



( 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.

.....

Date..... **Signature of Left/Right hand thumb impression of the member**

**Designation & Seal**

Encl.

Declaration of non-employment

Note:- In the case of submission of application 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 unemployed in an establishment to which the Act applies.

Date..... **Signature or 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 ..... 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 Provident Fund Commissioner/Officer  
in-Charge of S.A.O.

**Affix 1/- Rupee  
Revenue  
Stamp**

Signature or Left / Right hand thumb impression of the member

**(For the use of Commissioner's Office)**

A/C Settled in part/Full Entered in F. 21-A/24/219 & withdrawal register.

Clerk

Section Supervisor

P.I.No. .... M.O./Cheque .....

Account No. .... Section ..... passed for payment for Rs. ....

(in words) .....

M.O. Commission (if any) AOC/APFC .....

Net Amount to be 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 .....

HC

AC / RC

Remarks

Serial No:



For Office Use Only  
In Words No.

**Form No. 10 C (E.P.S)**

## 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) \_\_\_\_\_
2. Date Of Birth 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|
3. a) Father's Name \_\_\_\_\_  
b) Husband's Name \_\_\_\_\_  
(If applicable)
4. Name & Address of the Establishment  
in which, the member was last employed \_\_\_\_\_
5. Code No. & Account No. 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**Region/SRO Code**  

|  |  |
|--|--|
|  |  |
|--|--|

**Estt. Code No.**      **A/c No.**
6. Reason for leaving service  
& Date of leaving \_\_\_\_\_  
\_\_\_\_\_
7. Full Postal Address :-  
(In Block Letters) \_\_\_\_\_  
Sh/Smt./Km \_\_\_\_\_  
S/o, W/o, D/o \_\_\_\_\_  
\_\_\_\_\_ **PIN** \_\_\_\_\_

8. Are you willing to accept Scheme Certificate in lieu of withdrawal benefits (a) Yes  (b) No

9. Particulars of Family (Spouse & Children & Nominee)

| Name               | Date of Birth | Relationship With Member | Name of the guardian of minor |
|--------------------|---------------|--------------------------|-------------------------------|
| (a) Family Members |               |                          |                               |
| (b) Nominee        |               |                          |                               |

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 members :

11. MODE FOR REMITTANCE [PUT A TIC IN THE BOX AGAINST THE ONE OPTED]

- (a) By postal money order at my cost to address given against item No. 7
- (b) Account payee cheque sent direct for credit to my SB A/c (Scheduled Bank) under intimation to me

S.B. Accounts 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-95 ?

If so indicate : PPO NO. \_\_\_\_\_ By Whom Issued \_\_\_\_\_

**Certified THAT THE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE**

Signature or left Hand  
Thumb Impression of the  
Member / claimant(s)

Date \_\_\_\_\_

**ADVANCE STAMPED RECEIPT**  
**[To be furnished only in case of (b) above]**

Received a sum of Rs.....(Rupees.....)

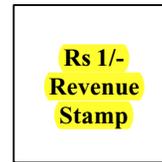
Only from Regional Provident Fund Commissioner /Officer-in charge of Sub-Regional

Office\_\_\_\_\_

by deposit in my savings Bank A/c towards the settlement of my Pension Fund Accounts.

(The Space should be left blank which shall be filled by Regional Provident Fund Commissioner /Officer-in-charge)

Signature & 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:-

Form 3A/7 (EPS) enclosed for the period for which it was not sent to employee's Provident Fund Office)

Wages (Basic + D.A) as on 15.11.95(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*

**(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.....Dt.....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(PENSION)**