

UNDERTAKING:

I _____ Designation _____ Department _____

PF Account No. _____ retired from University Service on _____ I do

hereby undertake that any excess payment, if any, found to have been made to me

as a result of incorrect or due to decrease in rate of interest on PF at the time of final

payment of Provident Fund or any excess payment is noticed subsequently, will be

refunded by me to the University either by adjustment against future payment due

to me or otherwise.

Signatures of Witness

- 1. Signature _____
Name _____
Address _____

- 2. Signature _____
Name _____
Address _____

(Signatures of employee)

Address: _____

Mobile No. _____

Recommendation of the Dean/Director/Chairman of the Department/Branch

Officer:-
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Signature of the Chairman/Branch Officer
With office seal