

For office use only
Inward No.

APPLICATION FOR MONTHLY PENSION

(EMPLOYEES' PENSION SCHEME, 1995)

FORM 10-D (EPS)

(Read **INSTRUCTIONS** before filling in this Forms)

1. By whom the Pension is Claimed?

2. Type of Pension claimed

3.	(a) Member's Name (in Block letters)			
	(b) Sex			
	(c) Marital Status			
	(d) Date of birth / Age			
	(e) Parent's / Spouse's Name			
4.	E.P.F. Account Number	RO	SRO	Estt. Code No.
		Member Account No.		
5.	Name & Address of the Establishment in which the member was last employed.			
6.	Date of leaving service			
7.	Reasons for leaving service			
8.	Address for communication	Sh./Smt./Km.		
		Pin _____		
A)	In case of Reduced Pension (Early Pension)			
	Date of option for commencement of pension	Date	Month	Year
	Member can exercise option in case of early Pension indicating the date of option for commencement of pension from:			
	▪ Date of exist from service (on completion of 50 years)			
	▪ Date of filling the Form 10D			
	▪ Date of between the date of exit (on completion of 50 years) and date of completion of 58 years (Superannuation age)			
9.	Option for commutation of 1/3 rd of Quantum Pension (if option is for lesser) commutation indicate the quantum	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount <input style="width: 100%;" type="text"/>

10	Option of Return of Capital (Please refer Serial Number 10 of INSTRUCTIONS) {put a tick (√)}		Yes	No		
	If yes, indicate your choice of alternative		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Mention your Nominee for Return of Capital					
	Name					
	Relationship					
	Date of birth					
	Address					
12	Particulars of Family					
	No. s	Name	Date of birth / Age	Relationship With Member	Indicate against Minor	
					Guardian name	Relationship with member
	(1)	(2)	(3)	(4)	(5)	(6)
	i.					
	ii.					
	iii.					
	iv.					
	v.					
	Note: If any child is physically handicapped, please indicate "DISABLED" below the name.					
13	Date of death of Member (if applicable)					
14	Details of Savings Bank / Post Office Account opened					
	i.	Name of the Bank / Post Office address				
	ii.	Name of the Branch				
	iii.	Full Postal Address				
			Pin code			
	Pensioners may at their discretion opt to draw pension either from the designated Post Office or from designated Bank.					
	S.No	Name of the claimant(s)	Savings Bank / Post Office Accounts No.			

14A	If the claim is preferred by nominee, indicate his / her					
	(1) Name					
	(2) Relationship with the deceased member					
15	Details of Scheme Certificate (Already in possession of the Members, if any)		Scheme Certificate Received & enclosed <input type="checkbox"/> Not received <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
	If received, indicate					
	S.No.	Scheme Certificate Control No.	Authority who issue the Scheme Certificate			
	i.					
	ii.					
	iii.					
	iv.					
v.						
16	If pension is being drawn under EPS 1995		Yes / No			
		Payment Pension Order (PPO) No. Issued by	<table border="1"> <tr> <td>RO</td> <td>SRO</td> </tr> <tr> <td></td> <td></td> </tr> </table>	RO	SRO	
RO	SRO					
17	Documents enclosed (indicate as per the instructions)					
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					

TO BE SUBMITTED IN DUPLICATE IN RESPECT OF EACH PERSON ELIGIBLE FOR PENSION

Descriptive roll of pension and his / her Specimen signature / thumb impression		
1	Name of the Member	
2	EPF Accounts number	
3	Name of the Pensioner	
4	Father's / Husband's name	
5	Sex	
6	Nationality	
7	Religion	
8	Height	
9	Personal marks of identification	(1)
		(2)
10	Specimen signature of pensioner	(1)
		(2)
		(3)
11	(Only in the case of illiterate claimant (Pensioner) Left Hand Finger Impression):	
	THUMB INDEX MIDDLE RING SMALL	

Signature: _____

Place: _____

Name of attesting Authority: _____

Date: _____

Official seal

Certified that:

- (i) I am not drawing Pension under Employees' Pension Scheme, 1995.
- (ii) The particulars given in this application are true and correct.

Signature of the application
Left hand thumb impression

Contd....pg.5

TO BE FILLED IN BY THE EMPLOYER AUTHORISED OFFICER OF THE ESTABLISHMENT

Certified that :

- (i) the particulars of the members are correct;
- (ii) the particulars of Wages and Pension Contribution for the period of 12 months preceding the date of leaving service are as under:
(in case the wages is not earned for all 12 months, the block of 12 months will commence backwards from the last drawn)

Year	Month	Wages		Pension contribution due	Details of period of non-contributory service, if there is no such period, indicate 'NIL'	
		No. of days	Amount		Year	No. of days for which no wages were earned
(1)	(2)	(3)	(4)	(5)	(6)	(7)

- Encl: 1. Documents as given in the instructions.
2. Form of descriptive roll and specimen signature

Signature of Employer / Authorised
Official of the Establishment with Seal &
Date

**(FOR OFFICE USE ONLY)
(PENSION SECTION / ACCOUNTS SECTION)**

Certified that the particulars in the application have been verified with the relevant concerned documents. The claimant is eligible for pension. The Input Data Sheet is placed below for approval.

Entered in Form 9 / Form 3 (PS) , Master Ledger Card / Claim Inward Register.

Form 2 (R) enclosed along with the documents furnished by the claimant.

Clerk
Date

S.S.
Date

A.A.O.
Date

A.P.E.C.
Date

FOR USE IN PENSION PRE-AUDIT CELL

This Input data sheet verified with reference to the application and the documents enclosed and found correct. P.P.O. may be generated through Computer.

Clerk
Date

S.S.
Date

A.A.O.
Date

A.P.E.C. (Pension)
Date

FOR USE IN PENSION DISBURSEMENT SECTION

P.P.O. Number _____

Date of issue to the Bank: _____

Intimation sent to the claimant and also to Accounts Branch on _____

Clerk
Date

S.S.
Date

A.A.O.
Date

A.P.E.C.
Date
