



**BPSCL DEFINED CONTRIBUTION PENSION TRUST**

**VOLUNTARY CONTRIBUTION FORM**

(To be submitted to F&A Department)

- 1.0 Name of the employee (Block letters) : .....
- 2.0 Staff Number : .....
- 3.0 Designation/Department : .....
- 4.0 Date of Joining BPSCL (Regular rolls) : .....
- 5.0 Present Address : .....
- 6.0 Permanent Address : .....
- 7.0 Contact Phone Number : .....

I hereby opt for voluntary contribution towards BPSCL Defined Contribution Pension Scheme and authorise BPSCL for deduction of a sum of Rs. \_\_\_\_\_/- per month from the salary starting from the month \_\_\_\_\_.

This option will remain applicable till further information.

Signature :

Name :

Staff No. :

Date:

Place:

*Ayeshwarya*  
11/01/21