

From

Director,  
Treasuries and Accounts Department,  
Haryana, Chandigarh.

To

1. The Zonal Manager, State Bank of India, Govt. Business Department, LHO, Sector -17, Chandigarh.
2. The Dy. General Manager (HRY), State Bank of Patiala, Zonal Office Haryana, SCO 70, Sector -5, Panchkula.
3. The Zonal Manager, Central Bank of India, SCO 58-59, Bank Square, Sector 17B, Chandigarh.
4. The Assistant General Manager, Punjab National Bank, Field General Manager office, PNB House, Bank Square, Sector 17B, Chandigarh.
5. The Dy. General Manager, Syndicate Bank, SCO 76-77, Bank Square, Sector 17B, Chandigarh.
6. Chief Manager, Union Bank of India, SCO 64-64, Sector 17B, Chandigarh.
7. Deputy Vice President, Financial Institutions & Govt. Business Group, HDFC Bank Limited, Plot No. 28, Phase 1, Industrial Area, Chandigarh.
8. Deputy General Manager, IDBI Bank Limited, Indian Red Cross Society Building, 1-Red Cross Road, Post Bag No. 231, New Delhi -110001.
9. Chief Manager, Corporate & Government Banking Group -North, ICICI Bank Limited, Zonal Office -Chandigarh, SCO 9-10-11, Second Floor, Sector 9 D, Madhya Marg, Chandigarh.
10. The Circle Head (Haryana), Axis Bank, Govt. Business Group, SCO 390, Urban Estate, Sector 20, Panchkula.
11. Dy. General Manager, Chandigarh region, Bank of Baroda, SCO 62-63, Bank Square, Sector 17B, Chandigarh.

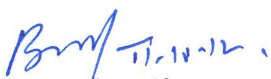

Memo No.:TA-HR(DMC)/EOI/2012/ 2630-40

Dated: 11/10/12

Subject: - **Empanelment of Banks for e-Pension System.**

Please refer to this department E.O.I. No. TA-HR(DMC)/EOI/2012/2531 dated 07.09.2012 regarding empanelment of banks for e-Pension System etc. and your expression of interest submitted in the month of September, 2012.

2. Your bank has been found eligible for empanelment for E-Pension System. Now an Indemnity Bond in the prescribed form as provided in Section 6, Form 'F' of EOI (copy enclosed) for this purpose is required to be submitted by you. You are also required to give an undertaking that an instruction will be issued by your Head Office to all of your branches in India regarding empanelment of your bank for ePension system by Haryana Government and that these branches will be required to provide certificate as per Form E-1 (copy enclosed) to the pensioners desirous of having a pension account with that branch of the bank. Besides, you are also required to inform about the Name, Designation, Address, Phone/Mobile Number and Email address of the Nodal Officer appointed for coordination with office of Director, Treasuries and Accounts Department, Haryana. Joint Director (DMC), Phone Number 0172-2711101, email address:treasuries@hry.nic.in office of Director, Treasuries and Accounts Department, Haryana will be the nodal officer for ePension system. The needful is required to be done positively by 18/10/2012.

  
Accounts Officer(DMC)  
for Director, Treasuries and Accounts  
Department, Haryana, Chandigarh. 

**Form 'F' – Indemnity Bond (Pension Disbursal)**

This indemnity bond executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_, a banking corporation establishment (Name of the bank) and having its Head Office at \_\_\_\_\_ (herein after referred to as "the Bank" which term shall, unless repugnant to the context, include its successors and assignees) in favour of the Governor of Haryana (hereinafter referred to as the State Government).

Whereas the State Government has decided to provide facility to the pensioners, to receive their pension at any bank/branch as per the orders issued in this regard by the State Government.

And where as the Bank has agreed to arrange payment on behalf of the State Government to such pensioners by credit to their savings account through RTGS/NEFT/ECS and to execute this indemnity bond.

NOW THIS INDEMNITY BOND WITNESS that in pursuance of the said agreement the Bank does hereby agree and undertake to the State Government to pay the amount due to the pensioners.

And the Bank hereby undertakes to refund to the State Government on demand and without demur any amount which is paid to the Bank by the State Government but is found or established not to have been paid wholly or in part to the pensioners concerned by the Bank, or any amount, which has been paid to a pensioner, including any person drawing a family pension beyond the date on which the pension, including family pension, was or is due, or any amount which has been wrongly paid or any amount which has been paid, otherwise than, or in excess of the authority granted and instructions issued, to the Bank by the State Government or the Reserve Bank of India from time to time.

The Bank hereby agrees that the amount of money when demanded by the State Government from the Bank as due payable to the State Government by the Bank on account of aforesaid shall be conclusive proof as to the amount due and the liability of the Bank to pay the said amount to the State Government.

The Bank hereby agrees with and undertakes to the State Government that it shall furnish to the authority specified or nominated in this behalf by the State Government such information relating to the amount of pension in question which have been paid by the Bank may be called or by such authority from time to time having regard to the provisions of any law which may be for the time being be in force or the practice among bankers in regard to the Secrecy of their information relating to their customers' accounts.

IN WITNESS WHEREOF THE \_\_\_\_\_ BANK HAS AGREED TO EXECUTE THIS INDEMNITY BOND on its behalf, the day and year first herein above written.

SIGNED AND DELIVERED BY \_\_\_\_\_ on behalf of the \_\_\_\_\_ Bank in the presence of \_\_\_\_\_

(1)

(2)

**Witnesses**

Accepted for and on behalf of the Government of Haryana by \_\_\_\_\_ in the presence of \_\_\_\_\_.

E-Pension (Haryana)

Form E-1

(To be provided by Bank Branch empanelled for e-Pension)

This is certified that Sh./Smt./Ms. \_\_\_\_\_  
R/O \_\_\_\_\_ is having savings Account no \_\_\_\_\_  
\_\_\_\_\_ with this bank.

This account is a single holder account and not a Joint or either of survivor account. This account can be operated by the account holder only and not by another person by virtue of a power of attorney executed in his favour./ This account is jointly with Sh./ Smt/ Ms. \_\_\_\_\_ who is spouse of the Pensioner and authorization for family pension as per PPO exists in his/ her favour. This account can be operated by these account holders only and not by any other person by virtue of a power of attorney executed in his favour. Nature of this account will never be changed later on.

PPO No.: \_\_\_\_\_ Stamp or Signature of Authorised person from Bank.  
Name & Address of Bank alongwith IFSC/MICR.  
Address of A/c Holder: \_\_\_\_\_  
(As per Bank record) \_\_\_\_\_  
\_\_\_\_\_   
Pin Code: \_\_\_\_\_