

Serial No:



For Office Use Only
In Words 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**

1. a) Name of the member :-
(In Block Letters) _____
b) Name of the claimant (s) _____
2. Date Of Birth

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|--|--|--|--|--|--|
3. a) Father's Name _____
b) Husband's Name
(If applicable) _____
4. Name & Address of the Establishment
in which, the member was last employed _____
5. Code No. & Account No.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Region/SRO Code

| | | | | |
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|--|

Estt. Code No.

| |
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A/c No.
6. Reason for leaving service
& Date of leaving _____

7. Full Postal Address :-
(In Block Letters) _____
Sh/Smt./Km _____
S/o, W/o, D/o _____
PIN _____

8. Are you willing to accept Scheme Certificate in lieu of withdrawal benefits (a) Yes (b) 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 filing the claim:-

- (a) Date of death of the member :
 (b) Name of the Claimant(s) / and relationship with the members :

11. MODE FOR REMITTANCE [PUT A TIC IN THE BOX AGAINST THE ONE OPTED]

- (a) By postal money order at my cost to address given against item No. 7
 (b) Account payee cheque sent direct for credit to my SB A/c (Scheduled Bank) under intimation to me

S.B. Accounts No. _____
 Name of the Bank (in block letters) _____
 Branch (in block letters) _____
 Full Address Of the Branch (in block letters) _____

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 _____

Encl. (1) Self certified true copy of Bank Statement/Pass book carrying Name, Res. Add. of Member and bank a/c no. AND ALSO (2) One Original Cheque leaf duly cancelled as well as signed by Member, of bank mentioned in settlement application.
 =====
 Mobile No. _____ Personal E-mail-id. _____

ADVANCE STAMPED RECEIPT
[To be furnished only in case of (b) above]

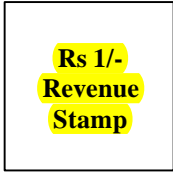
Received a sum of Rs.....(Rupees.....)

Only from Regional Provident Fund Commissioner /Officer-in charge of Sub-Regional
Office_____

by deposit in my savings Bank A/c towards the settlement of my Pension Fund Accounts.

(The Space should be left blank which shall be filled by Regional Provident Fund Commissioner /Officer-in-charge)

Signature & left hand thumb impression of the member on the 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 employee's Provident Fund Office)

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

Wages as on the date of exit

Period of non contributory Service

Year/Month No.of days

Date.....

**Signature of Employer/
authorised Official**

(FOR THE USE OF COMMISSIONER'S OFFICE)

(Under Rs.)

P.I. NoM.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.A.O

(FOR USE IN CASH SECTION)

Paid by inclusion in cheque No.....Dt.....vide cash Book(Bank) Account
No. 10 Debit item No.....

D.H

S.S

AC(A/cs)

For issue if S.S; IDS is enclosed.

D.H

S.S

A.A.O/APFC(A/cs)

(FOR USE IN PENSION SECTION)

Scheme Certificate bearing the control No.....Issued onand
entered in the scheme Certificate Control Register-

D.H

S.S

A.A.O

APFC(PENSION)

भविष्य निधि का एन.ई.एफ.टी. द्वारा शीघ्र भुगतान हेतु निम्नलिखित वितरण दावा प्रपत्र (फार्म) के साथ भेजें

Following information should be furnished along with claim form to expedite payment through N.E.F.T. (National Electronics Fund Transfer)

| | | |
|----|--|--|
| 1. | सदस्य/दावेदार का नाम Member's/Claimant's Name | |
| 2. | भविष्य निधि खाता संख्या E.P.F. Account Number | |
| 3. | सदस्य की जन्म तिथि Member's Date of Birth | |
| 4. | बैंक का बचत खाता संख्या Claimant's S.B. Account Number (Account should not be in joint name) | |
| 5. | बैंक का पूरा नाम Name of the Bank | |
| 6. | बैंक ब्रांच का पूरा पता Complete Bank Branch Address | |
| 7. | बैंक ब्रांच का आईएफएस कोड संख्या (ग्यारह अंक) IFS Code of Bank Branch (11 digits) | |
| 8. | दावेदार का मोबाइल नम्बर आदि कोई हो तो Mobile Number of Claimant, if any | |
| 9. | ई-मेल यदि कोई हो तो E-mail Address. if any | |

नोट :- सदस्य अपने प्रपत्र (फार्म) के साथ केवल अपने बैंक खाता संख्या की तसदीक बैंक पास बुक के प्रथम पृष्ठ की फोटोकॉपी, खाली कैसल्ट चेक/ बैंक स्टेटमेंट/ जिसमें बैंक खाता संख्या, सदस्य का नाम, बैंक का पूरा नाम व पता एवं बैंक शाखा का (आई. एफ. एस. कोड आवश्यक रूप से हों) संलग्न करें।

NOTE :- *Member should enclose attested copy of first page of bank pass book or a copy of cancelled cheque or bank statement bearing account no., member name, bank name & full branch address and IFS code of bank branch.*

सदस्य/ दावेदार के हस्ताक्षर
Member's/ Claimant's Signature