**EMPLOYEES' PENSION SCHEME, 1995**

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

***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. UP **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Are you willing to accept Scheme Certificate in lieu of withdrawal benefits

Yes

No

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Date of Birth | Relationship With Member | Name of the guardan 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 your 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-incharge)

Affix Re. 1 Revenue Stamp

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.C . 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.C S.S AAO APFC( Cash)**

For issue if S.S.I.D.S is enclosed.

**D.C 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.C S.S A.A.O**

**APFC(PENSION) .**