

FORMAT - 1
HIMACHAL PRADESH GRAMIN BANK
 Head Office: Jail Road, Mandi, Distt. Mandi, H.P.

Option Form to be filled in by the employees who are in service of the Bank
(To be submitted in quadruplicate through their present Branch / Office and Regional Office)

Date of receipt of application at Branch / Office		FOR HO USE ONLY
Forwarded to RO on		OPTION NOTED IN SERVICE RECORD
Forwarded by		
Signature with office seal (Branch/Office)		

The Chairman
 Himachal Pradesh Gramin Bank
 Head Office, Jail Road, Mandi, H.P.

Date: _____

I hereby declare that I have read and understood the Himachal Pradesh Gramin Bank (Employees') Pension Regulations, 2018 and I hereby opt to become a member of the Bank's Pension Scheme and irrevocably authorize the Bank / EPF Trustees / EPFO / RPFC to transfer the entire contribution of the Bank along with the interest thereon to the credit of Pension Fund to be created for this purpose. I understand that I am required to contribute to the Provident Fund Account at the rates determined by the Bank from time to time. I further understand that with effect from _____ (the date of implementation of Pension Scheme), the Bank shall not make any contribution to my Provident Fund Account. I also undertake to refund my non-refundable withdrawal from EPF balance (Bank's contribution component), if any, together with interest at EPF rate from time to time up to the date of refund.

1. Signature: _____

2. Name in Full (in Block letters): _____

3. Designation: _____ Grade: _____ EMP ID (HRMS) _____

4. E P F No: HPSML/_____/_____ or UAN No. _____

5. Present Residential Address: _____

6. Date of Birth: _____

7. Date of joining in the Bank' service: _____

8. Present place of posting: _____ Branch / Office _____ SOL _____

9. Contact Details: _____

10. Email ID (If any): _____

(Signature to be attested by the Branch/Office Head with Office Seal)