



**RIPANS**

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# रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एंड नर्सिंग साइंसेज REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES

(स्वायत्त संस्थान, अधीनस्थ स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार)  
(An autonomous Institute under Ministry of Health & Family Welfare, Govt. of India)

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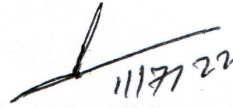
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## OFFICE ORDER

Dated Aizawl, the 11<sup>th</sup> July, 2022

G.27016/1/2021-(Accts)/RIPANS/118 : This is for information to all officers and staff of RIPANS that Para 29(2) of the EPF Scheme provides that an employee can contribute more than statutory contribution which is now 12% of basic pay plus Dearness allowance. Employer, however, will restrict employer's contribution to 12% of basic pay plus Dearness allowance only.

Interested persons may submit application to the undersigned by attaching prescribed proforma of Joint Declaration (Enclosed as an annexure). Deduction of voluntary contribution and remittance of contribution will be subject to permission of EPFO Regional Office, Shillong.

  
(Dr. H.LALRINMAWIA)

Director

Regional Institute of Paramedical  
& Nursing Sciences, Aizawl

Memo G.27016/1/2021-(Accts)/RIPANS/118(A)

Copy to:-

1. Principal/HoDs for information
2. AO/FO/Officer i/c T&P for information.
3. System Engineer to upload in Institute's website.
4. Office Order Guard File.

Dated Aizawl, the 11<sup>th</sup> July, 2022

  
Director

Regional Institute of Paramedical  
& Nursing Sciences, Aizawl

**JOINT DECLARATION FOR VOLUNTARY CONTRIBUTION OF EPF ABOVE 12% OF  
PAY UNDER PARA 29(2) OF THE EPF SCHEME, 1952**

To,

The Provident Fund Commissioner,  
Regional Office, North East Region,  
Laitumkhrah Police Point,  
Shillong – 793003, Meghalaya

Sub: Application for employee's monthly contribution of EPF above 12% of basic pay plus Dearness Allowance

**DECLARATION BY THE EMPLOYEE**

Sir,

I, the undersigned Shri/Smt \_\_\_\_\_

Son of/Daughter of/Wife of \_\_\_\_\_ bearing Account  
Number **NESHG00033950000000** \_\_\_\_\_, employee of **Regional Institute of Paramedical**

**and Nursing Sciences (RIPANS), Aizawl, Mizoram** hereby declare that I have been contributing  
Provident Fund @12% of basic pay plus dearness allowance with effect from \_\_\_\_\_.

I am not an 'EXCLUDED EMPLOYEE' within the meaning of para 2(f) of the EPF Scheme, 1952. I  
am also aware that employer will restrict employer's contribution to 12% of basic pay plus  
dearness allowance only.

I request that:

1. I may be permitted to contribute Voluntary Provident Fund over and above 12% of my  
basic pay and dearness allowance with effect from \_\_\_\_\_.
2. I may be permitted to contribute @ \_\_\_\_\_% instead of the statutory rate of 12% with  
effect from \_\_\_\_\_.

Place: Signature of the employee :

Date: Name of the employee : \_\_\_\_\_

## **DECLARATION BY THE EMPLOYER**

We, **Regional Institute of Paramedical and Nursing Sciences (RIPANS) Aizawl, Mizoram** bearing Employer's Code No AS/3395 hereby declare that:

1. We have voluntarily enrolled Shri. Smt. \_\_\_\_\_  
as member of the EPF Scheme, 1952 w.e.f. \_\_\_\_\_ and his/her  
Account Number is **NESHG00033950000000**\_\_\_\_\_.
2. We have been deducting Provident Fund contribution voluntarily @12% of pay and  
making matching contribution @12% of pay w.e.f. \_\_\_\_\_.
3. We agree that voluntary contribution by the employee over and above 12% of basic pay  
plus dearness allowance i.e. \_\_\_\_\_ % of basic pay plus dearness allowance may be  
remitted monthly w.e.f. \_\_\_\_\_ as desired by the employee as per his/her  
Declaration stated above.
4. We agree to remit the administrative charges at the existing prescribed rate of 0.50% of  
the wages of the employee on which the Provident Fund contributions are payable with  
effect from \_\_\_\_\_ above 12% of basic pay plus dearness allowance.
5. We agree to abide by the conditions contained in the Employees' Provident Fund Scheme,  
1952.

Signature of the Employer or  
Authorised Official with Seal

Place:

Date: