



पावर ट्रांसमिशन कारपोरेशन ऑफ उत्तराखण्ड लि०

(उत्तराखण्ड सरकार का उपक्रम)

कारपोरेट आईडी नं०:U40101UR2004GOI028675

अधिष्ठान एवं पेंशन अनुभाग(वित्त)

विद्युत भवन, नजदीक-आई०एस०बी०टी० क्रासिंग, सहारनपुर रोड़, माजरा, देहरादून-248002

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पत्रांक: 620 / अधि० एवं पें० (वि०) / पिटकुल / लेखास्कन्ध /

दिनांक: 21 / 06 / 2024

विषय :- समस्त ई०पी०एफ० आच्छादित कार्मिकों के फार्म 26 (6) के सम्बन्ध में।

समस्त आहरण एवं वितरण अधिकारी
पिटकुल.....।

कृपया उपरोक्त विषय के सम्बन्ध में अवगत कराना है कि ई०पी०एफ० कार्यालय के द्वारा पिटकुल में ई०पी०एफ० से आच्छादित समस्त कार्मिकों के फार्म 26 (6) उपलब्ध करवाने हेतु आग्रह किया गया है जिसके सापेक्ष Higher Wages contribution की छायाप्रति संलग्न है।

अतः आपसे अनुरोध है कि आपके कार्यालय से सम्बन्धित समस्त ई०पी०एफ० से आच्छादित कार्मिकों के हस्ताक्षरित फार्म 26 (6) मूलरूप में दिनांक 30.06.2024 तक अविलम्ब इस कार्यालय को उपलब्ध करवाने की कृपा करें ताकि इस कार्यालय स्तर से ससमय अग्रिम कार्यवाही की जा सकें।
कृपया इसे सर्वोच्च प्राथमिकता प्रदान करें।

संलग्नक:- यथोपरि।



(ए०के० शर्मा)
वरिष्ठ लेखाधिकारी

पत्रांक: / अधि० एवं पें० (वि०) / पिटकुल / लेखास्कन्ध /
प्रतिलिपि निम्नलिखित को सूचनार्थ प्रेषित:-

तददिनांक

1. महाप्रबन्धक(वित्त) / (मा०सं०), पिटकुल, देहरादून।
2. अधिशासी अभियन्ता सू०प्रौ०, पिटकुल देहरादून को इस आशय से प्रेषित की पत्र संलग्नकों सहित पिटकुल की वेबसाइट पर अपलोड करने की कृपा करें।

(ए०के० शर्मा)
वरिष्ठ लेखाधिकारी

**PERFORMA FOR JOINT REQUEST UNDER PARAGRAPH 26(6) OF THE EPF
SCHEME 1952**

(For implementation of Hon'ble Supreme Court judgment, dated the 04th November, 2022, in Civil Appeal No. 8143-8144 of 2022 [SLP (C) Nos. 8658-8659 of 2019] in the matter of the Employees' Provident Fund Organisation and others versus Sunil Kumar B. and others)

To,

The Regional Provident Fund Commissioner

Regional Office...

Iam an existing member of the EPF Scheme, 1952 having UAN I have read and understood the provisions of paragraph 26(6) as well as the definition of 'pay' under paragraph 2 of the Scheme. I wish to contribute towards my EPF on actual (higher) pay exceeding the statutory wage ceiling (presently Rs 15,000/ per month) w.e.f.and accordingly, submit my option to contribute on my actual (higher) pay

OR

I..... having read and understood Para 26(6) and the definitions of 'pay', and 'excluded employee' as mentioned under Para 2 of EPF Scheme, 1952, hereby declare that I am an 'Excluded Employee' as per Para 2(f)(ii) of the Scheme and am not enrolled as a member of the Scheme as my 'pay' from the date of joining my establishmenthaving PF Code.....has been above the statutory wage ceiling (presently Rs.15,000/- per month). Now, I wish to become a member of the EPF Scheme, 1952 w.e.f.....and accordingly hereby exercise my option for the same. I undertake to contribute to Employees' Provident Fund on actual (higher) pay.

I....., being the employer as per the provisions of Section 2(e) of the EPF & MP Act 1952, in respect of the above-mentioned employee and am submitting a joint request for the purpose of enrolling the member/existing member who has been paying contribution on actual pay exceeding statutory wage ceiling/existing members whose actual pay exceeds statutory wage ceiling.

Place:

Signature of Employer

Name, Designation of the employer

Name & Signature of the employee

(For implementation of Hon'ble Supreme Court judgment, dated the 04th November, 2022, in Civil Appeal No. 8143-8144 of 2022 [SLP (C) Nos. 8658-8659 of 2019] in the matter of the Employees' Provident Fund Organisation and others versus Sunil Kumar B. and others)

UNDERTAKING BY THE EMPLOYER

I....., being the employer as per the provisions of Section 2(e) of the EPF & MP Act 1952, in respect of the above-mentioned employee, hereby undertake to pay the administrative charges payable at prescribed rates towards EPF contribution made by/ in respect of the said employee, including his/ her contribution on pay exceeding the statutory wage ceiling.

I further undertake to comply with all the statutory provisions under EPF & MP Act, 1952 and Schemes framed there under in respect of such employee with effect from.....

Date:

Place:

Signature of Employer

Name, Designation of the employer

(For Office use)

OFFICE OF THE REGIONAL PROVIDENT FUND COMMISSIONER

The above Joint Request is accepted with effect from _____ with a direction to make necessary entries in the records of the establishment and the Account of the Employee/Member*.

DA

AO

APFC

To

The Employer (Establishment) for information to member