

Serial No. _____

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| <i>For office use only</i> Inward No. |
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Form No.10-C (EPS)

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) | | |
| (c) | "Family/Legal heir can prefer the withdrawal benefit claim in the case of a member, who attended the age of 58 years before completion of 10 years of eligible service and died thereafter without claiming the said benefits." | | |
| 2 | Date of Birth | | |
| 3.(a) | Father's name | | |
| (b) | Husband's name <i>(if applicable)</i> | | |
| 4. | Name & address of the establishment in which the member was last employed | | |
| 5. | Code No. & Account No. | Region/SRO Code: _____ | |
| | | Estt. Code No.: _____ | |
| | | Account No.: _____ | |
| 6. | Reason for leaving service and date of leaving | | |
| 7. | Full Postal Address (in Block letters) | Sh./Smt/Km. _____ | |
| | | S/o, w/o, d/o: _____ | |
| | | Address: | |
| | | Pin | |
| 8. | Are you willing to accept Scheme Certificate in lieu of withdrawal benefits (Delete whichever is not applicable) | (a) | (b) |
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Contd.....pg .2

| | | | | |
|--|--|---|--------------------------|-------------------------------|
| 9. | Particulars of Family (Spouse & Children & Nominee) | | | |
| | Name | Date of birth | Relationship with member | Name of the guardian of minor |
| (a) | Family member(s) | | | |
| | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| (b) | Nominee | | | |
| | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| 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 member | | | |
| 11 | Mode for Remittance (Put a tick in the box against the one opted) | | | |
| (a) | By postal money order at my cost to address given against item No.7 | <input type="checkbox"/> | | |
| (b) | Account payee cheque sent direct for credit to my SB A/c (Scheduled Bank) under intimation to me | <input type="checkbox"/> | | |
| | Savings Bank Account 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-1995? | | | |
| | If so, indicate PPO No. | | | |
| | By whom issued | | | |
| <i>CERTIFIED THAT THE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE</i> | | | | |
| Date: _____ | | Signature or Left Hand Thumb Impression of the Member / Claimant (s) | | |

ADVANCE STAMPED RECEIPT
(To be furnished only in case of 12 (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 account towards the settlement of my
 Pension Fund Accounts.

(The space should be left blank which shall be
 Filled by Regional Provident Fund Commissioner/
 Officer-Incharge)

| |
|-----------------------------|
| Rs. 1/- Revenue Stamp |
|-----------------------------|

Signature or 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 :

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

Wages (Basic + DA) as on 15.11.1995 (if applicable): _____

Wages as on the date of exit : _____

Period of non contributory Service

| | |
|---------------------|--------------------|
| <u>Year / Month</u> | <u>No. of days</u> |
|---------------------|--------------------|

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.A.O.**(FOR USE IN CASH SECTION)**Paid by inclusion in cheque No. _____ dated _____ 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 on _____ and
entered in the Scheme Certificate Control Register.-----
D.H.-----
S.S.-----
A.A.O./APFC(Pesnion)