

(Information to be furnished by the Employer if the Claim Form is attested by the Employer)

Certified that the above contributions have been included in the regular monthly remittances.

The applicant has signed / thumb impressed before me.

Signature of left / right hand thumb impression of the member

Signature of the Employer or authorized official
Designation & Seal: _____
Date: _____

Encl.

DECLARATION OF NON-EMPLOYMENT

In the cases of submission of applications for settlement under clause(s) of sub-paragraph (i) and in clause (b) of sub-paragraph (2) of paragraph 69 of the EPF Scheme, 1952, the claim should be submitted after two months from the date of leaving service provided the member continues to remain un-employed in an Estt. to which the Act applies.

Date: _____

Signature of left / right hand thumb impression of the member

ADVANCE STAMPED RECEIPT (To be furnished only in case of 8 (b) above)

Received a sum of *Rs. _____ (Rupees : _____
_____ only) from Regional Provident Fund Commissioner / Officer-in-charge of sub-Accounts Office _____
_____ by deposit in my savings bank account towards the settlement of my Provident Fund Account.

The space should be left blank which shall be filled in by Regional P.F. Commissioner/Officer-in-charge of Sub-Regional office./ SAO

Affix Rs. 1/-
Revenue
Stamp

Signature or Left /Right Hand Thumb Impression of the member

(FOR THE USE OF COMMISSIONER'S OFFICE)

Account settled in part / full. Entered in F.21-A/24/2/9 & withdrawal register.

Clerk: _____ Head Clerk : _____

----- (under Rs.)
P.I.No. _____ M.O. / Cheque _____
Account No. _____ Section _____ / passed for payment of Rs. _____
In words _____
M.O. Commission (if any) / AAO / Accounts Officer _____
Net Amount paid by M.O. _____ Date : _____

(FOR USE IN CASH SECTION)

Paid by inclusion in cheque No. _____ date _____ vide
Cash Book (Bank) Account No.3 Debit item No. _____

H.C.

AC / RC

Remarks