

**NEW EFT FORM-2019**  
**CAO/Pension and Fund Management**

National ID:																		
Date of Birth (According to NID):																		
Pensioner Type:	<input type="checkbox"/> Superannuation <input type="checkbox"/> Family <input type="checkbox"/> Invalid <input type="checkbox"/> Optional																	
Is Reinstated	<input type="checkbox"/> No <input type="checkbox"/> Yes																	
<b>**Pensioner Transferred From Bank:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes																	
Bank Name:																		
Bank Branch Name:																		
<b>**Personal Information:</b>																		
Pensioner Name (in Bangla):																		
Pensioner Name (in English):																		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other																	
Father's Name (in Bangla)																		
Father's Name (in English)																		
Mother's Name (in Bangla)																		
Mother's Name (in English)																		
Religion:	<input type="checkbox"/> Islam <input type="checkbox"/> Hindu <input type="checkbox"/> Christian <input type="checkbox"/> Buddhism <input type="checkbox"/> Other																	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other																	
Mobile Number:																		
E-mail (if any)																		
Present Address:																		
Permanent Address:																		
<b>**Last Working Place Information:</b>																		
Designation:																		
Pay Grade:																		
Ministry:																		
<b>**Information Relating to Pension:</b>																		
Date of Birth (According to PPO):																		
Date of Retirement:																		
PPO No.												PPO Issue Date:						
Basic Pay at Retirement Date:																		
Net Pension at Retirement Date:																		
Total Gratuity Amount:																		
Monthly Pension Amount at Present:																		
Pensioner Medical Allowance:																		

<b>**Bank Account Information:</b>	
Bank Account Type:	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account
Bank Account Holder Name:	
Bank Account Number:	
Bank Name:	
Bank Branch Name:	
Routing Number:	
<b>**Nominee Information:</b>	
Name (in Bangla):	
Name (in English):	
Age:	
Relation:	
NID (if available):	
<b>**Particulars of Disabled Child:</b>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Applicable
Name (in Bangla):	
Name (in English):	
Age:	
Relation:	
Type of Disability:	

**Requirements:**

- a) Photocopy of NID
- b) Second, Third and Last Page of PPO Book
- c) Photocopy of Bank Cheque
- d) Copy of Pension Sanction Order (if available)

**Signature of Pensioner and Date**