

For Office use only

In ward No _____



Mobile No. : _____

Serial No _____

Form No : 10 - C (E.P.S.)

EMPLOYEES PENSION SCHEME, 1995

FORM TO BE USED BY A MEMBER OF THE EMPLOYEES' PENSION SCHEME,
1995 FOR CLAIMING WITHDRAWAL BENEFIT / SCHEME CERTIFICATE

(Read the instructions before filling up this form)

1. (a) Name of the member (in block letters) _____
(b) Name of the claimant (s) : _____
2. Date of Birth _____
3. Father's Name _____
Husband's Name (If applicable) _____
4. Name and Address of the Factory/Establishment in which the member was last employed. _____

5. Code No. & Account No. _____
- | | | | | |
|-------------------|---------|-------|-------|-------|
| Region / SRO Code | _____ | _____ | _____ | _____ |
| Estt. Code No. | A/c No. | | | |
| _____ | _____ | | | |
- 5A Date of Joining the Estt. _____
- 6 Reason for leaving service & Date of leaving Service _____

7. Full Address (in block letters) _____
Shri/Smt/Kumari _____
S/o / W/o / D/o _____

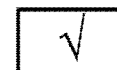
- Pin No. _____

8. Are you willing to accept Scheme Certificate

Yes



No



9. Particulars of Family (Spouse & Children & Nominee)

	Name	Date of Birth	Relationship with Member	Name of the guardian of minor
(a)	Family members			
(b)	Nominee			

10. In case of death of member after attaining the age of 58 years without filling the claim :-

(a) Date of death of the member

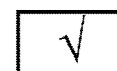
(b) Name of the Claimant(s) / and relationship with the member

11. Mode of remittance (put a tick in the box against the one opted)

(a) By postal money order at my cost to the address given against item No. 7



(b) Account payee cheque sent direct for credit to my SB A/c (Scheduled Bank)



S. B. Account No.

:

Name of the Bank (In block letters)

:

Full address of the Branch (In block letters)

:

IFSC :

12. Are you availing pension under EPS-95 ?

If so, indicate

PPO No _____

By whom issued _____

Certified that the particulars are true to the best of my knowledge.

Signature or Left Hand Thumb
impression of the Member / claimant (s)

Date : _____

Advance Stamped Receipt
(To be furnished only in case of 8(b) above)

Received a sum of * Rs _____ (Rupees _____ only) from

Signature or Left / Right Hand thumb impression of the member



Affix 1.00
Rupee
Revenue
Stamp

Certified that the particulars of the member given are correct and the member has signed / thumb impressed before me.

The details of wages and period of non-contributory service of the member are as under :

(Form 3A/7 (EPS) enclosed for the period for which it was not sent to Employees' Provident Fund Office)

Wages (Basic + D.A.) as on 15.11.95 (if applicable)

Wages as on the date of exit _____ per month

Period of non contributory Service

Yeas / Month No. of days

Date : _____

Signature of Employer / Authorised Official

(For the use of commissioner's office)

Under Rs _____ P.I. No. _____ M.O. / Cheque.

Passed for payment for Rs _____ (in words) _____

M. O. Commission (if any) _____ net amount to be paid by M. O. _____

Towards withdrawal benefit

D. H.

S. S.

A. AO

(For use in Cash Section)

Paid by inclusion in cheque No _____ Dated _____ vide Cash Book (Bank)

S. S.

AC (Cash)

For issue of S. S. ; IDS is enclosed

D. H.

S. S.

A. AO.

APFC (A/cs)

(For use in Pension Section)

Scheme Certificate bearing the control No _____ issued on _____ and entered

D. H.

S. S.

A. AO.

APFC (Pension)