

UNDERTAKING

To,
Rajasthan State Mines & Minerals Limited
Corporate Office
4 Meera Marg
Udaipur 313004, Rajasthan

I, _____ Emp.No. _____, UAN _____
EPS Member ID/PPO No. _____ (if applicable) worked / working in Rajasthan
State Mines & Minerals Limited., do hereby solemnly affirm and state as follows:

1. I have read and understood the terms of Employees Pension Scheme, 1995 ('Pension Scheme') as amended from time to time including as it was before the amendment of 2014.
2. I am aware of Supreme Court judgment dated 04.11.2022 (In SLP (C) Nos.8658-8659 of 2019)
3. Pursuant to the aforesaid judgment dated 04.11.2022 and Employee Provident Organization circular/order/notifications etc. I have exercised the joint option under para 11(3) and 11(4) of the pension scheme.
4. I agree and acknowledge that I will not be able to withdraw or modify my option once exercised, unless otherwise permitted by the Employees Provident Fund Organisation or the applicable law, and I will be bound by the terms of the pension scheme as may be notified or modified or communicated by the Employees Provident Fund Organisation from time to time.
5. I undertake and agree to make payment of due contribution along with interest up to the date of payment as demanded by EPFO through The Trustees of PF of RSMML or directly to EPFO office, as may be communicated by EPFO in terms of the Pension Scheme. Any clarifications/ notifications/ circulars/ orders in relation thereto including any further payments as may be required, shall be done without any delay or demur.
6. In case, where RSMML or The Trustees of PF of RSMML is required to make any payment on my behalf to EPFO owing to failure on my part to contribute the amount pursuant to joint option exercised by me under para 11(3) & 11(4) of the pension scheme. I hereby permit RSMML and/or The Trustees of PF of RSMML to recover any due payments to the Employees Provident Fund Organisation in relation to the Pension Scheme from any dues to me from RSMML, or any source of fund held by The Trustees of PF of RSMML and RSMML.
7. Neither me, nor my assigns, nominees or family members, shall hold RSMML or The Trustees of PF of RSMML responsible or liable in any manner whatsoever for any act, commission or omission on the part RSMML or The Trustees of PF of RSMML, in relation to my exercise of joint option under the Pension Scheme.
8. I agree that The Trustees of PF of RSMML and/or RSMML shall be entitled to initiate appropriate proceedings for recovery of any amount due in relation to aforesaid.

Signature : _____

Name of employee/ retired employee : _____

EPS Member ID : _____

Address : _____

Mobile No. : _____