FORM OF UNDERTAKING [For Ex-gratia (Revised)]

Chief Finance & Accounts Manager	Date:
Oil India Limited,	
P.O:Duliajan-786602	
Dist. Dibrugarh (Assam)	

Sub: Revised Scheme of Monthly- Exgratia
Dear Sir,
I, Shri / Smt, a retired Employee / Executive,
Or I, Shri/Smt
1. I have understood the provisions of the Revised Ex-gratia Scheme, as mentioned in the letter no dtd from Oil India Limited (OIL) and hereby confirm my unconditional acceptance and agreement of the said scheme.
2. The amount of Ex-gratia payable under the said Revised Scheme 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.
4. I shall not dispute the decision made by the OIL or claim such amount from OIL 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 Revised Scheme of Monthly Ex-gratia.
6. I furnish hereunder the necessary particulars, to the best of my knowledge, which would be relevant for working out my eligibility for Revised Scheme of Monthly- Exgratia:
a) Particulars of Annuity Bonds(s):
Bond No(s)Option exercised Single Life/Joint Life/ROCMonthly Pension (Rs.)Servicing Office of LICI and Address
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This form can be downloaded from https://www.oil-india.com/ under Ex-Employee Tab

b)	Salary Code / Registration No	:
c)	Date of Joining BOC Pipeline Ltd. or AOC (Strike out which is not applicable)	:
d)	Date of Joining OIL	:
e)	Date of retirement/death of spouse (employee/executive)	:
f)	Grade or designation as on the date of retirement / death (Applicable in case of Ex-Executive only)	:
g)	Whether opted for commutation of Pension at the time of Retirement.	: Yes / No
h)	If Yes, whether $1/4^{th}$ or $1/3^{rd}$:
i)	Bank Details:	
	Bank Name	:
	Branch Name	:
	City/Village/State	:
	Account No. (CBS Compatible)	:
	IFSC Code	:
j) par	I enclose herewith the attested copy of first paticulars.	page of Bank passbook containing the above
	I enclose herewith the Acknowledgement of F ars 2011-2012, 2012-13 & 2013-14.	iling of Return of Income for Assessment
	OR I do not have any taxable income and do not file (Strike out whichever is not ap)	
l) I	Details of other income including Pension & reimbursement of medical expenses of last tw (Give details)	:
	(To be provided if no Return of income is filed)	:

m) My Present address	:
n) Contact No(s):	:
n) Contact No(s):	
Phone No. (with STD Code)	<u> </u>
Mobile No.	:
E-mail address (if any)	:
o) PAN No. (Enclose photocopy of PAN Card)	:
Date :	Signature:
	Name :
	(Pensioner's name in Block Letters)
In presence of the following WITNESSES:	Address::
Signature (Witness)	
Name	
(Name in Block Letters) Address	
Contact No: E-mail address (if any)	
Signature (Witness)	
Name	
(Name in Block Letters) Address	
Contact No: E-mail address (if any):	

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 p	er above details through NEFT/RTGS system.
Date:		
		Signature of Annuitant
This is to certify that above are correct as per our re-		D. & Branch, IFSC Code, MICR Code given
Date:		Signature of Bank Official with Office seal

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 o	or after that day.		
Dated at	thisday of2020		
Name of Introducer			
Signature:			
Designation:			
Full Postal Address:			
Name of Witness:			
Signature:			
Designation:			
Full Postal Address:			

Signature of Annuitant

- 1. Witness to be a person of repute like Panchayat pradhan, Govt Doctor, Bank Manager, Head Master or any Gazetted officer etc.
- 2. This certificate is to be submitted every year on the annual renewal date of the annuity.