

FORM – ‘A’
(See Rule 36 of the Rules)

FORM OF AGREEMENT.

I hereby declare that I have read the Rules and Regulations of the Satluj Jal Vidyut Nigam Limited. Employees Gratuity Fund and that I agree to be bound by them and by subsequent additions and/or alternations, if any, to them from time to time made in pursuance of the Rules and Regulations of the Fund.

Account Number.....

1. Name.....
(Surname) (First name) (Middle Name)
 2. Age.....
(Years) (Months)
 3. Date of Birth
 4. Religion
 5. Sex
 6. Father's /Guardian Name
 7. Marital Status
 8. Husband's/Wife's Name
 9. Identification mark
 10. Division/Office in which working
 11. Designation
 12. Employee Number
 13. Date of appointment
 14. Permanent address
 15. Present address.....
- Tel. No.
- Place.....
- Date.....

Signature/Thumb impression of the employee

Certified that the above declaration has been executed by Employee Number Employed asat.....before me after he had read the entries.

Place.....

Date.....

Signature of the Controlling Officer.