

A/C Gr.No \_\_\_\_\_

FORM No.10.C

(E.P.S)

Serial No. \_\_\_\_\_

(For Office Use Only)

Inward No. \_\_\_\_\_

**Employee's Pension Scheme,1995**  
**Form To Be Used By A Member Of The Employees' Pension Scheme,**  
**1995 For Claiming Withdrawl Benefit/Scheme Certificate**

1.a. Name of The Member \_\_\_\_\_

b. Name of The Claimant \_\_\_\_\_

2. Date of Birth \_\_\_\_\_

3.a. Father's Name: \_\_\_\_\_

b. Husband's Name: \_\_\_\_\_

4. Name &amp; Address of The Establishment in which the member was last employed \_\_\_\_\_

5. Code No. \_\_\_\_\_

Account No. \_\_\_\_\_

Region/SRO Code \_\_\_\_\_

6. Reason For Leaving Service \_\_\_\_\_

Date of leaving \_\_\_\_\_

7. Full Postal Address:(In Block Letters)Shri./Smt./Kimari

S/o,W/o,D/o \_\_\_\_\_

8. Are You willing to accept Scheme Certificate in lieu of withdrawl benefits?

Yes

☒ Y

No

☐ N

9. Particulars of Family(spouse &amp; Children &amp; Nominee)

10. In case of death of member after attending the age of 58 years without filing the claim:-

(a) Date of death of the member \_\_\_\_\_

(b) Name of the Claimant(s) \_\_\_\_\_

Relationship with the member \_\_\_\_\_

11. MODE OF REMITTANCE(Put a tick in the box against the one opted)

(a) By Postal Money Order at my cost to the address given against item No.7

☐

(b) By Account Payee Cheque sent direct for credit to my S.B. Account (Scheduled/Co-operative Bank/Post)under intimation to me

☐

S.B Account No. \_\_\_\_\_

Name of the Bank(In Block Letters ) \_\_\_\_\_

Branch(In Block Letters ) \_\_\_\_\_

Fill Address of the Branch(InBlock Letters) \_\_\_\_\_

12. Are you availing pension under EPS-95? if so,indicate : PPO No. \_\_\_\_\_

By whom issued \_\_\_\_\_

**ADVANCE STAMPED RECEIPT****To be furnished only in case of 11(b)above**

Received a sum of Rs. \_\_\_\_\_ (Rupee \_\_\_\_\_) 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 Account.

(The space should be left blank which shall be filled by RPFC/Officer-in-charge)

Signature or Left hand thumb impression  
Of the member in the StampRe.1  
Revenue  
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 [eriod 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 exist

Period of non-contributory service \_\_\_\_\_

Year/Month

No. of Days

Date:

Signature of employee/Authorised officer

**FOR THE USE OF COMMISSIONER'S OFFICE**

Under Rs. \_\_\_\_\_

P.I.No. \_\_\_\_\_

Paased for Payment for Rs. \_\_\_\_\_ M.O/Cheque

(In Words Rupees \_\_\_\_\_ only)

M.O. Commission,if any \_\_\_\_\_

Net Amount to be paid by M.O. \_\_\_\_\_ towards withdrawl 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. \_\_\_\_\_

S.S.

A.C(cash)

For Issue of S.S.I.D.S is enclosed

D.H.

S.S.

A.A.O.

APFC(A/cs)

**FOR USE IN PENSION SECTION**

Scheme Certified bearing the control No. \_\_\_\_\_ Dt. \_\_\_\_\_

Issued on and entered in the Certificate Control Register

D.H.

S.S.

A.A.O.

A.P.S.C.(PENSION)