(c)	PPO Issue Date														
(d)	PPO issuing Accounts of	ffic	ce												
(e)	Scale/grade														
(f)	Basic pay at retirement	date	е												
(g)	Gratuity														
(h)	Monthly Pension														
(i)	Allowances								-						
(j)	Pension Type				(a)G	ener	al (b) Fan	nily(c) Inva	alid (c	l) Ful	ly su	rrend	ered
4.	Bank Account Information														
(a)	Account Holder Name														
(b)	Bank Name						Ba	ıngl	ade	sh K	Crish	i B	ank		
(c)	Branch Name														
(d)	Branch Routing Numbe	r													
(e)	Bank Account Number														
	(Full 14 digit)		Ļ									<u></u>		<u>L</u>	Щ
(f)	Bank Account Type														
5.	Nominee Information														
(a)	Name(in Bangla)														
(b)	Name(in English)														
	7			_											
(c)	Age:														
(d)	Relation:			_											
(e)	Profession:			_ -		_									
(f)	NID(if available)			\dashv					1.						
6.	Particulars of Disabled Child	1 (11	any)			N	ot A	App	olica	ble	<u> </u>	Aŗ	pli	cabl	е
(a)	Name(In Bangla)														
(b)	Name(in English														
(c)	NID(if available)														
(d)	Age:					,									
(e)	Relation:														
(f)	Type of Disability:														
	attached: ficate of disability. (If applicable)														
	ocopy of a blank MICR cheque.														
3. NID photocopy of pensioner and nominee															
4. FNOU	ocopy of PPO. (to be done by SFC	OHII	ce)												
								_							
Signature of Pensioner with date								1	Aut	hori	sed	Sig	nat	ure	