

FORM 10-D(EPS)

MPLOYEE'S PENSION SCHEME, 1995 - APPLICATION FOR MONTHLY PENSIO

(Read INSTRUCTIONS before filling in this Form)

1	By whom the pension is Claime	ed ?	2. Тур	e of Pension Cla	nimed.
	,	ı			
3	(a) Member' Name (In Block Le	etters) :			
	(b) Sex :				
	(c) Marital Status :				
	(d) Date of Birth/Age :				
	(e) Parent/Spouse Name:				
4	Provident Fund Account No.	RO	SRO	Establishment Code No	Members's Accounts No
5	Name & Address of the Factory Establishment in which the member was last employed.	. /			
6	Date of Leaving Service:				
7	Reason for leaving Service:				
	(a) Date from which reduced Peopted by the member :	ension is			
8	Address for communication:				
	Pincode				

9	option is for lesser) commutation quantum:	· ·	Yes	No	Quantum
10	Option of Return of Capital (Please refer Serial Number 10 of INSTRUCTIONS) [Put a Tick ()] If Yes, indicate your choice of alternative	Yes No		1 2	3
11	Mention your Nominee for Retu	ırn of Capital			
	Name	:			-
	Relationship	:			<u>-</u>
	Date of Birth	:			_
	Address	:			_
	Pincode:				-
12	Particulars of Family :				
CI			D 1 (* 1 *		ainst Minor
Sl. No.	Name	Date of Birth	Relationship with member	Indicate ag Guardian Name	Relationship with member
	Name (2)	Date of Birth (3)		Guardian	Relationship
No.			with member	Guardian Name	Relationship with member
No.		(3)	with member (4)	Guardian Name (5)	Relationship with member (6)
No.	(2)	(3) handicapped, p	with member (4)	Guardian Name (5)	Relationship with member (6)
No. (1)	(2) Note: If any child is physically	(3) handicapped, p plicable) :	with member (4)	Guardian Name (5)	Relationship with member (6)
No. (1)	Note: If any child is physically Date of death of Member (if app	(3) handicapped, p plicable) :	with member (4)	Guardian Name (5)	Relationship with member (6)
No. (1) 13	Note: If any child is physically Date of death of Member (if appropriate of Saving Bank Account)	(3) handicapped, p plicable) :	with member (4)	Guardian Name (5)	Relationship with member (6)
13 14 (1)	(2) Note: If any child is physically Date of death of Member (if approximately) Details of Saving Bank Accounts Name of the Bank:	(3) handicapped, p plicable) :	with member (4)	Guardian Name (5)	Relationship with member (6)
13 14 (1) (2)	(2) Note: If any child is physically Date of death of Member (if apy Details of Saving Bank Account Name of the Bank: Branch:	(3) handicapped, p plicable) :	with member (4)	Guardian Name (5)	Relationship with member (6)

If Yes,

(4)	S.B.	Account	No
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CI	T	T
Sl. No.	Name of the claimant(s)	S.B.Account No.
1		
2		
3		
	<u> </u>	<u></u>
	Note: Enclose First page of the Pass book (phot	rocopy)
14	(A) If the claim is preferred by nominee, indica	ate his/her
	(1) Name	<u>:</u>
	(2) Relationship with the deceased Member	:
	Details of Scheme Certificate Not Ap Already in possession	pplicable Not Received
	Details of the Past employement, with A/c. No	ı.
Sl. No.	Scheme Certificate Control No.	Authority who issued the Scheme
16	If Pension is being drawn Under E.P.S., 1995	PPO.No. issued by RO/SRO
17		
17	Documents enclosed (Indicate as per the Instru	
	1	6
	2	7
	3	8
	4	9
	5 Certified that:	10
	(i) I am not drawing Pension under Employees(ii) The particulars given in this application are	
	Place:	
	Date: Signature of	or left hand thumb impression of the Applicant

(TO BE FILLED BY THE EMPLOYER / AUTHORISED OFFICER OF THE ESTABLISHMENT)

- (i) The particulars of the member are correct
- (ii) The particulars of wages and pension contribution for the period of 12 months preceeding the date of leaving service as as under:

		W	Vages	Pension	Details of Pe	riod of non contributory Service
Year	Month	No of Days	Amount Rs.	Contribution Payable	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 role and Specimen Signature in duplicate

Signature of the Employer or Authorised Official with Seal & Date

(FOR OFFICE USE ONLY)

PENSION SECTION (ACCOUNTS SECTION)

Certified that the particulars in the application have been verified with the relevant 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 alongwith the documents furnished by the claimant.

Clerk S.S AAO A.P.F.C (A/c's)
Date Date Date Date

FOR USE IN PENSION PRE- AUDIT SECTION

The 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 S.S AAO A.P.F.C (Pension)
Date Date Date Date

FOR USE IN PENSION DISBURSEMENT SECTION

P.P.O No. Bank:

Date of issue to the Bank: Date of intimation sent to the claimant:

Clerk S.S AAO A.P.F.C (Pension)
Date Date Date Date

Dup	licate
- up	TTC-



Original

Descriptive of Pensioner and his/her Specimen Signature/Thumb impression			
1. Name of the Member :	2. E.P.F. Account Number :		
Details of th	e Pensioner		
1. Name of the Pensioner :			
2. Father/Husband name :			
3. Sex : Male / Female	4. Nationality :		
5. Religion :	6. Height :		
7. Personal Marks of Identification 1) 2)			



1. Name of the Member :	2. E.P.F. Account Number :
Dotaile	of the Pensioner
Details	of the Pensioner
1. Name of the Pensioner :	
2. Father/Husband name :	
3. Sex :	4. Nationality :
Male / Female	
5. Religion :	6. Height :
0	
7. Personal Marks of Identification	
1) 2)	

8. Speciment signature of Pensioner :	8. Speciment signature of Pensioner :
1)	1)
2)	2)
3)	3)
9. (Only in the case of illiterate Claimant (Pensioner) Left Hand Finger Impression	9. (Only in the case of illiterate Claimant (Pensioner) Left Hand Finger Impression)
THUMB INDEX MIDDLE RING SMAI	<u>THUMB</u> <u>INDEX</u> <u>MIDDLE</u> <u>RING</u> <u>SMALL</u>
Place:	Place:
Date:	Date:
Signature of the Employer or Authorised	Official. Signature of the Employer or Authorised Official.
Of	ce Seal Office Seal

NON – EMPLOYMENT CERTIFICATE

1,	/O	Kesiding at
		Do hereby solemnly affirm and
sincerely as here u		
I,	/o	declare that my
was a	an employee of M/s.	
bearing Account N	0	and expired due to
on		
And my	had not been	employed in any other establishment
		52 prior to the date of joining the from the above establishment.
And I declare tha	t I am not in recei	pt of any pensionary benefits under
Employees Family	Pension, 1971 / En	nployees Pension Scheme 1995, that
what is stated abov	e is true and correct	t to the best of my knowledge.
Pension in full with for any action that		
		Signature of the member / claimant
On this day		

STATEMENT OF BREAK IN SERVICE

Name of the member (in Block Letters)	
Name of the claimant(s)	
Code No. & Account No.	
Date of Joining	
Date of leaving	
Date of Birth	

Break of service

sl.no	Year	Days

sl.no	Year	Days