

Agencies involved and procedure for filling up the various forms on account of retirement

I. ENCASHMENT OF LEAVE

HRM Corporate Office or the Project where the employee was last working would process the leave encashment case for settlement in the prescribed format marked as 'Annexure- A'.

Final settlement orders will be issued by HRM / Corporate Office with Accounts / Corporate Office vetting.

2. GRATUITY

Employee has to submit application in 'Annexure-B' to the Project Head of his last place of working.

HRM Corporate Office or the Project where the employee was last working would process the gratuity case for settlement in the prescribed format – 'Annexure- A', enclosing therewith the application of the employee.

Final settlement orders will be issued by HRM / Corporate Office with Accounts / Corporate Office vetting.

3. GROUP SAVINGS LINKED INSURANCE (GSLI)

On receipt of information from the Project (where the employee was last working) about the employee's superannuation, HRM / Corporate Office will submit the case to LIC in the prescribed claim format – 'Annexure-C'.

On settlement, LIC would make the payment to IRCON Corporate Office.

HRM / Corporate Office would issue the sanction / disbursement orders.

Project office will pay the amount to the ex-employee and raise the debit on Corporate Office.

4. PROVIDENT FUND ACCOUNT

Form No. 19 - Annexure - 'D'

- Employee has to complete all the entries except last column i.e. the contribution for the current financial year which would be completed by Accounts Section of the Project where the employee was last posted.
- Employee has to make signatures at the place marked as 'X' on 2nd page.
- The employee's signatures should be attested by an IRCON officer on the project by the Project Head and in Corporate office by an officer not below the rank of Manager / HRM or Manager / Accounts or he can get his signatures verified by a Gazetted officer, Tehsildar, 1st class Magistrate, Member of Parliament, Bank Manager at the place marked as 'XX'. (Reference page 2).

Contd..... p.2

- Employee has to sign, at the place marked as '@' – (page 2), i.e. 'Advance Stamped Receipt' after affixing one rupee revenue stamp leaving the amount column as blank.

The form should be sent to IRCON PF Trust through the Project where the employee was last working.

PF Trust would make the payment directly to the employee by cheque or send to his bank account at the address given in Form 19 with a copy of employee and concerned project.

5. P.F. LINKED PENSION

Pension would be applicable only if the employee has contributed towards pension fund for a minimum of 10 years (including past service).

In case employee has contributed towards pension fund for less than 10 years (including past service) –

Employee is not eligible for pension.

The employee has to fill up Form 10-C (Annexure-E). Duly completed form is to be forwarded to IRCON PF Trust through his last place of working.

IRCON PF Trust in turn will forward the same to PF Commissioner for necessary action. PF Commissioner would refund the amount lying in account plus interest directly to the employee at the address given in Form 10-C (Annexure-E).

In case the employee has contributed towards pension fund for 10 years or more

The employee is eligible for pension.

- Employee has to fill up Form 10-D in triplicate (all originals) (Annexure 'F'), alongwith the following documents :-
 - ❖ 3 copies of Joint photo (spouse and employee). On the reverse of the photograph, signature of the employee should be attested by the employer or Gazetted officer;
 - ❖ Two copies of Birth certificate of the employee and all the family members, duly attested (Birth certificate attested by Notary Public is not acceptable).
- Form 3 PS (Annexure 'G'), and 7 PS (Annexure 'H') are to be completed and signed by HRM or Accounts or Project Head. Officer should be of the level of Manager and above.
- All the above forms duly completed are to be forwarded to IRCON PF Trust through the project where the employee was last working. IRCON PF Trust would forward the same to PF Commissioner for calculation of pension. PF Commissioner would send the pension directly to the employee's bank account.

- 5A Procedure for filling forms 10-C - For claiming withdrawal benefits / Scheme Certificate **(Annexure E)**

To be completed by the employee.

The employee has to sign at the place marked as 'X' on page 2. Employee has also to sign "Advance Stamped Receipt" at page 3 after affixing Rupee 1/- revenue stamp at the place marked as "\$".

Project Head / Manager and above of HRM / Accounts discipline has to sign at the place marked as "@" on page 3, after completing the information asked for.

- 5B Form 10-D – Application for monthly pension - **(Annexure-F)**

Note: To be submitted in two copies in case pension is to be drawn in other Region

EXPLANATORY NOTE FOR THE APPLICATION

Column No. given below relates to the corresponding No. given in the application.

Column No.1 By whom the pension is claimed -
Indicate any one of the following under Sl. No. 1

Member	Widows Widower	Major Orphan	Guardian	Nominee

Column No.2 - Type of pension claim – indicate any one of the following :

On attaining 58 years whether in service or not **SUPERANNUATION PENSION**
Attained the age of 50 years but below 58 years and left service **REDUCED PENSION**
DISABLEMENT PENSION
WIDOWS & CHILDREN PENSION
ORPHAN PENSION
NOMINEE PENSION

Column No. 3 - (a) to (e) - Please furnish the particulars relating to the member.

Column No. 4 - Furnish Provident Fund code number – to be filled in by PF Trust.
Member's Provident Fund number be filled in by the employee.

Column No. 5 - Mention the names of project and address of IRCON Office where the employee was last working.

Column No. 6 - Indicate the actual date of leaving service. This need not be filled by a member who has attained 58 years and continued to be in service. Indicate, "still in service"

Column No. 7 - If the reason for leaving service was on account of total and permanent disablement, as indicated by the establishment to the PF office through Form 10, then only the member is entitled for Disablement Pension. In all other cases, the actual reason for leaving service may be given. However, a member who continues in service beyond the age of 58 years may indicate "still in service".

Column No. 8 - If the present address is temporary one, also indicate permanent address.

Column No. 9 - No.9 is applicable only to a member of the Pension scheme and not for his family. The applicant is eligible to commute upto a maximum of 1/3rd of his pension so as to received 100 times of the pension commuted. If a pension who is getting an original pension of Rs.600/- commutes 1/3rd of it, he will get Rs.20,000/- as commuted value. The commutation will be effective only from 16.11.1998. The applicant may give his option for commutation in the application and this will be effective and paid only if the member – pensioner continues to draw his pension as on 16.11.1998.

On opting for commuted value of pension, the original pension mentioned for Return of Capital will be the balance of pension after commutation.

Column No. 10 - The Member can give his option for Return of Capital. Option once exercised is final. He may choose anyone of the following and indicate the no. shown under alternative Sl.No.10 of the application.

Alternative	Quantum of pension	Return of Capital
1	90% of original	On member's death 100 times the original monthly pension to nominee.
2	90% of original pension to member. On his death 80% pension to widow / widower.	On death or remarriage of widow / widower whichever is earlier. 90 times of original pension to nominee.
3	87.5% of original pension for a fixed period of 20 years to member. On his death before 20 years, nominee will get pension for balance period.	At the end of 20 years, 100 times of original pension to member. If he is alive, otherwise to nominee.

Column No. 11 - The member is required to furnish the details of his / her nominee for receiving the Return of Capital. A member can nominate his / her spouse or sons or daughters. A married member who is not survived by any member or his family (spouse or sons or daughters) and a bachelor / spinster may nominate a person of his / her choice to receive the Return of Capital / Pension due, if any, under Alternative 3 as per Serial Number 10 above.

Column No. 12 - This should be completed by the member. In his absence, by the spouse / children. The list of surviving family members of the member covering his spouse, all children should be furnished. The particulars of guardian should be given in respect of each minor child, as on the date of application. In support of the age of children, age proof certificate obtained from the School or Registrar of Birth-death or ESI record or Municipal authorities should be enclosed. In the case of Guardian, other than natural guardian, a Guardianship Certificate should be enclosed.

Column No. 13 - Applicable only in case the member is not alive. In support of the date of death, Death Certificate should be enclosed.

Column No. 14 - The details of Bank, Saving Bank Account Number should be given.

In case the claim is preferred by spouse, he / she should give his / her saving bank account number and also separate saving bank account numbers. In respect of each child, saving bank account numbers of children who are below the age of 25 years (as on date of death of member) should be given. On behalf of minor child, saving bank account opened in the name of minor and operated by the guardian of the minor and account number should be given.

Pension is payable through any branch of "PNB / SBI on the specified day of each month by credit to the saving bank account of eligible pensioners. Hence, saving bank account should be opened only in the said Bank. Necessary guidelines have been given to all branches of bank to open a saving bank account for the pensioners. The applicant may approach any branch of the said bank to open the account.

The member, spouse and children (minor or major) should necessarily open saving bank account in the same branch of the bank.

Wherever pension is opted from a place beyond the jurisdiction of the Region in which the member was last employed, he/she should ascertain the name of the designated bank applicable in that region and open a saving bank account therein.

On sanction of pension, intimation will be sent to the pensioner to contact the bank.

Column No. 14 A - In case of death of the member before attaining 58 years without leaving any eligible family members to receive the pension, the nominee as appointed by the member through the Form 2 (revised) already sent to the PF office may apply giving his particulars against this column.

Column No. 15 - In case the member was working in different establishments and obtained Scheme Certificate, the details should be furnished. In case, no Scheme Certificate was received or not applied for the same, the details of past employment may be indicate in this column.

Column No. 16 - If the applicant is already receiving pension under Employees' Pension Scheme, 1995 or claim Pension, the details should be furnished against the column.

Column No. 17 - List of documents to be enclosed and specified under Column No. 17

Descriptive role of pensioner and his / her specimen signature / thumb impression in duplicate;

3 passport size photographs (if claimed by the member, joint photo with spouse). If the pension is claimed by member, there is no need to send photograph of the children. If claimed by widow, the photograph should be sent for widow / widower and his / her two children (below 25 years) separately. The photographs are to be attested by the employer or his authorized officer, indicating the person to whom the photograph relates and also the PF account number of the member, written on the reverse and placed in a separate envelope.

In the case of a member, who is permanently and totally disabled during the employment, he / she should undergo a medical examination before the Medical Board as advised by the EPF office. However, the disablement should occur while in employment.

The application should be forwarded through the establishment in which the member last served / died. The establishment should furnish the certificate and wage particulars duly attested by the authorised officer.

Only if the establishment is closed, the application should be forwarded through the Magistrate / Gazetted Officer / Bank Manager / any other authorised officer as may be approved by the Commissioner.

Signatures of the employee

- To be completed by the employee. The employee has to sign at the place marked as 'X' on page 4.
- Project Head / Manager and above of HRM/Accounts discipline has to sign at the place marked as "@" on page 5 after completing the information asked for.

6. TRAVELLING AND TRANSPORTATION OF PERSONAL EFFECTS INCLUDING VEHICLE

The claim on account of Travelling and Transportation of Personal effects including vehicle is to be submitted by the employee to the project where the employee was last working with the company.

CTG is not payable.

The case would be settled directly by the project where it is submitted.

7. BENEFITS FROM IRCON MEDICAL TRUST

- 7.1 HRM Corporate Office have to give information to IRCON Medical Trust in the format prescribed by Medical Trust – Annexure 'I', whenever the employee superannuates from the Company.
 - 7.2 **Funeral Expenses** – Funeral expenses are payable on death of the employee to spouse or the legal heir on submission of proof of death. This is to be claimed by the claimant directly from IRCON Medical Trust, Corporate Office.
 - 7.3 **Medical Expenses** – Medical expenses are to be claimed by the employee. On death of the employee these expenses can be claimed directly by spouse from IRCON Medical Trust, Corporate office.
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ANNEXURE 'A'

SUB: Payment of Gratuity, Leave encashment and GSLI on retirement.
(To be filled by project / corporate office from where the employee retires)

1.	Employee code No.			
2.	Name of the employee			
3.	Designation at the time of retirement			
4.	Status at the time of retirement (* Strikeout whichever is not applicable)	* Regular / Adhoc / Contract		
5.	Date of Birth			
6.	Date of Appointment			
7.	Date of Retirement			
8.	Scale at the time of retirement			
9.	Particulars of last pay drawn			
	Basic Pay at the time of retirement	Rs.		
	Dearness Pay	Rs.		
	Dearness Allowance	Rs.		
Total – Last pay drawn		Rs.		
10.	Calculation of Gratuity			
10.1	A.	Actual service rendered (Details given below)		
			Year	Month
		Date of Retirement		
	Minus	Date of appointment / absorption in IRCON		
		Service rendered		
	Minus	.. Non-qualifying Periods, if any		
			Yr	Mth
				Days
		Total		
		Net Qualifying Service rendered		
		Round off ____ years (nearest years)		
10.2	Gratuity payable –			
	Formula –	$\frac{\text{X} \times \text{X} \times 15}{26}$		
	$\frac{\text{Total Last Pay drawn} \times \text{Net Qualifying service (in full yrs)} \times 15}{26}$	= Rs. _____		
11.	Leave encashment			
11A.	LAP/ EL (Maximum encashment – 300 days)			
	i) Leave on full pay due (Maximum encashment – 300 days)	i)	Encashable	_____ Days
		ii)	Non-encashable	_____ Days
		Total		_____ Days
ii) Amount of Leave encashment payable -	Formula –			
	$\frac{\text{Total Last pay drawn} \times \text{no. of days of Leave} \times 12}{365}$	$\frac{\text{X} \times \text{X} \times 12}{365}$		
		= Rs. _____		

Contd..... p.2

11B.	Leave on half pay(LHP) - (Subject to maximum of 240 days on half pay)	
	i) Leave on half pay due	
	ii) Amt. of Leave encashment payable - <i>Formula –</i> $\frac{\text{Total Last pay drawn} \times \text{no. of days of Leave} \times 12}{365 \times 2}$	$\frac{\text{X} \quad \text{X} \quad 12}{365 \times 2} = \text{Rs. } \underline{\hspace{2cm}}$
12.	GSLI	<ul style="list-style-type: none"> • GSLI prescribed claim form , column nos. 1 to _____, duly completed attached. • Col. Nos. _____ to _____ are to be filled in by HRM / Corp. Office. • Claim is to be filed by HRM Corporate office.

Encl: Original vetted leave account

Signatures of HRM / Accounts Official: _____

Name : _____

Designation: _____

Project Incharge

FORWARDED TO HRM, CORPORATE OFFICE, NEW DELHI

The above information has been checked and is O.K. Sanction is sought for payment of Rs. _____ as gratuity and Rs. _____ as leave encashment. Submitted for approval, please.

Dealing official

Manager/HRM

DGM / HRM

GM / HRM

GM/F (HQ)

ED/F

DF

APPLICATION FOR GRATUITY BY EMPLOYEE

The Secretary,
Board of Trustees,
IRCON Employees Group Gratuity Trust,
IRCON International Ltd., Palika Bhavan,
RK Puram, New Delhi.

Sir

I hereby apply for payment of gratuity to which I am entitled (Rules and Regulations of the IRCON International Ltd. Employees Group Gratuity Trust) on account of my superannuation / retirement / resignation after completion of not less than five years of continuous service / total disablement due to accident / total disablement due to disease with effect from _____

Necessary particulars relating to my appointment in the Company are given in the statement below –

- 1 Name in Full
- 2 Address in full
- 3 Deptt / Branch / Section where last employed.
- 4 Post held
- 5 Date of appointment
- 6 Date and cause of termination of service
- 7 Total period of service
- 8 Amount of wages last drawn

I was rendered totally disabled as a result of (here give details of the nature of disease or accident)

The evidence / witnesses in support of my total disablement are as follows (here give details)

Payment may please be made in cash/open or crossed bank cheque/demand draft.

As the amount of gratuity payable is less than Rs.1000/- (Rupees one thousand only), I shall request you to arrange for payment of the sum due to me by postal money order at the address mentioned above after deducting postal money order commission.

Yours faithfully

Place: _____

Date: _____

LIFE INSURANCE CORPORATION OF INDIA

CLAIM FORM

For claiming benefits payable under the Group Savings Linked Insurance Scheme

Master Policy Number GSLI / _____

(To be completed by the Grantees)

1.	Name of the Institution	
2.	Master Policy No.	GSLI/ _____ D.O.C _____
3.	Name of the Insured Member	_____ / Category _____
4.	Employee No. / Sl. No. in the list	
5.	Category / Salary Grade	
6.	Amount Of Insurance Cover	
7.	Date of Birth	
8.	Date of entry into the scheme	
9.	Amount of Monthly Contribution recovered from the Insured Member	
10.	If there has been a change in the monthly contribution during his membership indicate date of change and the revised contribution	
11.	Due date for payment of the first contribution (indicate Day, Month & Year)	
12.	Date of Exit from Scheme	
13.	Due date for payment of the last contribution (indicate Day, Month & Year)	
14.	The date on which the last contribution was paid to the corporation	
15.	Mode of exit (Death / retirement / retrenchment / resignation / termination of service)	
16.	Cause of Death (in case of exit by Death)	
17.	Was the member absent on grounds of ill-health on the date of entry into the scheme (if so give details of leave)	
18.	Name of the beneficiary and relationship to the member (in case of Death)	
19.	Nature of proof of death (please enclose original Death certificate)	
20.	Whether any premium remains unpaid during Membership (if so, give details)	

Contd.... p.2

We declare that the above particulars are true and correct & above Member was an Insured Member covered under the scheme on the date of his exit and that all premiums have been paid to the corporation on his behalf.

We confirm that the beneficiary mentioned above is the person appointed by the Member to receive the benefit under the scheme.

Dated at _____ this _____ day of _____ 200____.

Signature of Master Policy Holder

Witness

Signature : _____

Name : _____

Designation: _____

Address : _____

DISCHARGE RECEIPT

Received a sum of
Rs _____ (Rupees _____ only)
from the Life Insurance Corporation of India in full and final settlement of all our claims and demands in respect of Sri _____ Assurance No. _____ under Master Policy No. _____ who expired / left service / retired on _____

Dated at _____ this _____ day of _____ 200____.

Witness

Signature : _____

Name : _____

Designation: _____

Address : _____

Affix Rs.1/- Revenue Stamp

Name & Designation _____ Signature of authorized signatory

(OFFICE STAMP)

(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

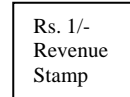
Remarks

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)



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

Year / Month

No. of days



Date: _____

Signature of Employer / authorised Official

Contd..... p.4

(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)

ANNEXURE 'F'

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 exit 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	No	Amount
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Contd.... P.2

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					
	S.No.	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.			

14 A	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="text"/> Not received <input type="text"/> Not Applicable <input type="text"/>			
	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 applicant /
Left hand thumb impression

Contd.... P.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

Contd..... p.6

(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



ANNEXURE 'G'

FORM NO. 3 (PS)

THE EMPLOYEES' PENSION SCHEME, 1995 **[Paragraph 20(1)]**

Code No of the Estt _____

CONSOLIDATED RETURN OF EMPLOYEES WHO ARE ENTITLED AND REQUIRED TO BECOME MEMBERS OF THE PENSION FUND ON THE DATE THE PENSION SCHEME COMES INTO FORCE

Name & Address of Establishment _____ Date of coverage _____

Industry in which the Estt is engaged _____ Registration No .of the Estt _____

SL. No.	Account No.	Name of the Employee (in Block letters)	Father's Name (or Husband's name in case of married Woman)	Basic wages and DA including cash value of food concession & retaining allowance, if any.	Date of Birth	Sex	Date of entitlement for membership	Remarks
1	2	3	4	5	6	7	8	9

Date _____

Station _____

Signature Of the employer or other authorised officer

The information recovered in Form 5(PS) in respect of the members leaving service shall be entered in this form by commissioner specifying the reason for leaving service.

Stamp of the Establishment

Note: This form should be accompanied by declaration in Form 2 by every employee mentioned in column 3.

(For Exempted Establishment only)

THE EMPLOYEES' PENSION SCHEME, 1995

Contribution Card for members for the Year 20_____ 20_____

- 1) A/c. No _____ 2) Name (in block letters) _____
3) Fathers / Husband's Name _____
4) Name & Address of the Establishment _____
5) Statutory rate of contribution 8.33% _____ 6) Voluntary higher rate of employee's Contribution, if any _____

Month	Amount of wages, retaining allowance,if any & DA including cash value of food concession paid during the month	Contribution to Pension Fund 8.33% (Rupees)	No. of days / period of non-contributing service (if any)	Remarks
1	2	3	4	5
March Paid in April				a) Date of Leaving Service : _____
April				
May				
June				
July				
August				b) Reason for Leaving service : _____ _____
September				
October				
November				
December				
January				
February paid in March				
	Rs.	Rs.		

Certified that the difference between the total contribution shown under col. (3) of the above table and that arrived at the total wages shown in col.(2) at the prescribed rate is solely due to the rounding off of contribution to the nearest Rupee under the rules.

Certified that the total amount of contributions indicated under col. (3) has already been remitted in full in Account no. 10 (Pension Fund Contribution).

Date _____ 20 _____

Signature of the Employer and office seal

ANNEXURE '1'

PARTICULARS OF EMPLOYEE
(To be provided by hrm dept. to medical trust on retirement or death)

1	Name of the employee	Shri / Smt.		
2.	Employee code No.			
3	Designation			
4.	Last Pay Scale	- Scale Rs.	(IDA/CDA)	
5.	Particulars of last salary drawn :			
	Basic pay		Rs.	
	Dearness pay		Rs.	
	Dearness allowance		Rs.	
	Interim relief, if any		Rs.	
	Total		Rs.	
6.	Status			
7.	Date of retirement or date of death if occurred while in service			
8.	Address			
9.	Name of spouse			
10	Name and age of dependents (in death cases only) :			
	S.No	Name of dependent	Relationship with the employee	Age
	1			
	2			
	3			
	4			
	5			

Signature of officer in HRM: _____

Name: _____

Designation: _____

Date: _____