

UNDERTAKING

To
 The Regional Provident Fund Commissioner,
 Employees Provident Fund Organization,
 Bhavishyanidhi Bhawan,
 DK Block, Sector –II, Salt Lake City,
 Kolkata- 700091

I, Sri/Smt/Ms./Mr. _____, Son/Daughter/Wife of
 _____, presently residing at

_____ ,
 and [retired from/currently working in] WBSETCL as _____

hereby declare and undertake as follows:

1. I have read and understood the terms of Employees Pension Scheme, 1995 ('Pension Scheme') as amended from time to time including as it was before the amendment of 2014.
2. I am aware of the Supreme Court judgment dated 04.11.2022 (in SLP (C) Nos. 8658-8659 of 2019).
3. Pursuant to the aforesaid judgment dated 04.11.2022 and Employee Provident Fund Organisation circulars/orders/notifications etc., I have exercised the joint option under Para 11(3) and 11(4) of the Pension Scheme.
4. I agree and acknowledge that I will not be able to withdraw or modify my option once exercised, unless otherwise permitted by the Employees Provident Fund Organization or the applicable law and I will be bound by the terms of the Pension Scheme as may be amended or modified by notification or communicated by the Employees Provident Fund Organisation from time to time.
5. I undertake and agree to make payment of the due contribution along with interest up to the date of payment to the Employees Provident Fund Organisation in terms of the Pension Scheme and any clarifications /notifications/circulars/orders in relation thereto, including any further payments as may be required, upon demand from EPFO without any delay.
6. I will not hold WBSETCL responsible or liable in any manner whatsoever for any act, commission or omission on the part of WBSETCL in relation to my exercise of joint option under the Pension Scheme.
7. I agree that WBSETCL shall be entitled to initiate appropriate proceedings for recovery and subsequent deposition of any amount due in relation to aforesaid option to PF authority, as and when directed by EPFO.

Signature :

Name of [Employee/Retired Employee] :

Employee No.& SAP ID:

Address:

Mobile No. :

UAN No:

EPF/EPS No.

PPO No.(if applicable):