



पावर ग्रिड कॉर्पोरेशन ऑफ इंडिया लिमिटेड
Power Grid Corporation of India Limited
सूचना का अधिकार अभिनियम 2005 के अंतर्गत केन्द्रीय लोक सूचना अधिकारी
Central Public Information Officer under the RTI Act, 2005
केन्द्रीय कार्यालय, 'सौदामिनी', प्लॉट नं.2, सेक्टर-29, गुडगांव, हरियाणा-122007
Corporate Centre, 'Saudamini', Plot No. 2, Sector-29, Gurgaon, Haryana-122007



PGCIL/R/E/21/00447

Dated: 24 November, 2021

Shri Murikkumth Narayanannair
7E Estonia Olive Courtyard, Near Infopark Kakkanad
Kochi-682030

Sub: Information under Right to Information Act, 2005.

Sir/Madam,

This has reference to your RTI request dated 08 November, 2021 for providing information under RTI Act, 2005.

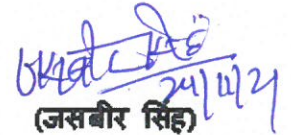
The desired information is attached at **Annexure-I**.

First Appeal, if any, against the reply of CPIO may be made to the first appellate Authority within 30 days of the receipt of the reply of CPIO. Details of Appellate Authority at Corporate Centre, Gurgaon, under RTI Act, 2005 is as below:

Shri B Anantha Sarma
Executive Director (CS) & Appellate Authority
Corporate Centre, Power Grid Corporation of India Limited
Saudamini, Plot No. 2, Sector-29, Gurgaon -122007, Haryana.
E-mail ID: appellate.cc@powergrid.co.in
Phone No.: 0124-2571994

Thanking you,

भवदीय,


(जसबीर सिंह)

मुख्य महाप्रबंधक (के. आ.) एवं के.लो.सू.अधिकारी

Email ID: cpio.cc@powergrid.co.in

Pointwise reply is given below :

Query 1. Please provide soft copy records of EPF, CPF Contributions, their accrual during my tenure with NLC/Powergrid and final calculation proceeds that was paid to me post my resignation.

Reply: PF Slip for FY 2006-07 and 2007-08 is attached at **Annexure –II**.

Query 2 .Please provide soft copy Records of Family pension contributions and their accrual during my tenure with NLC/Powergrid and the present status of that contributions.

Reply: Separate slip for Family Pension is not maintained.

Query No.3 Please provide the list of specific documents/declarations along with their formats needed from me for clearing the ambiguity.

Reply - Under EPS'95, you are eligible for Pension claim on attaining the age of 58 years.

For Pension claim following papers/documents are required:

- 1) 04 Sets of Pension Claim Form-10D duly filled and signed by the member. (attached at **Annexure-III**)
- 2) Nomination form-2(revised) (attached at **Annexure-IV**)
- 3) Joint Declaration form duly signed by the Member (attached at **Annexure-V**)
- 4) 04 nos. of PP Size photo (joint photograph with spouse)
- 5) Cancelled cheque leaf (one original + 3 photocopies)
- 6) Date of birth certificate of children if less than 25 years of age.
- 7) Copies of Aadhar Card of both (employee and spouse).
- 8) Copy of Pan Card (Employee)
- 9) Original Service Certificate/ Scheme Certificate, if issued by EPFO.
- 10) Non-employment certificate, if not a member of EPS'95 after relieving from services of POWERGRID (form attached at **Annexure-VI**). If member of EPS'95, submit details of employment/ Organisation.
- 11) Undertaking/Indemnity Bond (attached at **Annexure-VII**) for the purpose of calculation of pension (EPS'95).

All the completed filled up & signed forms along with all the relevant documents as stated above be sent to Regional HR (where last posted & relieved) for further necessary action.

Query No. 4 : Please provide other relevant information, if any and deemed fit, to settle the issue early and easily.

Reply -- NA



पावरग्रिड कर्मचारी भविष्य निधि ट्रस्ट
Power Grid Employees Provident Fund Trust
31 मार्च 2007 को समाप्त अवधि तक का कर्मचारी भविष्य निधि विवरण
Employee's PF statement for the Period Ending 31 st March 2007



नाम/Name : Mr. M.N. Jayasankar पिता/पति का नाम:/Father's/Husband's Name :
कर्म. सं./Employee No: 30806 Member No:E/DL/12882/ 30806
विभाग /Dept: Information Technology Deptt. CC_GURGAON
ब्याज दर:/Int Rate: 8.25%

(आंकड़े रुपयों में/Figures in ₹)

माह	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	जनवरी	फरवरी	मार्च	योग
Month	April	May	June	July	August	September	October	November	December	January	February	March	Total
भ. नि. अंशदान(सदस्य) PF Cont.(Member)	3706.00	3872.00	3669.00	3283.00	3909.00	3909.00	3909.00	4028.00	4028.00	4028.00	4276.00	4276.00	46893.00
भ. नि. अंशदान(नियोक्ता) PF Cont.(Employer)	3165.00	3331.00	3128.00	2742.00	3368.00	3368.00	3368.00	3487.00	3487.00	3487.00	3735.00	3735.00	40401.00
स्वैच्छिक भ.नि.अंशदान V.P.F. Cont.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ऋण वसूली Loan Recovery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

	01-04-2006 को आरम्भिक शेष	बोनस 2005-06	भविष्य निधि अंशदान	स्वैच्छिक भविष्य निधि	ऋण	ऋण वसूली	स्थायी आहरण	स्थायी आहरण की वापसी	योग	वर्ष के दौरान ब्याज	अंतिम शेष
	Op. Balance (01-04-2006)	Bonus(2005-06)	PF Cont.(+)	VPF(+)	Loan(-)	Loan Recovery(+)	Permanent Withdrawl(-)	Refund of Perm. Withdrawal(+)	Total	Interest during the Year(+)	Closing Balance
सदस्य Member's	435603.05	8712.00	46893.00	0.00	0.00	0.00	0.00	0.00	491208.05	39867.00	531075.05
नियोक्ता Employer's	331070.00	0.00	40401.00	0.00	0.00	0.00	0.00	0.00	371471.00	29942.00	401413.00

- नोट :
- उपरोक्त दर्शायी गई भविष्य निधि अंशदान की राशि मार्च 2006 से फरवरी 2007 के वेतन की है।
The PF Contribution shown above is for the period from March 2006 to February 2007
 - किसी प्रकार के स्पष्टीकरण के लिए पच्ची प्राप्ति के 10 दिन के भीतर भविष्य निधि अनुभाग से सम्पर्क करें।
For any clarification, contact PF Section within 10 days of receipt of PF Slip.
 - वर्ष 2011-12 के लिए भविष्य निधि शेष पर ब्याज 8.25% की दर से क्रेडिट किया गया है।
Interest of 8.25% p.a. is credited to PF balance for the year 2011-12.

सचिव
पावरग्रिड कर्मचारी भविष्य निधि ट्रस्ट

Slip No:1

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पावरग्रिड कर्मचारी भविष्य निधि ट्रस्ट
Power Grid Employees Provident Fund Trust
 31 मार्च 2008 को समाप्त अवधि तक का कर्मचारी भविष्य निधि विवरण
Employee's PF statement for the Period Ending 31 st March 2008



नाम/Name : Mr. M.N. Jayasankar
 कर्म. स./Employee No: 30806
 विभाग /Dept: 8.25%
 ब्याज दर./Int Rate: 8.25%

पिता/पति का नाम./Father's/Husband's Name :
 Member No:E/DL/12882/ 30806
 CC_GURGAON

(आंकड़े रुपयों में/Figures in ₹)

माह	अप्रैल	मई	जून	जुलाई	अगस्त	सितम्बर	अक्टूबर	नवम्बर	दिसम्बर	जनवरी	फरवरी	मार्च	योग
Month	April	May	June	July	August	September	October	November	December	January	February	March	Total
भ. नि. अंशदान(सदस्य) PF Cont.(Member)	4276.00	4312.00	3552.00	4271.00	4335.00	2237.00	0.00	0.00	14015.00	0.00	0.00	0.00	36998.00
भ. नि. अंशदान(नियोक्ता) PF Cont.(Employer)	3735.00	3771.00	3011.00	3730.00	3794.00	1696.00	0.00	0.00	14015.00	0.00	0.00	0.00	33752.00
स्वैच्छिक भ.नि.अंशदान V.P.F. Cont.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ऋण वसूली Loan Recovery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

	01-04-2007 को आरम्भिक शेष	बोनस 2006-07	भविष्य निधि अंशदान	स्वैच्छिक भविष्य निधि	ऋण	ऋण वसूली	स्थायी आहरण	स्थायी आहरण की वापसी	योग	वर्ष के दौरान ब्याज	अंतिम शेष
	Op. Balance (01-04-2007)	Bonus(2006-07)	PF Cont.(+)	VPF(+)	Loan(-)	Loan Recovery(+)	Permanent Withdrawl(-)	Refund of Perm. Withdrawal(+)	Total	Interest during the Year(+)	Closing Balance
सदस्य Member's	531075.05	0.00	36998.00	0.00	0.00	0.00	599098.00	0.00	-31024.95	30145.00	-879.95
नियोक्ता Employer's	401413.00	0.00	33752.00	0.00	0.00	0.00	458714.00	0.00	-23549.00	22881.00	-668.00

- नोट :
- उपरोक्त दर्शायी गई भविष्य निधि अंशदान की राशि मार्च 2007 से फरवरी 2008 के वेतन की है।
The PF Contribution shown above is for the period from March 2007 to February 2008
 - किसी प्रकार के स्पष्टीकरण के लिए पत्रों प्राप्ति के 10 दिन के भीतर भविष्य निधि अनुभाग से सम्पर्क करें।
For any clarification, contact PF Section within 10 days of receipt of PF Slip.
 - वर्ष 2011-12 के लिए भविष्य निधि शेष पर ब्याज 8.25% की दर से क्रेडिट किया गया है।
Interest of 8.25% p.a. is credited to PF balance for the year 2011-12.

सचिव
पावरग्रिड कर्मचारी भविष्य निधि ट्रस्ट

Slip No:1

Next

2/2

PENSIONER MOBILE NO.

UAN No.....

EMPLOYEES' PROVIDENT FUND ORGANISATION

(Supplied Free of Cost)

For Office Use Only
Inward No.....

**APPLICATION FOR MONTHLY PENSION
FORM- 10 D (EPS)
EMPLOYEES' PENSION SCHEME, 1995
(Fill up in Capital letters)
(Read INSTRUCTIONS before filling in this form)**

1. By whom the Pension is claimed? : MEMBER
2. Type of Pension Claimed : SUPERANNUATION PENSION
3. (a) Member Name : _____
- (b) Sex : MALE
- (c) Marital Status : _____
(Married/unmarried/window/widower)
- (d) Date of Birth/Age : _____
- (e) Parent/Spouse Name : _____

4. E.P.F. Account Number

RO	SRO	Establishment Code	Member A/c No.
DS/NHP	_____	12882	

5. Name & Address the Establishment : **POWER GRID CORPORATION OF INDIA LTD.**
In which the member was last employed **B-9, Qutab Institutional Area,**
Katwaria Sarai, New Delhi 110 016
6. Date of Leaving Service : _____
7. Reason of Leaving Service : _____
8. Address for Communication : _____

In case of Reduced Pension (Early Pension) : NO

Date of Option for commencement of pension : Date Month Year

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Member can exercise option in case of early Pension indicating the date of option for commencement of pension from:

- Date of exit from service (on completion of 50 years)
- Date of filling the Form 10 D
- Date of between the date of exit (on completion of 50 year) and date of completion of 58 year (Superannuation age).

9. Option for commutation of 1/3 of Quantum : Not applicable

Pension (If option is for lesser) Yes No Amount

Commutation indicate the quantum

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10. Option of Return of Capital
(Please refer Serial Number 10 of INSTRUCTIONS)

[Put a Tick (√)]

If yes, indicate your choice of alternative

Yes

No

11. Mention your Nominee for Return of Capital

Name : _____

Relationship : _____

Date of Birth : _____

Address : _____

12. Particulars of Family

Sl.No.	Name	Date of Birth/Age	Relationship with Member	Indicate against minor	
				Guardian Name	Relationship with Member
(1)	(2)	(3)	(4)	(5)	(6)

Note: If any child is physically handicapped, please indicate "DISABLED" below the name.

13. Date of death of Member (if applicable) : _____

14. Details of Saving Bank Account Opened : _____

Name of the Bank : _____

Name of Branch : _____

Full postal address of Bank with Pin Code : _____

Sl.No.	Name of the Claimant(s)	Saving Bank Account Nos.

(Note: Account should be opened in single name)

15. If the claim is preferred by nominee, indicate his/her

(1) Name : NA

(2) Relationship with the deceased Member : _____

16. Details of Scheme Certificate :

Scheme Certificate received & enclosed :

Not Received :

Not Applicable :

Already in possession of the Member, if any

If received, indicate:

Sl.No.	Scheme Certificate Control No.	Authority who issue the Scheme Certificate

17. If pension is being drawn under E.P.S., 1995

PPO No. issued by

RO	SRO

18. Documents enclosed (Indicate as per the Instructions)

- 1.
- 2.
- 3.
- 4.

**TO BE SUBMITTED IN DUPLICATE IN RESPECT OF
EACH PERSON ELIGIBLE FOR PENSION**

Descriptive of Pensioner and his/her Specimen Signature/Thumb impression.

1. Name of the Member : _____
2. E.P.F. Account Numbers : DS/NHP/12882/
3. Name of the Pensioner : _____
4. Father/Husband Name : _____
5. Sex : _____
6. Nationality : _____
7. Religion : _____
8. Height : _____
9. Personal Marks of Identification :
 1. _____
 2. _____
10. Specimen signature of Pensioner :
 1. _____
 2. _____
 3. _____
11. (Only in the case of illiterate Claimant (Pensioner)
Left Hand Finger Impression):

THUMB INDEX MIDDLE RING SMALL

Signature _____
Name of attesting Authority _____

Official Seal

Place:

Date :

Certified that:-

- (i) I am not drawing Pension under Employees' Pension Scheme, 1995:
- (ii) The particulars given in this application are true and correct.

**Signature of the applicant/
Left hand Thumb Impression**

**TO BE FILLED IN BY THE EMPLOYER
AUTHORISED OFFICER OR THE ESTABLISHMENT)**

Certified that :

- (i) The particulars of the members are correct.
- (ii) The particulars of Wages and Pension Contribution for the period of 12 months preceding the date of leaving service are as under:-

(In case, the wages is not earned for all 12 months, the block of 12 months will commence back wards from the last drawn)

Year	Month	Wages		Pension Contribution due	Details of period of non- contributory service. If there is no such period, indicate 'Nil'	
		No. of Days	Amount		Year	No. of days for which no wages were earned
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Encls:

- 1) Documents as given in the Instructions.
- 2) Form of descriptive roll and specimen signature.

**Signature of Employer/Authorized Official of
The Establishment with Seal & Date**

(FOR OFFICE USE ONLY)
(PENSION SECTION / ACCOUNTS SECTION)

Certified that the particulars in the application have been verified with the relevant concerned documents. The claimant is eligible for Pension. The Input Data Sheet is placed below for approval

Entered in Form 9/Form 3(PS), Master Ledger Card/Claim Inward Register

Form 2(R) enclosed along with the documents furnished by the claimant.

CLERK (Pension) date	S.S date	A.A.O date	A.P.F.C date
-------------------------------------	---------------------	-----------------------	-------------------------

FOR USE IN PENSION PRE-AUDIT CELL

The Input data sheet verified with reference to the application and the documents enclosed and found correct. P.P.O. may be generated through Computer.

CLERK (Pension) date	S.S date	A.A.O date	A.P.F.C date
-------------------------------------	---------------------	-----------------------	-------------------------

FOR USE IN PENSION DISBURSEMENT SECTION

P.P.O. No
Date of issue to the Bank
Intimation sent to the Claimant and also to Accounts Branch on

CLERK (Pension) date	S.S date	A.A.O date	A.P.F.C date
-------------------------------------	---------------------	-----------------------	-------------------------

Nomination and Declaration Form for unexempted/Exempted Establishment/declaration and **Nomination Form under the Employees' Provident Funds & Employees' Pension Scheme (Paragraph 33 & 61(1) of the Employee's Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995.)**

- 1. Name (In Block letters) : 2. Father's/Husband's
- 3. Date of Birth : 5. Marital Status :
- 4. Sex : 6. Account No. DS/NHP/12882/
- 7. Address (Permanent):
- Address (Temporary) :

PART - A (EPF)

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employee's Provident Fund, in the event of my death.

Name of the nominee(s)	Address	Nominee(s) relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Fund to be paid to each nominee	If the nominee is a minor, name, relationship & address of the guardian who may receive the amount during the minority of nominee

*Certified that I have no family as defined in para 2(g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.

*Certified that my father/mother is/are dependent upon me

*Strike out whichever is not applicable

Signature or thumb impression of the employee

Amarendra W

PART B (Employees Pension Scheme'1995) (Para 13)

I hereby furnish below particulars of the member of my family who would be eligible to receive widow/widower/children Pension in the event of my death

Sl.No	Name of the family members	Address	Date of Birth	Relationship with the Member

*Certified that I have no family, as defined in para 2(vii) of Employee's Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly widow/widower pension (admissible under para 16 2(a) (I) (ii) in the event of my death without leaving any eligible family member for receiving pension.

Sl. No.	Name of the family members	Address	Date of Birth	Relationship with the Member
1.				
2.				

Date: _____

* Strike out whichever is not applicable

Signature or thumb impression of the employee

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/ _____ employed in our establishment after he/she has read the entries/entries have been read over to him/her by me and got confirmed by him/her.

Place: _____
Date: _____

**Signature of the employer or other authorized officers of the Establishment
Name & Address of the Factory/Establishment or Rubber Stamp thereof**

Annexure - V

Emp. No. _____

To,
The Regional P.F. Commissioner,
EPFO Complex,
Regional Office Delhi(South),
Sector-23, Dwarka,
NEW DELHI – 110 075.

Sub: Joint Declaration by the Member(Employee) & Employer

Dear Sir,

I, _____, am an employee/ex-employee of Power Grid Corporation of India Ltd. (A/C. No. DS/NHP/12882) furnishing below herewith correct details during my service with aforesaid establishment.

PARTICULARS	CORRECT PARTICULAR	WRONG PARTICULAR
Name		
Father/Husband Name		
EPS Account No.		
Date of Birth(dd/mm/yyyy)		
Date of Leaving(dd/mm/yyyy)		
Date of Membership		

You are requested to make the necessary changes in your records (if required) and settle my PF/EPS'95 claim at the earliest.

An early action in this regard will be highly appreciated.

Please acknowledge the receipt.

Yours faithfully,

Employee Name –

Employee Signature _____

Signature of Authorized Signatory
with Establishment Seal

Annexure-VI

NAME:-

PF CODE NO:-

NON EMPLOYMENT CERTIFICATE

I,..... S/o, W/o, D/o Sh.

Residing at

do hereby solemnly affirm and sincerely state as hereunder declare that I/My husband/wife was an employee of M/s. bearing PF A/c No. and left the job on and that I/My husband/wife had not been employed in any other establishment covered under the Employee's Pension Scheme, 1995/EPF Scheme, 1952. Prior to the date of joining the establishment/after the date of leaving service from the above establishment.

And that I declare that, I am not in receipt of any pensioner's benefits under Employees Family Pension, 1971/Employee Pension Scheme, 1995. That what is stated above is true and correct to the best of my knowledge.

In case, my above declaration is found to be false, I undertake to return the pension in full with interest as declare by Employees' Provident Fund Organisation and I am liable for any action that may be initiate by EPFO, in this regard.

Solemnly affirmed at

Signature of the Member/Claimant
(with full Name)

AFFIDAVIT CUM INDENMITY BOND
(in case of retired employee)

I, [redacted], s/o [redacted], residence at [redacted]

Do hereby solemnly affirm and sincerely state as hereunder.

I, [redacted], s/o [redacted], declare that was an employee of M/s Power Grid Corporation of India Ltd. (A Govt. of India Enterprise) having its registered office at B-9 Qutub Institutional Area Katawaria, Saraj , New Delhi - 110016 bearing EPS account no E/DL/12882/30845 and superannuated from the service of the Corporation w.e.f.

And further I declare that I was also an employee of M/S NLC Ltd. (A Govt. of India Enterprise) having its registered office in Neyveli House No. 135 Periyar EVR High Road, Kalpank, Chennai 600010 which is covered under EPF/EPS scheme 1952 prior to the date of my joining in Power Grid Corporation of India Ltd.

I also declare that neither I remember EPF no allotted by NLC Ltd. To me nor I am having record of amount deducted during the service at NLC Ltd. I therefore undertake to forgo service period / amount service rendered in NLC Ltd. For the purpose of calculation of Pension (EPS 1995).

And that I further Indemnify that I am neither in receipt of any pensionary benefit nor I shall claim same for the past period of service rendered by me in NLC Ltd. Under the Employee Family Pension 1971/ Employees Pension Scheme 1995.

That what is stated above is true and corrected to the best of my knowledge.

In case, my above declaration is found to be false I undertake to return the pension in full interest as declared by EPF organization and I shall be liable for any action that may be initiated by the EPFO in this EPFO in this regard.

Solemnly affirmed at

[redacted]

[redacted]
Signature of the Claimant

Name - S
Acco

[redacted]