FORMAT - 14 HIMACHAL PRADESH GRAMIN BANK

Head Office: Jail Road, Mandi, Distt. Mandi, H.P.

Option Form to be filled in by the employees who joined the service of the Bank

between 01 April 2010 and 31 March 2018

(in terms of HPGB (Employees') Pension Regulations, 2018 (Refer Chapter II, Regulation 3(3) (To be submitted in quadruplicate through their present Branch / Office)

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

The Chairman Himachal Pradesh Gramin Bank <u>Head Office</u>

Date:_____

I hereby declare that I have read and understood the Himachal Pradesh Gramin Bank (Employees') Pension Regulations, 2018.

*I am presently covered under EPF Scheme 1995 and hereby irrevocably undertake and opt remain covered under EPF Scheme 1995 only **OR**

*I hereby opt to become a member of the National Pension System (NPS) and irrevocably authorize the Bank / EPF Trustees / EPFO / RPFC to transfer the entire contribution of Myself and the Bank along with the interest thereon to the credit of Fund Manager to be appointed for this purpose. I understand that I am required to contribute to the NPS at the rates determined by the Bank/PFRDA from time to time. 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. Employee ID (HRMS):	
4. Designation:	 _
4. E P F No/ 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.
9. Contact Details:	

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

*Strikeout whichever is not applicable.