

**FORM OF UNDERTAKING**  
**(For Restoration of Commutated Pension)**

The General Manager(F&A)  
Oil India Limited  
P.O. Duliajan  
Dist. Dibrugarh, Assam

**Attn.: Sr. Accounts Officer/Dy Manager(F&A)/Manager(F&A)/Sr. Manager(F&A)**  
**( Superannuation Section)**

Dear Sir,

**Sub: Restoration of Commutated Pension**

I, Shri / Smt \_\_\_\_\_, a retired Employee / Executive  
Or

I, Shri/Smt. \_\_\_\_\_, a spouse/widow/widower(strick  
out whichever not applicable) of Late \_\_\_\_\_  
a retired employee/executive ,do hereby solemnly confirm and undertaking the following:

- 1 I have read and understood the scheme that has been provided by the Oil India Limited for the Restoration of Commutated Pension adopted by the Oil India Limited and hereby confirm my unconditional acceptance and agreement of the said scheme.
- 2 The amount payable under the said scheme as one time lump sum payment towards the restoration of the commutated portion of the pension is acceptable to me without any cavil or argument.
- 3 I shall not dispute and/or resort to any litigation against Oil India Limited, their servants, employees & workmen at any court of law or in any Tribunal or in Arbitration proceedings at any time in the matter of the above scheme for one time Restoration of Commutated Pension.
- 4 I shall not dispute the decision made by the Oil India Limited or claim such amount from Oil India Limited in case it is found by the Oil India Limited that I am not entitled to any amount under the said scheme. The OIL's decision shall be final and binding on me in the said matter.
- 5 Mere execution of this undertaking would not make me entitled to claim and receive the one time restoration of commutated pension.

Signature in presence of the following witness:

Signature \_\_\_\_\_

Name \_\_\_\_\_

Annuity Bond No. \_\_\_\_\_

Signature (witness) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

(Name in Block Capital Letters)

Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile \_\_\_\_\_

Tel No \_\_\_\_\_

Witnees to be a person of repute like Panchayan Pradhan, Govt Doctor, Bank Manager, Head Master , any Gazetted officer or.oil employee(not retired person).

I furnish herewith the necessary particulars, to the best of my knowledge, which would be relevant for working out my eligibility for restoration of commuted pension:

a. Particulars of Annuity Bond(s)

<u>Bond No(s)</u>	<u>Option exercised Single Life/Joint Life/ROC</u>	<u>Monthly Pension (Rs)</u>	<u>Servicing Office of LIC &amp; Address</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

b. Salary Code / Registration No. : \_\_\_\_\_

c. Date of joining BOC Pipeline Ltd. Or AOC : \_\_\_\_\_

d. Date of joining OIL : \_\_\_\_\_

e. Date of retirement /death of spouse (employee) : \_\_\_\_\_

f. Age at which retired/death of spouse(employee) occurred : \_\_\_\_\_

g. Grade or designation as on the date of Retirement / as on : \_\_\_\_\_  
the death of spouse.(Applicable in case of Ex-Executive only)

h. Additional Pension received from OIL,if any : \_\_\_\_\_

i. Whether received commutation of Pension : \_\_\_\_\_

j. If Yes, whether 1/4<sup>th</sup> or 1/3<sup>rd</sup> : \_\_\_\_\_

k. Bank Details:

<u>Bank Name</u>	<u>Branch Name</u>	<u>City/Village/State</u>	<u>Account No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

l. Joint A/c. or Single A/c. : \_\_\_\_\_.

If Joint A/c. Please indicate : \_\_\_\_\_

Name(s) of the Joint holder(s) : \_\_\_\_\_

Relationship with Joint holder(s) : \_\_\_\_\_

n. Details of Income other than Pension,If any : \_\_\_\_\_  
(Give details)

\_\_\_\_\_  
\_\_\_\_\_

o. My Present Address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

p. Contract No(s) : \_\_\_\_\_

Phone No. ( with STD Code) : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

e-mail address (if any) : \_\_\_\_\_

q. PAN CARD No. : \_\_\_\_\_

r. ,enclose herewith the certificate issued by the Assessing Officer u/s 197(1) of the Income Tax Act. 1961, against the Form 13 furnished by me under 28(1) fo the IT Rule, 1962.

Yours faithfully,

Date \_\_\_\_\_

\_\_\_\_\_

Shri/ Smt. \_\_\_\_\_

Pensioner

Or

Spouse/Widow/Widower

Of Late \_\_\_\_\_

NB: In case the pensioner ex-employee nis not in existence, his/her Souse or Widow or Widower as the case may be, should furnish the above information.

( ENCLOSE PHOTO COPY OF BANK PASS BOOK)

**OIL INDIA LIMITED**  
**DULIAJAN-786602**  
**ASSAM**

**CERTIFICATE OF EXISTENCE**

**Annuity Bond no.**                    :-.....

**Ex Regn. No. / Salary Code** :- .....

(The Introducer should be a friend or relative of the Annuitant)

I,..... hereby certify that

Shri/ Smti...../son/ daughter/wife of

..... was alive on.....,

having personally seen him/her on or after that day.

Dated at ..... this .....day of .....20....

Name of Introducer.....

Signature: .....

Designation: .....

Full Postal Address: .....  
.....

Name of Witness: .....

Signature : .....

Designation: .....

Full Postal Address: .....  
.....

Signature of Annuitant

- 1.The introducer should be a friend or relative of the pensioner.
2. Witness to be a person of repute like Panchayat pradhan, Govt Doctor,Bank Manager,Head Master, Oil Employee or any Gazetted officer.

TO,  
The Chief Finance &Accounts Manager  
M/s Oil India Limited  
P.O.Duliajan-786602  
Dist. Dibrugarh, (Assam)

Sub: Option for NEFT/RTGS Payment (Direct Credit to Bank A/C)

Dear Sir,

I am interested to receive all kinds of payments from OIL through NEFT/RTGS system. For this purpose I furnish below the required details:

1. Name :
- 2.Address :
- 3.Master Policy No :
- 4.Annuity Bond No :
- 5.Bank Name :
- 6.Bank Address :
- 7.Account type :Current/Savings
- 8.Account No :
- 9.Bank IFS Code :
- 10.Bank MICR Code :
- 11.PAN No. of Annuitant :
- 12.Tel.No./ Mobile No :
- 13.E-mail Id :

Kindly arrange to transfer all kinds of payments as per above details through NEFT/RTGS system.

Date:

\_\_\_\_\_  
Signature of Annuitant

This is to certify that Name, Bank A/C NO. & Branch, IFSC Code, MICR Code given above are correct as per our records.

Date:

\_\_\_\_\_  
Signature of Bank Official with office seal