

UNDERTAKING CUM INDEMNITY

(Employees withdrawn Provident Fund/or having insufficient balance in SBSTCECPF)

Name: _____ Employee Code No: _____

Date of Birth (DD/MM/YYYY): _____ Aadhar No. _____

UAN: _____ PPO No. (if any): _____ EPS A/c No: _____

I am an employee/ ex- employee of SBSTC and I am exercising option under erstwhile para 11(3) & existing Para 11(4) of the EPS-95 as per the Hon'ble Supreme Court Judgement dated-04.11.2022 in the matter of SLP(C) No. 8658-8659 of 2019 about Employees' Pension Scheme, 1995(EPS-95) and EPFO Circular No. Pension/2022/56259/16541 Dated 20.02.2023.

I hereby submit that I have withdrawn my Provident Fund from SBSTC Employees Provident Fund Trust and the balance in my Provident Fund may be insufficient to pay due arrears of contribution on my actual salary from the date of joining EPS-95 with applicable interest into the Pension Fund with EPFO.

I hereby undertake and agree to make payment of the due amount of arrears of contribution along with interest at applicable rate up to the last date of the month in which payment is made in a single tranche, within the time line prescribed in this regard for remittance into EPFO.

I understand that if I fail to deposit the full amount payable by me to SBSTC, being my employer within such period, as maybe such directed, my joint option shall be liable to be treated as Null and Void.

I understand that based on my undertaking, my joint option shall be forwarded by my employer and I hereby undertake to indemnify SBSTC and SBSTCEEPF Trust in case any liabilities arises on/or any loss is suffered by SBSTC and SBSTCEEPF Trust due to my failure to deposit due amount of contribution with applicable interest with SBSTC for remittance to EPFO within the timeline as may be prescribed by EPFO in this regard.

I am aware that in case of false declaration and wilful misrepresentation, action as considered appropriate may be taken against me by SBSTC and/or by EPFO.

I certify that the above mentioned particulars are true and correct to the best of my knowledge and information.

Signature

Name of (Employee/retired employee)

Date:-

Place:-