

SATLUJ JAL VIDYUT NIGAM LIMITED
EMPLOYEES' PROVIDENT FUND

FORM OF DECLARATION

I hereby declare that I have read/have been read and explained to me and I have understood the Rules of SATLUJ JAL VIDYUT NIGAM LIMITED EMPLOYEES PROVIDENT FUND. I hereby subscribe to and agree to be bound thereby.

Dated the.....day of.....19.....

Name in full and address.....

Date of birth.....Nature of appointment.....

Date of joining service.....

Present Salary: i) Basic.....

ii) Dearness Allowance.....

Witness.....

Signature:

(1) Name.....

Address.....

.....

Signature/Right or Left Hand Thumb
impression of the Employee.

The applicant can be admitted as a member.

Secretary SJVN Ltd. EPF Trust.