

8. Language Opted
(With reference to
note below)

(126)

Paper - I :
Paper - II :
Paper - III :
Paper - IV :
Paper - V :
Paper - VI :

NOTE :- Option once exercised will not be changed. Answers written in the opted language will be valued and rest will be ignored. No option is allowed for English (Subject).

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the examination, action can be taken against me as per rules. I shall not claim any benefit. I further declare that I fulfill all the conditions of eligibility as per the regulations as laid down in the E.P.F. (Staff and Conditions of Service) Regulations, 1962 as amended upto date and such other requirements as may be notified from time to time.

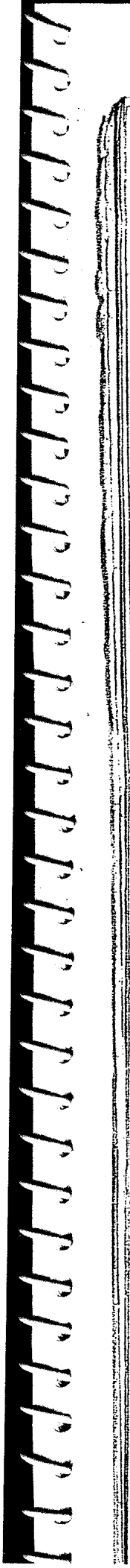
Dated : _____ Signature of the candidate.

Note :- Admission to the examination is subject to fulfilment of conditions laid down in the E.P.F. (Staff and Conditions of Service) Regulations, 1962 and such other requirements as may be notified from time to time.

FOR USE IN SUB-REGIONAL OFFICE

Application verified and received before the due date.
Forwarded to the Regional Provident Fund Commissioner, In-charge of the Region.
Remarks, if any.

(Signature of the Officer Incharge SRM
(With Seal))



(FOR USE OF THE ADMINISTRATION SECTION IN REGIONAL OFFICE/CENTRAL OFFICE)

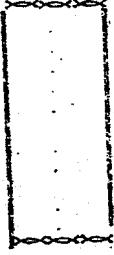
Certified that the particulars given in this application Form are correct and that the above candidate satisfies all the conditions laid down in the Scheme/ E.P.F. (Staff and Conditions of Service) Regulations, 1962 for eligibility. The Service Book of the official verified and possess the requisite qualification and period of service for appearing in the Examination. The candidate may be admitted to the Examination.

Signature of the APFC (Admn.)
(Regional Office/Central Office).

Signature of the R.P.F.C.
(Regional Office/Central Office)

(With Seal)

Roll No.
Allotted



Dated :

(Form to be retained in the safe custody of Regional Provident Fund Commissioner Incharge of Regional Office/Regional Provident Fund Commissioner (LA - Central Office).)
