Ref. No. ECL/HQ/G.M(P/Pen)/Cont.Workers/002

Date: 31.12.2013

To
The Ch.Manager(Pers.)/Sr.Manager(Pers.)/IC/Manager(Pers.) I/C,
Pandaveswar /Bankola/Kendra/Kajora/Kunustoria/Jhanjra/Satgram/Sripur/ Sodepur/Salanpur/

The Ch.Manager(Pers.)/Sr.Manager(Pers.)/(IC)/Sr.Manager/WO(T) of all Workshops/Estbs,
namely Mugma R.W.S/Poniati Workshop/Rotibati Workshop/Ukhra Regional
Workshop/BEFW/MRS,Sitarampur/HRD,Dishegarh/ECL Sales Office,Kolkata/Andal Sales Office,
Andal/Sanctoria Hospital/Kalla Hospital.

Sub: Coverage of Contractor Workers under CMPF Scheme.

Dear Sir,

This is observed that many contractors are having regular workers, who prior to coming in Coal
Industry, had been working in some Organization other than Coal Industry, where EPF was applicable and
these workers had already become member of EPF. In this case, you are requested to send option of
Contractor Workers in Form ‘C’ under Coal Mines Providend Fund Scheme to concerned CMPF Regional
Commissioner (copy enclosed). If the workers want to continue in EPF, such type of option is to be sent to
CMPFO immediately within one month of the commencement of contractual work.

ENCL: Specimen copy of Form ‘C’.

Yours faithfully,

General Manager(P/Pension)
ECL HQ.

Copy to:

1) General Manager(P&IR),ECL.
2) HOD, Security, ECL HQ.
3) Dy.G.M, Town Admn.Deptt.,ECL HQ.
4) Dy. G.M, Rajbhasa/PRO, ECL HQ.- for publication of the instant letter including Form ‘C’in ECL
Website.
5) CMO(IC), Sanctoria/Kalla Hospital.
COAL MINES PROVIDENT FUND SCHEME

FORM 'C'

COAL MINES PROVIDENT FUND

(Election Under Paragraph 26 of the Coal Mines Provident Fund Scheme)

1. Name (in block capitals)

2. Sex

3. Religion

4. Father's name

5. Husband's name (for married women only)

6. Date of birth

7. Permanent Address

8. Name of Provident Fund of which he is already a member

I declare that all the particulars stated above are true to the best of my knowledge and belief and I hereby elect/do not elect to continue to be a member of the aforesaid Provident Fund.

_________________________
Signature or left hand thumb impression of person employed

Certified that the above declaration has been signed by

_________________________
employed in

before me and that he is a member of

Provident Fund — recognised under Income Tax Act, 1922

+ to which the Provident Fund Act, 1925, applies

_________________________
Signature of Manager or
Other Officer of Coal Mine

Regd. No. Coal Mine

* Here give the name of Coal Mine in which employed.
+ Score out the portion not applicable.