



संख्या -भाविप्रा/आर.एच.क्यु/प.क्षे./मा.सं/ 202

दिनांक 05.11.2019

**CIRCULAR FOR RETIRED EMPLOYEES**

Sub : **IMPLEMENTATION OF EMPLOYEE DEFINED CONTRIBUTION SCHEME (SBS) IN AAI**

Employee defined contribution scheme (SBS) is implemented in AAI for the CPSE employees w.e.f. 01.01.2007 as per CHQ letter No. AAI/HR/SDCS/1/2019/110 dated 22.03.2019 (copy attached).

2. All the employees who are separated from AAI, WR w.e.f. 01.01.2007 either by superannuation, VRS or otherwise have to submit their claim at RHQ, WR for above scheme.

3. Accordingly, such separated employees or their nominee (as the case may be) are requested to fill four sets of claim forms in original and submit the same to this office along with following documents, so as to forward the same to Pension and Social Security Cell, CHQ for further necessary action :-

- i) Four sets of Claim form (in original) with joint with coloured photograph affixed (you and spouse).
- ii) Self attested copy of AAI Identity Card
- iii) Self attested copy of Aadhaar Card (Ex-employee)
- iv) Self attested copy of PAN Card (Ex-employee)
- v) Copy of Last pay slip (self attested)
- vi) Copy of Aadhaar Card and PAN card of Spouse (self attested by spouse)
- vii) Copy of Aadhaar Card and PAN card of Nominee (self attested by nominee)
- viii) Cancelled cheque leaf (as per coloumn No.5 of the attached form)

4. For this purpose Ms. Devayani Churi may be contacted at email address [dchuri@aai.aero](mailto:dchuri@aai.aero) or to Sh. P.D. Koli at Mobile No. 9820196344.

5. It is important to mention that those separated employees who have opted for CAD pension under less than 10 years service are not entitled for this scheme.

*(Signature)*

(I.P. Aggarwal)  
Jt. General Manager (HR)



# भारतीय विमानपत्तन प्राधिकरण AIRPORTS AUTHORITY OF INDIA

एएआई/एचआर/एएसएससी/एडीसीएस/1/2019/110

दिनांक: 22-03-2019

क्षेत्रीय कार्यालयक निदेशक,  
एयरपोर्ट अथॉरिटी ऑफ इंडिया  
उत्तरी / पूर्वी / पश्चिमी / दक्षिणी / उत्तर-पूर्वी क्षेत्र  
दिल्ली / कोलकाता / मुंबई / चेन्नई / गुवाहाटी

हवाई अड्डे निदेशक,  
एयरपोर्ट अथॉरिटी ऑफ इंडिया  
चेन्नई / एनएससीबीआई  
चेन्नई / कोलकाता

कार्यालयक निदेशक,  
आरसीडीपी / सीआरएसडी) आईएचए, एएआई  
एएसपी, नई दिल्ली

प्रिंसिपल,  
सीएटीसी,  
बामराउली, प्रयागराज

**SUB: IMPLEMENTATION OF EMPLOYEE DEFINED CONTRIBUTION SCHEME (SBS) IN AAI**

In accordance with Department of Public Enterprise (DPE) OM No.2 (70)/08/DPE(WC)-GE XV/08 dated 26-11-2008, 02-04-2009, 21-05-2014 & 03-08-2017 regarding implementation of EMPLOYEES DEFINED CONTRIBUTION SCHEME (SBS) for the CPSE employees, AAI Board in its 159<sup>th</sup> meeting held on 30-06-2014 had approved the implementation of Superannuation Benefit Scheme (SBS) in AAI w.e.f. 01-01-2007.

2. Policy orders for implementation of EMPLOYEES DEFINED CONTRIBUTION SCHEME (SBS) in AAI has already been issued vide HRPC letter no. A.60011/80/2011/PP/168 dated 07<sup>th</sup> June, 2018 as per approval received from MOCA vide their letter no. AV. 24032/578/2015-AAI-MOCA dated 26-02-2018.

3. In order to implement the scheme a Claim Form for EMPLOYEES DEFINED CONTRIBUTION SCHEME (SBS) has been designed (Copy enclosed) which is required to be filled by all the Members at the time of Separation from the services of AAI or by the Spouse/Nominee in case of death of the employee. The following documents are also required to be enclosed with the claim form:-

- Employee ID card / (Spouse/ Nominee ID Card in case of death of employee)
- Aadhaar Card
- Pan Card
- Last Salary Slip

4. The claim form will be provided by the respective HR department of the Region/Airport to the employee concerned at the time of his superannuation along with the set of other terminal benefits documents.

5. The claim form will be provided to the already separated employee (Retired/Death) by the respective HR department of the Region/Airport to the spouse/nominee of the deceased employee.

Cont.....2./...

6 **Four sets of claim form (in original) along with all relevant documents as stated above are to be submitted by the employee/spouse/nominee (as the case may be) to HR department of the respective Region/Airport and ES-1 section in respect of employee posted at CHQ**

7 **EMPLOYEES DEFINED CONTRIBUTION SCHEME (SBS) claim form shall be compiled by the respective Region/Airport and forwarded to Pension & Social Security Cell, CHQ for further necessary action.**

**अगराज गोयल**

**(जे के गोयल)**

**कार्यपालक निदेशक (प्रशासन)**

**Encl: As above**

**Copy to:-**

1. **OSD to Chairman.**
2. **Jt.GM/DGM (ES) to Member (Fin)/Member (HR)/ Member (Ops)/ Member (Plg)/ Member (ANS)/ CVO**
3. **ED (HR), / ED (Fin.) -I/ ED (Fin)-II**
4. **GM (HR) K Nagraj**
5. **GM (IT) for uploading on AAI Website**
6. **Gen. Secy. of all recognized officers associations.**
7. **Gen. Secy. AAEU**
8. **Gen. Secy. AAI SC, ST Employees Welfare Association.**
9. **All Notice Board.**



**DEPARTMENT OF HUMAN RESOURCES MANAGEMENT  
SOCIAL SECURITY SECTION, CHQ, RGB.**

**EMPLOYEE DEFINED CONTRIBUTION SCHEME (SBS) CLAIM FORM**

JOINT COLOUR  
PHOTOGRAPH

|                           |  |
|---------------------------|--|
| <b>SBS MEMBERSHIP NO.</b> |  |
|---------------------------|--|

**1. EMPLOYEE'S INDIVIDUAL DETAILS:**

|                               |  |                                  |                                |  |  |
|-------------------------------|--|----------------------------------|--------------------------------|--|--|
| <b>NAME (Mr./Ms.)</b>         |  |                                  |                                |  |  |
| <b>EMP No.</b>                |  | <b>DESIGNATION<br/>LAST HELD</b> |                                | <b>DATE OF<br/>BIRTH</b>               |  |
| <b>DATE OF<br/>SEPARATION</b> |  | <b>TYPE OF<br/>SEPARATION</b>    |                                | <b>STATION OF<br/>LAST<br/>POSTING</b> |  |
| <b>REGION</b>                 |  | <b>PFID</b>                      |                                | <b>PAN No.</b>                         |  |
| <b>AADHAR No.</b>             |  |                                  | <b>LAST BASIC PAY (In Rs.)</b> |  |  |
|                               |  |                                  | <b>LAST DA (In Rs.)</b>        |  |  |
|                               |  |                                  | <b>TOTAL (Rs.)</b>             |  |  |

**2. SPOUSE DETAILS:**

|                       |                      |                     |                                |                                  |
|-----------------------|----------------------|---------------------|--------------------------------|----------------------------------|
| <b>NAME OF SPOUSE</b> | <b>DATE OF BIRTH</b> | <b>RELATIONSHIP</b> | <b>SIGNATURE OF<br/>SPOUSE</b> | <b>SIGNATURE OF<br/>EMPLOYEE</b> |
|                       |                      |                     |                                |                                  |
| <b>PAN No.</b>        | <b>AADHAR No.</b>    |                     |                                |                                  |

**3. NOMINEE DETAILS:**

|                        |                      |                     |                                 |                                  |
|------------------------|----------------------|---------------------|---------------------------------|----------------------------------|
| <b>NAME OF NOMINEE</b> | <b>DATE OF BIRTH</b> | <b>RELATIONSHIP</b> | <b>SIGNATURE OF<br/>NOMINEE</b> | <b>SIGNATURE OF<br/>EMPLOYEE</b> |
|                        |                      |                     |                                 |                                  |
| <b>PAN No.</b>         | <b>AADHAR No.</b>    |                     |                                 |                                  |

**4. ADDRESS FOR COMMUNICATION:**

| <b>PARTICULARS</b> | <b>PRESENT ADDRESS</b> | <b>PERMANENT ADDRESS</b> | <b>CONTACT NO.</b> |
|--------------------|------------------------|--------------------------|--------------------|
| <b>SELF/SPOUSE</b> |                        |                          |                    |

**5. JOINT BANK ACCOUNT DETAILS:**

| <b>SAVING ACCOUNT NO.</b> | <b>NAME OF BANK</b> | <b>BRANCH NAME</b> | <b>BRANCH CODE</b> | <b>IFSC CODE</b> |
|---------------------------|---------------------|--------------------|--------------------|------------------|
|                           |                     |                    |                    |                  |

**IT IS HEREBY CERTIFIED THAT THE ABOVE DETAILS ARE TRUE AND CORRECT.**

**NAME** \_\_\_\_\_ **S/O** \_\_\_\_\_

**DESIGNATION** \_\_\_\_\_ **MOBILE NO.** \_\_\_\_\_ **E-MAIL ID:** \_\_\_\_\_

**STATION** \_\_\_\_\_ **REGION/AIRPORT** \_\_\_\_\_

**SIGNATURE & DATE** \_\_\_\_\_

**6. CERTIFICATION BY HR DEPARTMENT.**

**NAME OF VERIFYING OFFICER** \_\_\_\_\_

**DESIGNATION** \_\_\_\_\_

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