



অসম চাহ শ্ৰমিক-কৰ্মচাৰী ভবিষ্যনিধি সংগঠন

"নিধি ভৱন", বসিঠ, লালমাটি, গুৱাহাটী-৭৮১০২৯

ASSAM TEA EMPLOYEES PROVIDENT FUND ORGANIZATION

(Formerly known as The Assam Tea Plantations Provident Fund & Pension Fund Scheme & D.L.I Scheme)

"Nidhi Bhawan" Basistha, Lalmati, N.H. - 37, Guwahati - 781029

From: Sri S. Das
Secretary-Cum-P.F. Commissioner
A.T.E.P.F.Organization.

Circular No. PF/Pen/ 2017/01.

Dated Guwahati, the 18th March' 2017.

To,
The Manager,
All the Tea Estate in Assam.

Sub: On-Line Payment of Monthly Family Pension.

Ref:

Sir,

I am to say that, the Family Pensions of the beneficiaries are remitted to the respective Bank accounts of Family Pensioner through On-Line system with effect from 1st August'2016 on monthly basis by way of renewal. The renewal monthly Family Pension is remitted either on the receipt of a Certificate of Survival or Re-Marriage of the beneficiaries from the Manager/Chairman of the Primary Committee concerned or "Life Certificate" to be submitted by the concerned pensioner, in the format enclosed herewith in a gap of every three month. This Certificate shall be submitted to the concerned Zonal/Inspectorate office in the first fortnight of the month of **April, July, October and December** every year by the Garden authority or the person concerned to their respective Zonal/Inspectorate Office.

You are therefore, requested to submit the survival/life certificate of all family pension of your garden for renewal of monthly pension timely.

Yours faithfully,

Secretary-Cum-P.F. Commissioner
A.T.E.P.F. Organization.

Encl:- As above.

- Copy to :-
1. All Head's of Zonal Office/Inspectorate Office for information and necessary action.
 2. All Nodal Officer of Board of Trustees, for information and necessary action. They are advised to attend the problem of Family Pensioner at Garden level as and when necessary.
 3. All Officer of Board of Trustees for information and necessary action.
 4. All Employees Union for information and necessary action.
 5. All Employer Union for information and necessary action.

Secretary-Cum-P.F. Commissioner
A.T.E.P.F. Organization.

(CERTIFICATE OF SURVIVAL/REMARRIAGE).

Name of the Garden :- _____

Code No :- _____

Certified that beneficiaries of family pensioner of _____ T.E. listed in the pension statement against whom pension has been remitted for the month of _____ are alive as on the date of signing this certificate and eligible to receive their pension for the subsequent period, except the under noted persons whose particulars are furnished below:-

Example below:-

<i>Sl. No.</i>	<i>Name of Pensioner</i>	<i>Name of the deceased P.F. Members & P.F. No.</i>	<i>Date of Death of the Pensioner</i>	<i>Date of Re-Marriage</i>
01.	Ram	Lakshmi P.F. No.	01.02.2014	
02.	Lakhimoni	Budhram P.F. No.		15.02.2015

Signature of the Manager/Chairman,

Dated:- _____

Primary Committee _____ T.E.
Tea Factory Seal of the T.E./Tea Factory.

THIS CERTIFICATE SHALL BE SUBMITTED IN THE FIRST FORTHNIGHT OF THE MONTH OF APRIL, JULY, OCTOBER AND DECEMBER, EVERYYEAR.

LIFE CERTIFICATE/NON REMARRIGE CERTIFICATE.

CERTIFICATE TO BE SUBMITTED BY PENSIONER.

01. SELF PARTICULARS (to be completed by pensioner)

Name of the Pensioner _____

Name of the deceased P.F. member & P.F. No:- _____

Name of T.E. _____ Code No. _____

II. LIFE CERTIFICATE

Certified that I have seen the Pensioner _____
(Name of the Pensioner) and that He/She is alive on this date.

Signature/Thumb Impression of Pensioner

Place:- _____

Dated _____

Signature of Gazetted Officer/Manager
of T.E. or factory when last worked.

Name _____

Designation:- _____

Seal.

III. CERTIFICATE OF NON RE-MARRIAGE.

I hereby declare that I have not been re-married and I undertake to report such on event promptly to the pension Disbursing Authority (A.T.P.P.F. & P.F. Scheme, Nidhi Bhawan, Ghy.)

Signature/Thumb Impression of pensioner

Name of the Pensioner _____

I certify to the best of my knowledge and belief that the above declaration is correct.

Place:- _____

Dated _____

Signature of Gazetted Officer/Manager.
of T.E. or factory when last worked

Name:- _____

Designation:- _____

Seal.

THIS CERTIFICATE SHALL BE SUBMITTED IN THE FIRST FORTHNIGHT OF THE MONTH OF APRIL, JULY, OCTOBER AND DECEMBER, EVERYYEAR.