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कर्मचारी भविष्य निधि संगठन  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)  
EMPLOYEES' PROVIDENT FUND ORGANISATION  
(Ministry of Labour and Employment, Govt. of India)  
क्षेत्रीय कार्यालय, "भविष्य निधि भवन"



REGIONAL OFFICE, "BHAVISHYANIDHI BHAVAN"

P.B.NO:1806, एरन्जिपालम पोस्ट/ERANHIPALAM.P.O., कोषिकोड/ Kozhikode-673 006.

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वेब साइट Website : www.epfindia.gov.in

No.KR/KK/Adm 1(1)/F-11/2018

Dated : 05.01.2018

**CIRCULAR/ADVERTISEMENT**

Sub: Engagement of Retired Official on short-term contract basis at the Regional Office of Employees' Provident Fund Organisation at Kozhikode - regarding.

Applications are invited from the Retired Personal Assistants of EPFO who have not completed the age of 62 years as on 01-01-2018 for engagement as Personal Assistant under the Comprehensive Policy for engagement of retired Officers/staff on short term contract basis in EPFO.

2. It is proposed to engage one Personal Assistant (Group 'B') in the Regional Office of EPFO at Kozhikode. This office is looking for retired persons having qualification of Graduation and having experience in dealing the work of Personal Assistant. Having knowledge of file handling and working in EPFO will be an added advantage. The work on short-term contract basis has to be carried out in its Regional Office at Kozhikode.

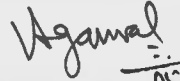
3. The remuneration to the person will be at the rate of ₹25,000/- per month. This will be subject to the condition that the said remuneration + Pension drawn by the retired official + DA on Pension should not exceed the last Pay + Dearness Allowance (DA) drawn by the official. In addition, conveyance charge may be reimbursed according to their entitlement prior to his/her retirement subject to maximum of ₹2000 per month.

4. The person will be engaged for the minimum period required and the maximum period will not exceed six months. Furthermore, the engagement of persons shall not be beyond the age of 62 years.

5. The interested candidates may apply in the proforma given in Annexure-I alongwith self attested copies of (i) Pension Payment Order and (ii) Medical Fitness Certificate.

6. The applications shall be submitted by post so as to reach Regional Provident Fund Commissioner, Employees Provident Fund Organisation, Regional Office, Bhavishyanidhi Bhavan, P.B. No.1806, Post Eranhpalam, Kozhikode - 673 006 by 22<sup>nd</sup> January, 2018.

Encl.: As above

  
05.01.18  
(VISHAL AGARWAL)  
REGIONAL P. F. COMMISSIONER-II



कर्मचारी भविष्य निधि संगठन  
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(Ministry of Labour and Employment, Govt. of India)  
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Paste  
self  
attested  
passport  
size  
photo

**APPLICATION FOR .....**

1. Name of the Applicant : .....
2. Father's/Husband's Name : .....
3. Date of Birth : .....
4. Category (SC/ST/OBC/GEN) : .....
5. Gender (M/F) : .....
6. Date of Retirement/Superannuation : .....  
(Attach copy of PPO)
7. Pension Payment Order No. & date, if applicable : .....
8. PAN (Attach copy of PAN Card) : .....
9. Aadhaar No. (Attach copy of Aadhar Card) : .....
10. Last pay drawn/emoluments at the time of retirement : .....  
(Pay Band + Grade Pay) (Attach – Last Pay Certificate & Relieving order on retirement)
11. Post held at the time of retirement : .....
12. Present Address : .....

.....

.....

Pin Code : ..... Mobile No.: .....

E-mail ID : .....

13. Details of experience (last 5 years prior to retirement) – starting with the post retired from  
(Separate sheet may be attached, if required)

Post Held	Name of Organisation	Period		Pay Band + Grade Pay (If pre-revised Pay scale, applicable the same may be mentioned	Length of service in years	Nature of duties performed
		From	To			
Total length of experience in years :						
Knowledge of Computer with Typing Speed :						
If selected, what notice period required for joining :						

14. Any other information :

**DECLARATION**

It is certified that the information provided as above is true & complete in all respect and to the best of my knowledge & belief. If anything is found wrong/incorrect, my application will be treated as cancelled and withdrawn.

**(Signature of the Applicant)**

Date : .....

Place : .....

Name : .....

Address : .....

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