

FORM - A  
FORM OF AGREEMENT

(Vide Rule 17 (d))

Place:

Date:

To,

The Board of Trustees,  
Uttar Pradesh Rajya Vidyut Utpadan Nigam Ltd.  
CPF TRUST,  
Lucknow.

Dear Sir,

I hereby declare that I have read and understood the Uttar Pradesh Rajya Vidyut Utpadan Nigam Ltd. Contributory Provident Fund Rules 2004, and I hereby undertake to contribute to the said Fund, and agree to be bound by the said rules. I hereby furnish my particulars: -

Name (in full) : \_\_\_\_\_  
Date of birth : \_\_\_\_\_  
Date of Appointment : \_\_\_\_\_  
Salary per month (Basic +DA) : \_\_\_\_\_  
Designation : \_\_\_\_\_

Yours faithfully,

(Signature of Employee)

Witness:-

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Address : \_\_\_\_\_

FORM OF NOMINATION

FORM NO. 40A

[See rule 67A/rule 101A]

Form of Nomination

.....[ Name of fund] Provident Fund/.....

[Name of fund] Gratuity Fund\*

1. Name of employee..... [ in block letters]  
Surname.....
2. Sex .....
3. Religion .....
4. Father's name.....
5. Husband's name.....[for married women only]
6. Marital status.....[whether  
unmarried, married, widow or widower]
7. Date of Birth: Day..... Month..... Year.....
8. Permanent address:  
Village..... Thana..... Taluk/Sub-Division.....  
Post Office..... District ..... State.....

I hereby nominate the person(s) mentioned below to receive the

a amount that may stand to my credit in the Provident fund in the event of my death  
\*amount of gratuity

before that amount becomes payable or, having become payable, has not been paid, and direct that the said amount shall be distributed among the said person(s) in the manner shown against their names:

Name and address of nominee or nominees	Nominee's relationship with employee	Age of <b>nominee's</b>	*Amount or share of accumulations in the *provident fund/amount or share of gratuity to be paid to each nominee
1	2	3	4

\*1. Certified that I have no family and should I acquire a family hereafter, the above nomination should be deemed as cancelled.

\*2. Certified that my father/mother/sister(s)/minor brother(s) w/are dependent upon me

Dated this ..... day of .....

Two witnesses to signature

Signature of employee

2..

Certified that the above declaration has been signed by Shri/Shrimati

before me after \* he/she has read the entries

\* the entries have been read over to him/her by me

Date: .....

Signature of the trustee  
any person authorized  
trustees in the light of

\* Delete the inapplicable words.

This column should be filled in so as to cover the whole of the amount that may be the credit of the employee in the Provident fund or the whole of the amount that may be payable in the event of his death

### PRACTICE NOTES

This Form is to be used by a subscriber to a Provident/Gratuity Fund for making nomination in favour of one or more members of his family for receiving provident fund/gratuity in the event of his death.

Where the subscriber acquires a family after filing the nomination, the nomination stands cancelled and a fresh nomination has to be made by the subscriber.

The modification takes effect from the date the form is received by the trustee of the Provident/gratuity fund.

**FORM 'B'**

**DECLARATION OF PREVIOUS MEMBERSHIP OF A PROVIDENT FUND  
AS PER RULE 17(b) OF THE UTTAR PRADESH RAJYA VIDYUT UTPADAN NIGAM  
LIMITED, CONTRIBUTORY PROVIDENT FUND RULES 1983**

1. To be submitted in Triplicate

2. (Please strike out what is not applicable)

I hereby declare that I was not a member of Provident fund under the Central area State Government or a Provident Fund covered under the Employee's Provident Funds and Miscellaneous Provisions Act, 1952 or a Provident fund covered under the Provident fund Act, 1952 or any other Provident fund recognized under the Income Tax Act, 1961 immediately before joining the service of the Uttar Pradesh Rajya Vidyut Utpadan Nigam Limited.

OR

(i) That I was a member of .....  
(Name of the Provident fund)  
under the .....  
covered under the Employee's Provident Fund and Miscellaneous Provisions Act, 1952, 1952/covered under the Provident Fund Act, 1952/recognized under the Income Tax Act, 1961.

(ii) That the rules of the said Provident Fund permit/do not permit for the transfer of the past accumulations to the other Govt. Company Corporation etc.

(iii) That I am enclosing my application, in triplicate\*, for getting the past accumulations transferred to the Uttar Pradesh Rajya Vidyut Utpadan Nigam Limited, Contributory Provident Fund for onward transmission through .....  
.....to.....  
(Past employer) (Authority by whom the previous)  
.....  
Provident Fund Account has been maintained.

OR

That I do not desire to get the accumulations transferred to the Uttar Pradesh Power Corporation Limited, Contributory Provident Fund. (This is applicable only if it is not obligatory to get the past accumulations transferred).

OR

That my past accumulations have already been transferred to my GPF Account.....  
as per intimation received vide letter No. \_\_\_\_\_  
dated \_\_\_\_\_ from \_\_\_\_\_

Date \_\_\_\_\_

(Signature)

Name in full :

Designation :

\* All the three copies of the application to be sent to the Accounts Officer.