

:: UNDERTAKING CUM INDEMNITY ::
(Employees withdrawn Provident Fund)

Name: _____, Employee No: _____

Date of Birth: (DD/MM/YYYY): _____

UAN: _____, EPF A/C NO: AP/HYD/295/ _____ (Staff No.)

After bifurcation of the State, the Corporation also formed as APSRTC and TSRTC. In view of non-bifurcation of APSRTC EPF Trust bearing Code No.AP/HYD/295, the TSRTC Employees also contributing under APSRTC PF Trust.

I am an employee/ex-employee of APSRTC and I am exercising option under erstwhile Para 11(3) & existing Para 11(4) of the EPS-95 as per the Honorable Supreme Court Judgment dt.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I hereby submit that I have withdrawn my Provident Fund from APSRTC Employee Provident Fund Trust and the balance in my Provident Fund may be insufficient to pay due arrears of contribution on my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 to pay due amount of arrears of contribution and interest at applicable rate up to the last date of the month in which payment is made in a single tranche within the timeline prescribed in this regard for remittance into to EPFO.

I understand that if I fail to deposit the full amount payable by me with APSRTC being my employer within such period as may be 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 APSRTC and APSRTC EPF Trust in case any liabilities arises on or any loss is suffered by APSRTC and APSRTC EPF Trust due to my failure to deposit due amount of Contribution with applicable interest with APSRTC for remittance to EPFO within the time line as may be prescribed by EPFO in this regard.

I am aware that in case of false declaration and willful mis-representation, action as considered and appropriate may be taken against me by APSRTC/ and or EPFO.

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

Date:

Signature:

Place:

Name: