bad 2141507	Form 19		A/C Gr. No.	:
	FUND COURSE 1052		Regd. No. :	
EMPLOYEES PROVIDENT FUND S			or Office use only)	
FORM TO BE USED BY A	A MAJOR MEMBER OF THE EMP	PLOYEES PROVID		
	ING THE EMPLOYEES PROVIDE			, ,
	"Refer to Insruc	tions"		
. Name of the member(In Block Letters)	DINESH VALJIBHA	I RATHOD		
. Father's name(or Husband name :in ca	se of married women)	VALJII	ВНАІ	
3. Name and address of the factory /Etsblishment in which the in which the member of the last employed.		Chattary Ajv	wan Infotech Pvt.	Ltd.
		Navrangpura, AHMEDABAD		
. Account No. : 619			GJ/NRD/000/	5215/000
. Date of leaving service 01/07/199	94	•		
7. Full Postal address(in Bolck Letters) S	Shri/Smt./Kumari			
	Ghri/Smt./Kumari		PI	:N
	Shri/Smt./Kumari Put a tick in the b	oox against one		in
7. Full Postal address(in Bolck Letters) S	Put a tick in the b	oox against one	e opted :	en against item No. 7
7. Full Postal address(in Bolck Letters) S B. MODE OF REMITTENCE: (a) by postal money order at my cost (Settleme (b) by account Payee cheque sent direct for cred	Put a tick in the beent of claim up to Rs.2,000)		e opted :	~
7. Full Postal address(in Bolck Letters) S B. MODE OF REMITTENCE: (a) by postal money order at my cost (Settleme	Put a tick in the beent of claim up to Rs.2,000)	S.B. A	to the address give	~
7. Full Postal address(in Bolck Letters) S B. MODE OF REMITTENCE: (a) by postal money order at my cost (Settleme (b) by account Payee cheque sent direct for cred	Put a tick in the beent of claim up to Rs.2,000)	S.B. A	to the address give	~
7. Full Postal address(in Bolck Letters) S 8. MODE OF REMITTENCE: (a) by postal money order at my cost (Settleme (b) by account Payee cheque sent direct for cred	Put a tick in the beent of claim up to Rs.2,000)	S.B. A	to the address give Account No.	~
7. Full Postal address(in Bolck Letters) S B. MODE OF REMITTENCE: (a) by postal money order at my cost (Settleme (b) by account Payee cheque sent direct for crec A/C. (Schedule /Co-op,Bank/P.O) under intimat	Put a tick in the beent of claim up to Rs.2,000)	S.B. A Name Full a the Bi	to the address give Account No e of the Bank ddress of ranch	~
7. Full Postal address(in Bolck Letters) S B. MODE OF REMITTENCE: (a) by postal money order at my cost (Settleme (b) by account Payee cheque sent direct for crec A/C. (Schedule /Co-op,Bank/P.O) under intimat	Put a tick in the beent of claim up to Rs.2,000) dit to my S.B. tion to me	S.B. A Name Full a the Bi	to the address give Account No e of the Bank ddress of ranch MY KNOWLEDGE	~

	Amount of Wages	Worker's Share EPF	Emplyer's Share		Refund of advance	Number of days/Period of non-contributin	Remarks
			EPF difference (if any)	PENSIONFUN D Contribution		g service(if any)	
1	2	3	4a	4b	5	6	7
Apr							
May							
Jun							
Jul							
Aug							
Sep							
Oct							
Nov							
Dec							
Jan							
Feb							
Mar							
Total							

Information to be furnished	by Employer if the claim from is attested by the en	nployer.	
Certified that the above con	tribution have been included in the regular monthly	y remitance.	
The applicant has signed/th	umb impressed before me.		
Signature of the employer o	r authorised officer		
-		Sigr	nature or Left/Right hand thumb impression of the member
Designation & Seal :			impression of the member
Encl. :			
	Declaration of no	on-employment	
	en employed in any factory /Etsblishment to which receeding the date of my application for final withdo		od of not less
Date	s	Signature or Left/Right hand thumb ir	npression of the member
	ADVANCE STAM	IPED RECEIPT	
	(to be furnished only in	n case of 8(b) above)	
Recieved a sum of Rs.	(Rupe	ees	only
from Regional Provident Fun	d Commissioner/Officer-in-charge of sub-Regional	office	Gujrat State by
in my Saving Bank Account	towardss the settlement of my Provident Fund Acco	ount.	
*The space should be left bl Commissioner/Officer-in-ch	anck which shall be filled in by Regional Provident I arge of SRO.	Fund	
		Affix Revenue	Re. 1 e Stamp
		Signature or Left/Right hand	thumb impression of the member
	(FOR THE USE OF COMM	ISSIONER'S OFFICE)	
A/c. settled in Part/Full Ente	red in Form 21A/24/2/9/3(FPF) withdrawal register	r	
Clerk			S.S.
(Under Rs.)
P.I No	M.O./Cheque Account No.		Section
Passed for Payment for Rs.		(in words) Rs.	
M.O. Commission (if any)			
Net amount to be paid by M	.0.	Date :	A.O/A.C.
	(FOR USE IN CA	ASH SECTION)	
Paid by inclusion in Cheque	No.	D t	
. a.a b, meiasion in cheque		Dt	
vid Cach Book (Bank) Access	nt No 3 Debit Item No		
vid Cash Book (Bank) Accou	nt No. 3 Debit Item No.		
vid Cash Book (Bank) Accou	A.C.		R.C.