

COMPOSITE CLAIM FORM

FORM NO.–19 (PF FINAL SETTLEMENT) / 10C (PENSION WITHDRAWAL BENEFITS)

31 (PF PART WITHDRAWAL)

NOTE

The Composite Claim Form (Aadhar) is applicable in cases where a member's complete details in Form-11 (New), Aadhar number and bank account details are available on the UAN Portal and UAN has been activated. **Such members can submit this form directly to the concerned EPFO office, without attestation of claim form by the employers.**

Detail/Documents required with Form 19 & 10C

- **Self-attested**

- Cancelled Cheque leaf of Member bank account. **Bank A/c may be Individual or Joint A/c (Joint A/c only with name of Spouse)**
- Bank Pass book, in case name of Account holder not printed on signed cancelled Cheque
- One ID proof (**Aadhar Card**, Voter Id, Driving License or Passport)
- PAN Card
- UAN Card
- Non-Employment Certificate
- Personnel Mobile number
- Personnel E-mail-ID
- Form-15G/15H as applicable, this must filled with the help of any financial advisor (**Two Copies**)
- Joint Declaration for correction (**in case any correction required**)

संयुक्त दावा प्रपत्र (आधार) भरने हेतु अनुदेश

INSTRUCTION FOR FILLING THE COMPOSITE CLAIM FORM (AADHAR)

(संयुक्त दावा प्रपत्र ऐसे मामलों में लागू होगा जहां सदस्य प्रपत्र-11(नया) में विवरण पूर्ण करता है, आधार नंबर तथा बैंक खाते का विवरण यू.ए.एन. पोर्टल पर उपलब्ध है तथा यू.ए.एन. सक्रिय किया गया है। ऐसे सदस्य नियोक्ता के सत्यापन के बिना सीधे संबंधित कर्मचारी भविष्य निधि संगठन कार्यालय में फार्म जमा कर सकते हैं।)

(The Composite Claim Form (Aadhar) is applicable in cases where a member's complete details in Form-11 (New), Aadhar number and bank account details are available on the UAN Portal and UAN has been activated. Such members can submit this form directly to the concerned EPFO office, without attestation of claim form by the employers.)

- निम्नांकित हेतु आवेदन किया जा सकता है:- The application can be made for :
 - भविष्य निधि के अंतिम निपटान/ Final P.F. Settlement
 - पेंशन प्रत्याहरण लाभ (केवल 10 वर्ष से कम का सेवाकाल होने पर)
Pension Withdrawal Benefits (only if the service is less than 10 years)
 - भविष्य निधि आंशिक प्रत्याहरण / PF Part Withdrawal,
तदनुसार बॉक्स में निशान लगाएं/ Tick the boxes accordingly.
- नाम: नाम स्पष्ट अक्षरों में लिखें/ Name : Name in CAPITAL LETTERS
- यू.ए.एन. : 11 अंकों की यूनिवर्सल खाता संख्या का उल्लेख करें / UAN: Please mention the 11 digit Universal Account Number.
- कृपया बारह अंकों की आधार संख्या का उल्लेख करें/Kindly mention 12 digits Aadhar Number
- स्थापना में कार्य ग्रहण की तिथि: दिन/माह/वर्ष के फॉर्मेट में / Date of Joining the establishment: In DD/MM/YYYY format
- भविष्य निधि आंशिक प्रत्याहरण का उद्देश्य और आवश्यक राशि/ Purpose of PF Part Withdrawal and Amount required:
(इनमें से कोई एक कारण होना चाहिए) / The purpose may be one of the following:
 - आवासीय ऋण /भूमि /घर /फ्लैट खरीदने हेतु/ वर्तमान घर में निर्माण/अतिरिक्त फेर बदल/ आवासीय ऋण को चुकाने के लिए: कोई दस्तावेज अपेक्षित नहीं है। किसी दस्तावेज (नया घोषणा पत्र/ उपयोगिता प्रमाण पत्र इत्यादि) की आवश्यकता नहीं है। Housing Loan/purchase of site/house/flat or for construction/Addition alteration in existing house/Repayment of Housing loan: No document is required. No document (New Declaration Form/Utilization Certificate etc.) is required.

यदि अग्रिम साईट/मकान/फ्लैट की खरीद या एजेंसी के माध्यम से निर्माण या आवासीय ऋण की अदायगी के लिए है तो जिसके पक्ष में अदा किया जाना है, उसका नाम दर्शाए ।
In case the advance is for purchase of site/house/flat or construction through Agency or repayment of Housing Loan then indicate the name in whose favour the payment has to be made.
 - फैक्ट्री की तालाबंदी या बंद होना/ किसी दस्तावेज की आवश्यकता नहीं है / Lockout or closure of factory: No document is required .
 - सदस्य/परिवार की बीमारी : i) डॉक्टर का प्रमाण पत्र और ii) नियोक्ता द्वारा प्रमाण पत्र कि सदस्य के पास कर्मचारी राज्य बीमा निगम की सुविधा उपलब्ध नहीं है /Illness of member/family: i) Certificate of doctor and ii) Certificate by employer that ESIC facility is not available to the member.
 - स्वयं/बेटा/बेटी/भाई/बहन की शादी: किसी दस्तावेज/शादी कार्ड की आवश्यकता नहीं है / Marriage of self/son/daughter/brother/sister: No document/Marriage Card is required.
 - बच्चों की मैट्रिक के बाद की शिक्षा: किसी दस्तावेज की आवश्यकता नहीं है / Post Matriculation education of children: No document is required.
 - प्राकृतिक आपदा के असाधारण मामले: किसी दस्तावेज की आवश्यकता नहीं है / Natural calamity of exceptional cases: No document is required.
 - स्थापना में बिजली की कटौती :किसी दस्तावेज की आवश्यकता नहीं है / Cut in electricity in establishment: No document is required.
 - शारीरिक रूप से विकलांग द्वारा उपकरण की खरीद: चिकित्सा प्रमाण पत्र की आवश्यकता है/ Purchase of equipment by physically handicapped: Medical certificate is required.
 - सेवानिवृत्ति से एक वर्ष पूर्व कुल भविष्य निधि बकाया का 90% तक निकाल सकते हैं। किसी दस्तावेज की आवश्यकता नहीं है /One year before retirement: 90% of total PF balance can be withdrawn. No document is required.
 - वरिष्ठ पेंशन बीमा योजना में निवेश: कुल भविष्य निधि राशि का 90 %तक एल.आई.सी. में अंतरित कर सकते हैं।किसी दस्तावेज की आवश्यकता नहीं है / Investment in Varistha Pension Bima Yojana: 90% of total PF balance can be transferred to LIC. No document is required.
- नौकरी छोड़ने की तिथि: दिन/माह/वर्ष के फॉर्मेट में / Date of leaving service: In DD/MM/YYYY format
- (क) स्थायी खाता संख्या (पैन): पांच वर्ष से कम का सेवाकाल होने पर / (a) Permanent Account Number (PAN): In case of service less than 5 years.
फार्म 15जी/15एच की दो प्रतियां संलग्न करें, यदि लागू हो / Please submit two copies of Form 15G/15H, if applicable.
(यदि भ.नि. से आंशिक प्रत्याहरण के लिए आवेदन कर रहे हैं तो पैन की आवश्यकता नहीं है) / (PAN not required if applying for PF Part Withdrawal)
(ख) नौकरी छोड़ने का कारण: केवल भ.नि. अंतिम निपटान के मामले में : इनमें से कोई एक कारण होना चाहिए / (b) Reason for leaving service : Only in case of PF Final Settlement. The reason may be:

- I. समापन के कारण/ Termination on account of
 - a) सदस्य की बीमारी/ Ill health of member
 - b) नियोक्ता के व्यापार में कमी/बंद होना /Contraction /Discontinuation of employer's business or
 - c) सदस्य के नियंत्रण से बाहर अन्य कारण/ Other cause beyond the control of the member
 - d) व्यक्तिगत कारण / Personal Reasons
 - II. विवाह (महिला सदस्य के लिए) / Marriage (for female member)
 - III. विदेश में स्थायी रूप से बसने के कारण/ Permanent Settlement Abroad
- आयकर (टीडीएस) काटा जाएगा यदि सेवा 5 वर्ष (60 माह) से कम है। आयकर (टीडीएस) नहीं काटा जाएगा यदि कुल शेष रु. 50,000 से कम है। यद्यपि ऐसे मामलों में टीडीएस 10% की दर से काटा जाएगा यदि सदस्य पैन प्रस्तुत करता है। पैन प्रस्तुत नहीं किए जाने के मामले में 34.608% की दर से टीडीएस काटा जाएगा।

Income Tax (TDS) is deducted if the service is less than 5 years (60 months). No Income Tax (TDS) is deducted in case the total balance is less than Rs. 50,000/-. However, TDS is deducted @10% if the member submits PAN in such cases. In case PAN is not submitted, then TDS @34.608% is deducted.
 - वर्तमान स्थापना के साथ-साथ पिछली स्थापना की कुल सेवा की गणना की जाएगी, अतः सभी भविष्य निधि खातों को एक साथ मिलाने का सुझाव दिया जाता है।

The total service in the present establishment as well as previous establishment is counted and, therefore, it is advisable to merge all PF accounts.
9. कृपया सदस्य के पते का उल्लेख करें/ Kindly mention the address of the member.
 10. सदस्य द्वारा राजस्व स्टॉप (रूपये 1/-) लगाने की आवश्यकता नहीं है / No Revenue stamp (Re. 1/-) is required to be affixed by the member.



मोबाइल नम्बर
Mobile Number

कर्मचारी भविष्य निधि संगठन
EMPLOYEES' PROVIDENT FUNDS ORGANISATION

संयुक्त दावा प्रपत्र (आधार)

COMPOSITE CLAIM FORM (AADHAR)

(उन मामलों में, जहां फार्म-11 (न्यू) में सदस्य की पूर्ण जानकारी, जैसे आधार नम्बर एवं बैंक खाता विवरण यू.ए.एन. पोर्टल पर उपलब्ध है एवं यू.ए.एन. एक्टिवेट हो चुका है)
(APPLICABLE IN CASES WHERE EMPLOYEES' COMPLETE DETAILS IN FORM-11 (NEW), AADHAR NUMBER AND BANK ACCOUNT DETAILS ARE AVAILABLE ON UAN PORTAL AND UAN HAS BEEN ACTIVATED)

फार्म सं. – 19 (भविष्य निधि अंतिम निपटान) / 10सी (पेंशन प्रत्याहरण) / 31 (भविष्य निधि आंशिक प्रत्याहरण)
[FORM NO. – 19 (PF FINAL SETTLEMENT) / 10C (PENSION WITHDRAWAL BENEFITS) / 31 (PF PART WITHDRAWAL)]

1	दावा जिसके लिए आवेदन किया है Claim applied for: i) भ.नि.अंतिम निपटान /Final PF Settlement () ii) पेंशन प्रत्याहरण/लाभ Pension Withdrawal Benefits () iii) भ.नि. आंशिक प्रत्याहरण P.F. Part Withdrawal () (जो लागू हो, उस पर ✓ का निशान लगाएं) (Tick whichever is/are applicable)																																			
2	सदस्य का नाम (स्पष्ट शब्दों में): Name of the member: (IN CAPITAL LETTERS)																																			
3	यू.ए.एन./Universal Account Number (UAN)																																			
4	आधार नम्बर / Aadhar Number:																																			
5	स्थापना में कार्य ग्रहण की तिथि/ Date of joining the establishment:																																			
6	<div><div><div>क) भ.नि. आंशिक प्रत्याहरण का उद्देश्य (जो लागू हो, उस पर ✓ का निशान लगाएं) Purpose of PF PART Withdrawal: (Tick ✓ whichever applicable)</div><div>ख) राशि (रुपयों में)/ Amount (in Rs.):</div><div>ग) साईट/मकान/फ्लैट या "एजेंसी" के माध्यम से निर्माण या आवासीय ऋण या एल.आई.सी. की अदायगी के उद्देश्य से ली जाने वाली राशि के लिए प्राप्तकर्ता का पता और बैंक जिसके पक्ष में बनाया जाना है दर्शाएं। For purpose of Site/House/Flat or Construction through "agency" or Repayment of Housing Loan or LIC, indicate cheque to be drawn "in favour of" and payee's address.</div></div><table><thead><tr><th>क्र. सं/ SN</th><th>भ.नि. आंशिक प्रत्याहरण का उद्देश्य / Purpose of PF Part Withdrawal</th><th>✓</th></tr></thead><tbody><tr><td>i</td><td>आवास ऋण/ स्थल/मकान/फ्लैट की खरीद या निर्माण/ वर्तमान मकान में अतिरिक्त परिवर्तन/ आवास ऋण को चुकाने में (पैरा 68बी/68बीबी/68बीसी) Housing Loan/Purchase of site/House/Flat or for Construction/Addition, alteration in existing house/Repayment of Housing loan (Para 68B/68BB/68BC)</td><td></td></tr><tr><td>ii</td><td>फैक्टरी की तालाबंदी या बंद होना (पैरा 68एच) Lockout or closure of factory (Para 68H)</td><td></td></tr><tr><td>iii</td><td>सदस्य/परिवार की बीमारी (पैरा 68जे) Illness of member/family (Para 68J)</td><td></td></tr><tr><td>iv</td><td>स्वयं/पुत्र/पुत्री /भाई/बहन का विवाह (पैरा 68के) Marriage of self/son/ daughter/brother/ sister (Para 68K)</td><td></td></tr><tr><td>v</td><td>बच्चों के मैट्रिक के बाद की शिक्षा (पैरा 68के) Post Matriculation education of children (Para 68K)</td><td></td></tr><tr><td>vi</td><td>प्राकृतिक आपदा के मामले (पैरा 68एल) Natural calamity (Para 68L)</td><td></td></tr><tr><td>vii</td><td>स्थापना में बिजली उपलब्ध न होने की स्थिति में (पैरा 68एम) Cut in electricity in establishment (Para 68M)</td><td></td></tr><tr><td>viii</td><td>मेडिकल उपकरण की खरीद (पैरा 68एन) Purchasing equipment by physically handicapped (Para 68N)</td><td></td></tr><tr><td>ix</td><td>सेवानिवृत्ति से एक वर्ष से पहले (पैरा 68एनएन) One year before retirement (Para 68NN)</td><td></td></tr><tr><td>x</td><td>वरिष्ठ पेंशन बीमा योजना में निवेश (पैरा 68एनएनएन) Investment in Varistha Pension BimaYojana (Para 68NNN)</td><td></td></tr></tbody></table></div>			क्र. सं/ SN	भ.नि. आंशिक प्रत्याहरण का उद्देश्य / Purpose of PF Part Withdrawal	✓	i	आवास ऋण/ स्थल/मकान/फ्लैट की खरीद या निर्माण/ वर्तमान मकान में अतिरिक्त परिवर्तन/ आवास ऋण को चुकाने में (पैरा 68बी/68बीबी/68बीसी) Housing Loan/Purchase of site/House/Flat or for Construction/Addition, alteration in existing house/Repayment of Housing loan (Para 68B/68BB/68BC)		ii	फैक्टरी की तालाबंदी या बंद होना (पैरा 68एच) Lockout or closure of factory (Para 68H)		iii	सदस्य/परिवार की बीमारी (पैरा 68जे) Illness of member/family (Para 68J)		iv	स्वयं/पुत्र/पुत्री /भाई/बहन का विवाह (पैरा 68के) Marriage of self/son/ daughter/brother/ sister (Para 68K)		v	बच्चों के मैट्रिक के बाद की शिक्षा (पैरा 68के) Post Matriculation education of children (Para 68K)		vi	प्राकृतिक आपदा के मामले (पैरा 68एल) Natural calamity (Para 68L)		vii	स्थापना में बिजली उपलब्ध न होने की स्थिति में (पैरा 68एम) Cut in electricity in establishment (Para 68M)		viii	मेडिकल उपकरण की खरीद (पैरा 68एन) Purchasing equipment by physically handicapped (Para 68N)		ix	सेवानिवृत्ति से एक वर्ष से पहले (पैरा 68एनएन) One year before retirement (Para 68NN)		x	वरिष्ठ पेंशन बीमा योजना में निवेश (पैरा 68एनएनएन) Investment in Varistha Pension BimaYojana (Para 68NNN)	
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x	वरिष्ठ पेंशन बीमा योजना में निवेश (पैरा 68एनएनएन) Investment in Varistha Pension BimaYojana (Para 68NNN)																																			
7	नौकरी छोड़ने की तिथि (यदि आवेदन भ.नि. आंशिक प्रत्याहरण हेतु है तो आवश्यक नहीं) Date of leaving service: (not required if applying for PF Part Withdrawal)																																			
8	<div><div>क) स्थायी खाता संख्या (पैन) (केवल 5 वर्ष से कम सेवाकाल होने पर) (कृपया फार्म 15जी/15एच की दो प्रतियां संलग्न करें, यदि लागू हो) Permanent Account No.(PAN): (Only in case of service less than 5 years) (Please enclose two copies of Form No. 15G/15H, if applicable)</div><div>ख) नौकरी छोड़ने का कारण / Reason of leaving Service: - सेवा समाप्ति (क) खराब स्वास्थ्य के कारण (ख) नियोजता के संकुचन विच्छेदन के कारण या (ग) सदस्य के नियंत्रण से परे कोई कारण Service terminated on account of (a) ill health of member (b) Contraction /Discontinuation of employer's business or (c) Other Cause beyond the control of the member - व्यक्तिगत कारण / Personal Reasons</div></div>																																			
9	पत्र व्यवहार का पता Full Postal address																																			

पिन/Pin.....

- प्रमाणित करता हूं कि विवरण मेरी जानकारी के अनुसार सही है। मैं प्रमाणित करता हूं कि मैंने यू.ए.एन. पोर्टल में सीडेड डाटा देखा है और सभी डाटा प्रपत्र संख्या 11 (नया) सहित बैंक खाता विवरण और आधार संख्या, सही पाया है। कृपया यू.ए.एन. पोर्टल में दिए गए बैंक खाते में राशि का भुगतान करें। एक निरस्त चेक (जिसमें सदस्य का नाम, बैंक खाता संख्या और आईएफएस कोड दिया गया है) संलग्न है।
Certified that the particulars are true to the best of my knowledge. I certify that I have gone through the data seeded in UAN Portal and found all data, including Form No.- 11 (New), bank account details and Aadhar number, to be correct. Please make the payment in the bank account mentioned in the UAN Portal. A cancelled cheque (containing member's name, bank account number and IFS Code) is attached herewith.

- यदि राशि का उपयोग उपर्युक्त कॉलम (6) में दिए गए उद्देश्य के अलावा किसी अन्य उद्देश्य के लिए होता है तो मैं संपूर्ण राशि को ब्याज सहित वापस करने के लिए उत्तरदायी हूं।
In case the amount is used for any purpose other than stated in column (6) above, I am liable to return the entire amount with penal interest.

सदस्य के हस्ताक्षर
Member's Signature

संयुक्त दावा प्रपत्र (आधार रहित) भरने हेतु अनुदेश शीट

INSTRUCTION SHEET FOR FILLING THE COMPOSITE CLAIM FORM (NON-AADHAR)

- निम्नांकित हेतु आवेदन किया जा सकता है:- The application can be made for :
 - भविष्य निधि के अंतिम निपटान / Final P.F. Settlement
 - पेंशन प्रत्याहरण लाभ (केवल 10 वर्ष से कम का सेवाकाल होने पर)
Pension Withdrawal Benefits (only if the service is less than 10 years)
 - भविष्य निधि आंशिक प्रत्याहरण / PF Part Withdrawal,
तदनुसार बॉक्स में निशान लगाएं/ Tick the boxes accordingly.
- नाम: नाम स्पष्ट अक्षरों में लिखें/ Name : Name in CAPITAL LETTERS
- a) यू.ए.एन.: 11 अंकों की यूनिवर्सल खाता संख्या का उल्लेख करें / UAN: Kindly mention the 11 digit Universal Account Number
b) भविष्य निधि खाता संख्या/ b) PF Account Number:
- कृपया बारह अंकों की आधार संख्या का उल्लेख करें/ Kindly mention 12 digits Aadhar Number:
- क) पिता का नाम: स्पष्ट अक्षरों में लिखें/ a) Father's Name : Kindly write clearly.
ख) पति का नाम: स्पष्ट अक्षरों में लिखें / b) Husband's Name: Kindly write clearly.
- जन्म तिथि: दिन/माह/वर्ष के फॉर्मेट में / Date of Birth : In DD/MM/YYYY format
- स्थापना में कार्य ग्रहण की तिथि - दिन/माह/वर्ष के फॉर्मेट में / Date of Joining the establishment: In DD/MM/YYYY format
- नौकरी छोड़ने की तिथि - दिन/माह/वर्ष के फॉर्मेट में / Date of leaving service: In DD/MM/YYYY format
- स्थायी खाता संख्या (पैन): केवल पांच वर्ष से कम का सेवाकाल होने पर / Permanent Account Number (PAN): In case of service less than 5 years.
फॉर्म 15जी/15एच की दो प्रतियां संलग्न करें, यदि लागू हो / Please submit two copies of Form 15G/15H, if applicable.
(यदि भ.नि. से आंशिक प्रत्याहरण के लिए आवेदन कर रहे हैं तो पैन की आवश्यकता नहीं है) / (PAN not required if applying for PF Part Withdrawal)
नौकरी छोड़ने का कारण - केवल भविष्य निधि अंतिम निपटान के मामले में : इनमें से कोई एक कारण होना चाहिए / Reason for leaving service: Only in case of PF Final Settlement. The reason may be:
 - समापन के कारण/ Termination on account of
 - सदस्य की बीमारी/ ill health of member
 - नियोक्ता के व्यापार में कमी/बंद होना /Contraction /Discontinuation of employer's business or
 - सदस्य के नियंत्रण से बाहर अन्य कारण/ Other cause beyond the control of the member
 - व्यक्तिगत कारण / Personal Reasons
 - विवाह (महिला सदस्य के लिए) / Marriage (for female member)
विदेश में स्थायी रूप से बसने के कारण/ Permanent Settlement Abroad
 - आयकर (टीडीएस) काटा जाएगा यदि सेवा 5 वर्ष (60 माह) से कम है। आयकर (टीडीएस) नहीं काटा जाएगा यदि कुल शेष रु. 50,000 से कम है। यद्यपि ऐसे मामलों में टीडीएस 10% की दर से काटा जाएगा यदि सदस्य पैन प्रस्तुत करता है। पैन प्रस्तुत नहीं किए जाने के मामले में 34.608% की दर से टीडीएस काटा जाएगा।
Income Tax (TDS) is deducted if the service is less than 5 years (60 months). No Income Tax (TDS) is deducted in case the total balance is less than Rs. 50,000/-. However, TDS is deducted @10% if the member submits PAN in such cases. In case PAN is not submitted, then TDS @34.608% is deducted.
 - वर्तमान स्थापना के साथ-साथ पिछली स्थापना की कुल सेवा की गणना की जाएगी, अतः सभी भविष्य निधि खातों को एक साथ मिलाने का सुझाव दिया जाता है।
The total service in the present establishment as well as previous establishment is counted and, therefore, it is advisable to merge all PF accounts.
- भविष्य निधि आंशिक प्रत्याहरण का उद्देश्य और आवश्यक राशि/ Purpose of PF Part Withdrawal and Amount required:
(इनमें से कोई एक कारण होना चाहिए) / The purpose may be one of the following:
 - आवासीय ऋण /भूमि /घर /फ्लैट खरीदने हेतु/ वर्तमान घर में निर्माण/अतिरिक्त फेर बदल/ आवासीय ऋण को चुकाने के लिए: कोई दस्तावेज अपेक्षित नहीं है। किसी दस्तावेज (नया घोषणा पत्र/ उपयोगिता प्रमाण पत्र इत्यादि) की आवश्यकता नहीं है। Housing Loan/purchase of site/house/flat or for construction/Addition alteration in existing house/Repayment of Housing loan: No document is required. No document (New Declaration Form/Utilization Certificate etc.) is required.

यदि अग्रिम साईट/मकान/फ्लैट की खरीद या एजेंसी के माध्यम से निर्माण या आवासीय ऋण की अदायगी के लिए है तो जिसके पक्ष में अदा किया जाना है, उसका नाम दर्शाए ।
In case the advance is for purchase of site/house/flat or construction through Agency or repayment of Housing Loan then indicate the name in whose favour the payment has to be made.
 - फैक्ट्री की तालाबंदी या बंद होना/ किसी दस्तावेज की आवश्यकता नहीं है / Lockout or closure of factory: No document is required .

- iii) सदस्य/परिवार की बीमारी : i) डॉक्टर का प्रमाण पत्र और ii) नियोक्ता द्वारा प्रमाण पत्र कि सदस्य के पास कर्मचारी राज्य बीमा निगम की सुविधा उपलब्ध नहीं है / Illness of member/family: i) Certificate of doctor and ii) Certificate by employer that ESIC facility is not available to the member.
 - iv) स्वयं/बेटा/बेटी/भाई/बहन की शादी: किसी दस्तावेज/शादी कार्ड की आवश्यकता नहीं है / Marriage of self/son/daughter/brother/sister: No document/Marriage Card is required.
 - v) बच्चों की मैट्रिक के बाद की शिक्षा: किसी दस्तावेज की आवश्यकता नहीं है / Post Matriculation education of children: No document is required.
 - vi) प्राकृतिक आपदा के असाधारण मामले: किसी दस्तावेज की आवश्यकता नहीं है / Natural calamity of exceptional cases: No document is required.
 - vii) स्थापना में बिजली की कटौती :किसी दस्तावेज की आवश्यकता नहीं है / Cut in electricity in establishment: No document is required.
 - viii) शारीरिक रूप से विकलांग द्वारा उपकरण की खरीद: चिकित्सा प्रमाण पत्र की आवश्यकता है/ Purchase of equipment by physically handicapped: Medical certificate is required.
 - ix) सेवानिवृत्ति से एक वर्ष पूर्व कुल भविष्य निधि बकाया का 90% तक निकाल सकते हैं। किसी दस्तावेज की आवश्यकता नहीं है /One year before retirement: 90% of total PF balance can be withdrawn. No document is required.
 - x) वरिष्ठ पेंशन बीमा योजना में निवेश: कुल भविष्य निधि राशि का 90 %तक एल.आई.सी. में अंतरित कर सकते हैं।किसी दस्तावेज की आवश्यकता नहीं है / Investment in Varistha Pension Bima Yojana: 90% of total PF balance can be transferred to LIC. No document is required.
11. बैंक का विवरण - कृपया संलग्न करें - कृपया निरस्त चेक की कॉपी/पासबुक के पहले पृष्ठ की सत्यापित प्रति जिसमें दावाकर्ता का नाम स्पष्ट रूप से प्रिंट किया गया हो / Bank Details: Please attach a copy of Cancelled Cheque/self-attested copy of first page of Pass Book clearly showing member's name printed on it.
12. कृपया सदस्य के पते का उल्लेख करें/ Kindly mention the address of the member.
13. सदस्य द्वारा राजस्व स्टॉप (रूपये 1/-) लगाने की आवश्यकता नहीं है No Revenue stamp (Re. 1/-) is required to be affixed by the member.



मोबाइल नम्बर
Mobile Number

कर्मचारी भविष्य निधि संगठन
EMPLOYEES' PROVIDENT FUNDS ORGANISATION
संयुक्त दावा प्रपत्र (आधार रहित)
COMPOSITE CLAIM FORM (NON-AADHAR)

[फार्म सं.- 19 (भविष्य निधि के अंतिम निपटान/10सी (पेंशन प्रत्याहरण लाभ) / 31 भविष्य निधि का आंशिक प्रत्याहरण)]

[FORM NO. – 19 (PF FINAL SETTLEMENT)/10C (PENSION WITHDRAWAL BENEFITS)/31 (PF PART WITHDRAWAL)]

1	दावा जिसके लिए आवेदन किया गया है: i) भ.नि. का अंतिम निपटान () ii) पेंशन प्रत्याहरण लाभ () iii) भ.नि. का आंशिक प्रत्याहरण () (जो लागू हो, उस पर √ का निशान लगाएं) Claim applied for: i) Final PF Settlement () ii) Pension Withdrawal Benefits () iii) PF PART WITHDRAWAL () (जो लागू हो, उस पर √ का निशान लगाएं) (Tick whichever is/are applicable)																																			
2	सदस्य का नाम (स्पष्ट अक्षरों में) / Name of the member:(IN CAPITAL LETTERS)																																			
3	(क) यूनिवर्सल खाता संख्या (यू.ए.एन.) / Universal Account Number(UAN) (ख) भ.नि. खाता संख्या (यदि यू.ए.एन. उपलब्ध नहीं है) / P.F Account No.(in case UAN not available)		क): ख):																																	
4	आधार संख्या (सीडिंग के लिए)/Aadhar Number (for seeding):																																			
5	क) पिता का नाम / Father's Name: ख) पति का नाम /Husband's Name:		क): ख):																																	
6	जन्म तिथि /Date of Birth:																																			
7	स्थापना में कार्यग्रहण करने की तिथि /Date of joining the establishment:																																			
8	नौकरी छोड़ने की तिथि: (यदि आवेदन भ.नि. के आंशिक प्रत्याहरण के लिए है तो आवश्यक नहीं) Date of leaving service: (not required if applying for PF Part Withdrawal)																																			
9	<p>क) स्थायी खाता संख्या (पैन): (केवल पांच वर्ष के कम का सेवा काल होने पर) (फार्म सं.15जी /15एच की दो प्रतियां संलग्न करें, यदि लागू हो) Permanent Account No.(PAN): (Only in case of service less than 5 years) (Please enclose two copies of Form No. 15G/15H, if applicable)</p> <p>ख) नौकरी छोड़ने का कारण/ Reason of leaving Service:</p> <ul style="list-style-type: none">- सेवा समाप्ति (क) खराब स्वास्थ्य के कारण (ख) नियोक्ता के संकुचन विच्छेदन के कारण या (ग) सदस्य के नियंत्रण से परे कोई कारण- Service terminated on account of (a) ill health of member (b) Contraction /Discontinuation of employer's business or (c) Other Cause beyond the control of the member- व्यक्तिगत कारण / Personal Reasons																																			
10	<p>क) भ.नि. के आंशिक प्रत्याहरण का उद्देश्य (जो भी लागू है उस पर √ का निशान लगाएं Purpose of PF Part Withdrawal:(Tick √ whichever applicable)</p> <p>ख) राशि (रूपये में)Amount (in Rs.): _____</p> <p>ग) साइट/मकान/फ्लैट या "एजेंसी" के माध्यम से निर्माण या आवासीय ऋण या एल.आई.सी. की अदायगी के उद्देश्य से ली जाने वाली राशि के लिए प्राप्तकर्ता का पता और बैंक जिसके पक्ष में बनाया जाना है दर्शाएं For purpose of Site/House/Flat or Construction through "agency" or Repayment of Housing Loan or LIC, indicate cheque to be drawn " in favour of" and payee's address.</p>	<table><tr><th>क्र.सं. SN</th><th>भ.नि. के आंशिक प्रत्याहरण का उद्देश्य Purpose of PF Part Withdrawal</th><th>√</th></tr><tr><td>I</td><td>आवासीय ऋण/ साइट/मकान/फ्लैट की खरीद या निर्माण/बढ़ाने के लिए, मौजूदा मकान में परिवर्तन/ आवासीय ऋण की अदायगी (पैरा 68बी/68बीबी/68बीसी)/ Housing Loan/Purchase of site/House/Flat or for Construction/Addition, alteration in existing house/Repayment of Housing loan (Para 68B/68BB/68BC)</td><td></td></tr><tr><td>li</td><td>फैक्ट्री में ताला बंद होना। (पैरा 68एच) Lockout or closure of factory (Para 68H)</td><td></td></tr><tr><td>lii</td><td>सदस्य/परिवार की बीमारी (पैरा 68जे) Illness of member/family (Para 68J)</td><td></td></tr><tr><td>iv</td><td>स्वयं/ पुत्र/पुत्री/भाई/बहन का विवाह (पैरा 68के) Marriage of self/son/ daughter /brother/ sister (Para 68K)</td><td></td></tr><tr><td>v</td><td>बच्चों की मैट्रिक के बाद की शिक्षा (पैरा 68के) Post Matriculation education of children (Para 68K)</td><td></td></tr><tr><td>vi</td><td>प्राकृतिक आपदा (पैरा 68एल) Natural calamity (Para 68L)</td><td></td></tr><tr><td>vii</td><td>स्थापना में बिजली की कटौती (पैरा 68एम) Cut in electricity in establishment (Para 68M)</td><td></td></tr><tr><td>viii</td><td>शारीरिक रूप से विकलांग के लिए अग्रिम (पैरा 68एन) Advance for Physically handicapped (Para 68N)</td><td></td></tr><tr><td>ix</td><td>सेवानिवृत्ति से एक वर्ष पूर्व(पैरा 68एनएन) One year before retirement (Para 68NN)</td><td></td></tr><tr><td>x</td><td>वरिष्ठ पेंशन बीमा योजना में निवेश (पैरा 68एनएनएन) Investment in Varistha Pension BimaYojana (Para 68NNN)</td><td></td></tr></table>	क्र.सं. SN	भ.नि. के आंशिक प्रत्याहरण का उद्देश्य Purpose of PF Part Withdrawal	√	I	आवासीय ऋण/ साइट/मकान/फ्लैट की खरीद या निर्माण/बढ़ाने के लिए, मौजूदा मकान में परिवर्तन/ आवासीय ऋण की अदायगी (पैरा 68बी/68बीबी/68बीसी)/ Housing Loan/Purchase of site/House/Flat or for Construction/Addition, alteration in existing house/Repayment of Housing loan (Para 68B/68BB/68BC)		li	फैक्ट्री में ताला बंद होना। (पैरा 68एच) Lockout or closure of factory (Para 68H)		lii	सदस्य/परिवार की बीमारी (पैरा 68जे) Illness of member/family (Para 68J)		iv	स्वयं/ पुत्र/पुत्री/भाई/बहन का विवाह (पैरा 68के) Marriage of self/son/ daughter /brother/ sister (Para 68K)		v	बच्चों की मैट्रिक के बाद की शिक्षा (पैरा 68के) Post Matriculation education of children (Para 68K)		vi	प्राकृतिक आपदा (पैरा 68एल) Natural calamity (Para 68L)		vii	स्थापना में बिजली की कटौती (पैरा 68एम) Cut in electricity in establishment (Para 68M)		viii	शारीरिक रूप से विकलांग के लिए अग्रिम (पैरा 68एन) Advance for Physically handicapped (Para 68N)		ix	सेवानिवृत्ति से एक वर्ष पूर्व(पैरा 68एनएन) One year before retirement (Para 68NN)		x	वरिष्ठ पेंशन बीमा योजना में निवेश (पैरा 68एनएनएन) Investment in Varistha Pension BimaYojana (Para 68NNN)		
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11	<p>भुगतान के लिए बैंक खाते का विवरण /Bank Account details for payment: (कृपया निरस्त बैंक की प्रति/बैंक पासबुक के पहले पृष्ठ की सत्यापित प्रतिलिपि संलग्न करें। (Please attach a copy of cancelled cheque/attested copy of first page of Pass Book)</p> <p>बचत बैंक खाता सं./ Saving Bank Account No.</p> <p>बैंक का नाम एवं पता / Name & address of the Bank</p> <p>आई.एफ.एस कोड /IFS Code</p>																																			
12	<p>पूरा डाक पता /Full Postal address</p> <p>पिन Pin.....</p>																																			

- सदस्य यह घोषणा करता है कि वह दो माह से नौकरी नहीं कर रहा है (हां /नहीं) / - प्रमाणित करता हूं कि विवरण मेरी जानकारी के अनुसार सही है।
The member hereby declares that he has not been employed for two months (Yes/No.) - Certified that the particulars are true to the best of my knowledge.

- यदि राशि का उपयोग उपर्युक्त कॉलम (10) में दिए गए उद्देश्य के अलावा किसी अन्य उद्देश्य के लिए होता है तो मैं संपूर्ण राशि को ब्याज सहित वापस करने के लिए उत्तरदायी हूं।
In case the amount is used for any purpose other than stated in column (10) above, I am liable to return the entire amount with penal interest.

सदस्य के हस्ताक्षर /Member's Signature

नियोक्ता के हस्ताक्षर/ Employer's Signature
नियोक्ता का पदनाम एवं सील /Designation& Seal of Employer

Name : _____

Account No. : _____

UAN : _____

NON-EMPLOYMENT CERTIFICATE

(Self-Declaration by the Member)

I, _____ son of Mr. _____ do hereby solemnly affirm and sincerely state as here under:

- I was an employee of M/s _____ bearing Account Number _____, UAN _____
- The dues under the EPF & MP Act, 1952 for the period from _____ to _____ have been deposited under Account Number _____.
- I have not been employed in any other Establishment covered under the EPF & MP Act 1952, as on date of making this withdrawal application.
- I declare that, I am not in receipt of any pensioners' benefits under the Employees' Family Pension Scheme 1971/Employees' Pension Scheme, 1995.
- What is stated above is true and correct to the best of my knowledge. In case, my above declaration is to be false, I undertake to return the Provident Fund/Pension Fund money in full with up-to date interest as declared by EPF Organisation and I am liable for any action that may be initiated by EPFO in this regard.

Dated _____

Signature of Member

DECLARATION REGARDING MEMBER'S CREDENTIALS FOR EPFO RECORDS

The Commissioner
Employees' Provident Fund Organisation

Dated _____

Dear Sir,

SUB. : JOINT DECLARATION BY THE MEMBER & EMPLOYER

I, _____ an employee of _____
_____ furnishing below correct details of my service with aforesaid establishment:

PARTICULARS	CORRECT DETAILS	WRONG DETAIL(S)
UAN No.		
Member ID (PF/ EPS Account No.)		
Name of Member		
Gender		
Marital Status		
Father/Husband Name		
Relationship (Father/Husband)		
Date of Birth - (DD/MM/YYYY)		
Date of Joining - (DD/MM/YYYY)		
Date of Leaving (DD/MM/YYYY)		

I am enclosing self-attested following document(s) for your ready reference. You are therefore requested to make aforesaid correction(s) in your records as well as Employer e-Sewa/Unified Portal and Member e-Sewa Portal.

*
*
*

An early action in this regard will be highly appreciated.

Please acknowledge the receipt.

Yours faithfully,

Employee Signature

Employee Name

Employer Mobile

Employee E-mail

Signature of Authorised Signature with Company Seal

Name of Signatory:

Establishment Code:

"FORM NO. 15G

[See section 197A(1), 197A(1A) and rule 29C]

Declaration under section 197A (1) and section 197A(1A) to be made by an individual or a person (not being a company or firm) claiming certain incomes without deduction of tax.

PART I

1. Name of Assessee (Declarant)		2. PAN of the Assessee ¹	
3. Status ²		4. Previous year(P.Y.) ³ (for which declaration is being made)	
5. Residential Status ⁴			
6. Flat/Door/Block No.	7. Name of Premises	8. Road/Street/Lane	9. Area/Locality
10. Town/City/District	11. State	12. PIN	13. Email
14. Telephone No. (with STD Code) and Mobile No.		15 (a) Whether assessed to tax under the Yes No Income-tax Act, 1961 ⁵ : (b) If yes, latest assessment year for which assessed	
16. Estimated income for which this declaration is made		17. Estimated total income of the P.Y. in which income mentioned in column 16 to be included ⁶	
18. Details of Form No. 15G other than this form filed during the previous year, if any ⁷			
Total No. of Form No. 15G filed		Aggregate amount of income for which Form No.15G filed	
19. Details of income for which the declaration is filed			
Sl. No.	Identification number of relevant investment/account, etc. ⁸	Nature of income	Section under which tax is deductible
			Amount of income

..... Signature of the Declarant⁹**Declaration/Verification¹⁰**

*I/We.....do hereby declare that to the best of *my/our knowledge and belief what is stated above is correct, complete and is truly stated. *I/We declare that the incomes referred to in this form are not includible in the total income of any other person under sections 60 to 64 of the Income-tax Act, 1961. *I/We further declare that the tax *on my/our estimated total income including *income/incomes referred to in column 16 *and aggregate amount of *income/incomes referred to in column 18 computed in accordance with the provisions of the Income-tax Act, 1961, for the previous year ending on relevant to the assessment yearwill be nil. *I/We also declare that *my/our *income/incomes referred to in column 16 *and the aggregate amount of

*income/incomes referred to in column 18 for the previous year ending on relevant to the assessment year will not exceed the maximum amount which is not chargeable to income-tax.

Place:

Signature of the Declarant⁹

Date:

PART II**[To be filled by the person responsible for paying the income referred to in column 16 of Part I]**

1. Name of the person responsible for paying		2. Unique Identification No. ¹¹	
3. PAN of the person responsible for paying	4. Complete Address	5. TAN of the person responsible for paying	
6. Email	7. Telephone No. (with STD Code) and Mobile No.	8. Amount of income paid ¹²	
9. Date on which Declaration is received (DD/MM/YYYY)		10. Date on which the income has been paid/credited (DD/MM/YYYY)	

Place:

Date :

Signature of the person responsible for paying the income referred to in column 16 of Part I

Notes

*Delete whichever is not applicable.

¹As per provisions of section 206AA(2), the declaration under section 197A(1) or 197A(1A) shall be invalid if the declarant fails to furnish his valid Permanent Account Number (PAN).

²Declaration can be furnished by an individual under section 197A(1) and a person (other than a company or a firm) under section 197A(1A).

³The financial year to which the income pertains.

⁴Please mention the residential status as per the provisions of section 6 of the Income-tax Act, 1961.

⁵ Please mention "Yes" if assessed to tax under the provisions of Income-tax Act, 1961 for any of the assessment year out of six assessment years preceding the year in which the declaration is filed.

⁶Please mention the amount of estimated total income of the previous year for which the declaration is filed including the amount of income for which this declaration is made.

⁷In case any declaration(s) in Form No. 15G is filed before filing this declaration during the previous year, mention the total number of such Form No. 15G filed along with the aggregate amount of income for which said declaration(s) have been filed.

⁸Mention the distinctive number of shares, account number of term deposit, recurring deposit, National Savings Schemes, life insurance policy number, employee code, etc.

⁹Indicate the capacity in which the declaration is furnished on behalf of a HUF, AOP, etc.

¹⁰Before signing the declaration/verification, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall

be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable-

(i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;

(ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

¹¹The person responsible for paying the income referred to in column 16 of Part I shall allot a unique identification

number to all the Form No. 15G received by him during a quarter of the financial year and report this reference number along with the particulars prescribed in rule 31A(4)(vii) of the Income-tax Rules, 1962 in the TDS statement furnished for the same quarter. In case the person has also received Form No.15H during the same quarter, please allot separate series of serial number for Form No.15G and Form No.15H.

¹²The person responsible for paying the income referred to in column 16 of Part I shall not accept the declaration where the amount of income of the nature referred to in sub-section (1) or sub-section (1A) of section 197A or the

aggregate of the amounts of such income credited or paid or likely to be credited or paid during the previous year in which such income is to be included exceeds the maximum amount which is not chargeable to tax. For deciding the eligibility, he is required to verify income or the aggregate amount of incomes, as the case may be, reported by the declarant in columns 16 and 18.

FORM NO. 15H

[See section 197A(1C) and rule 29C]

Declaration under section 197A(1C) to be made by an individual who is of the age of sixty years or more claiming certain incomes**PART I**

1. Name of Assessee (Declarant)		2. PAN of the Assessee ¹		3. Date of Birth ² (DD/MM/YYYY)	
4. Previous year(P.Y.) ³ (for which declaration is being made)		5. Flat/Door/Block No.		6. Name of Premises	
7. Road/Street/Lane	8. Area/Locality		9. Town/City/District		10. State
11. PIN	12. Email		13. Telephone No. (with STD Code) and Mobile No.		
14 (a) Whether assessed to tax ⁴ : Yes No					
(b) If yes, latest assessment year which assessed					
15. Estimated income for which this declaration is made			16. Estimated total income of the P.Y. in which income mentioned in column 15 to be included ⁵		
17. Details of Form No.15H other than this form filed for the previous year, if any ⁶					
Total No. of Form No.15H filed			Aggregate amount of income for which Form No.15H filed		
18. Details of income for which the declaration is filed					
Sl. No.	Identification number of relevant investment/account, etc. ⁷	Nature of income	Section under which tax is deductible	Amount of income	

.....
Signature of the Declarant**Declaration/Verifications**

I.....do hereby declare that I am resident in India within the meaning of section 6 of the

Income-tax Act, 1961. I also hereby declare that to the best of my knowledge and belief what is stated above is correct, complete and is truly stated and that the incomes referred to in this form are not includible in the total income of any other person under sections 60 to 64 of the Income-tax Act, 1961. I further declare that the tax on my estimated total income including *income/incomes referred to in column 15 *and aggregate amount of

*income/incomes referred to in column 17 computed in accordance with the provisions of the Income-tax Act, 1961, for the previous year ending on relevant to the assessment yearwill be nil.

Place:.....
.....

Signature of the Declarant

Date:

PART II**[To be filled by the person responsible for paying the income referred to in column 15 of Part I]**

1. Name of the person responsible for paying		2. Unique Identification No. ⁹			
3. PAN of the person responsible for paying		4. Complete Address		5. TAN of the person responsible for paying	
6. Email	7. Telephone No. (with STD Code) and Mobile No.			8. Amount of income paid ¹⁰	
9. Date on which Declaration is received (DD/MM/YYYY)			10. Date on which the income has been paid/credited (DD/MM/YYYY)		

Place:

Date:

Signature of the person responsible for paying the income
referred to in column 15 of Part I

Notes

*Delete whichever is not applicable.

¹As per provisions of section 206AA(2), the declaration under section 197A(1C) shall be invalid if the declarant fails to furnish his valid Permanent Account Number (PAN).

²Declaration can be furnished by a resident individual who is of the age of 60 years or more at any time during the previous year.

³The financial year to which the income pertains.

⁴Please mention "Yes" if assessed to tax under the provisions of Income-tax Act, 1961 for any of the assessment year out of six assessment years preceding the year in which the declaration is filed.

⁵Please mention the amount of estimated total income of the previous year for which the declaration is filed including the amount of income for which this declaration is made.

⁶In case any declaration(s) in Form No. 15H is filed before filing this declaration during the previous year, mention the total number of such Form No. 15H filed along with the aggregate amount of income for which said declaration(s) have been filed.

⁷Mention the distinctive number of shares, account number of term deposit, recurring deposit, National Savings Schemes, life insurance policy number, employee code, etc.

⁸Before signing the declaration/verification, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable-

(i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;

(ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

⁹The person responsible for paying the income referred to in column 15 of Part I shall allot a unique identification number to all the Form No. 15H received by him during a quarter of the financial year and report this reference number along with the particulars prescribed in rule 31A(4)(vii) of the Income-tax Rules, 1962 in the TDS statement furnished for the same quarter. In case the person has also received

Form No.15G during the same quarter, please allot separate series of serial number for Form No.15H and Form No.15G.

¹⁰The person responsible for paying the income referred to in column 15 of Part I shall not accept the declaration where the amount of income of the nature referred to in section 197A(1C) or the aggregate of the amounts of such income credited or paid or likely to be credited or paid during the previous year in which such income is to be included exceeds the maximum amount which is not chargeable to tax after

allowing for deduction(s) under Chapter VI-A, if any, or set off of loss, if any, under the head "income from house property" for which the declarant is eligible. For deciding the eligibility, he is required to verify income or the aggregate amount of incomes, as the case may be, reported by the declarant in columns 15 and 17."

To

The Commissioner

..... (RO/SRO)

Sub: Application to obtain certificate about deposits in provident fund account/accounts/ for withdrawals under para 68-BD of EPF Scheme, 1952.

Sir,

I/We, the employee/employees of M/sare members of society registered for housing purpose with Regd. No..... and the said society is desirous of purchasing dwelling houses/flats or for construction of dwelling houses including acquisition of a suitable sites for the purpose from the Central Government/State Government/ any housing agency under any housing scheme or from any builder/promoter. I/We do hereby request to issue certificate about my provident fund deposits during the last three months along with balance to undersigned/society/ builder/housing society/bank/lenders namely.....

2. I/We, am/are aware about provisions of paragraph 68-BD of EPF Scheme, 1952 according to which member or/and society shall be fully responsible/liable for the agreement with the housing agency/builder/promoter and commissioner shall not undertake any responsibility/liability in this regard.

Signature/Signatures of members with names & PF account numbers

Sl. No.	Name/Names	PF A/c No.	Signature
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EMPLOYEES' PROVIDENT FUND SCHEME, 1952

(Paragraph 68 BD)

AUTHORISATION FOR REPAYMENT OF HOUSING LOAN OUT OF THE PROVIDENT FUND ACCOUNT

To

The Commissioner,
Employees' Provident Fund,
.....

1. I.....S/o/W/of.....an employee of M/s.
.....having Provident Fund Account No. hereby
authorize the Commissioner to:

(i) make monthly withdrawal of Rs. (Rupees.....
.....only) from.....month of year.....
to.....month of year from my above Provident Fund Account and remit the
same to my Loan Account No.by electronic transfer
to.....Bank/Housing
Agency/ Other primary lending agency for housing as per following details

Current/Saving Account of the lender.....
Name and address of the Bank of the lender.....
.....IFS Code.....

(ii) make payment of late fees/interest out of my above provident fund account and remit the same
to the aforesaid lenders.

2. I hereby accept and undertake that:

(i) the authorisation at para (1) above shall hereafter remain operative till such time as I continue to
be a member of the fund and have enough accumulation to my credit and this authority shall
not be revoked by me as long as I remain indebted to the above said lender.

(ii) I am aware of the balance in my provident fund account, future contributions to be made and
the interest to be credited and I take the responsibility to repay the aforesaid loan. If balance in
provident fund account is less than the said monthly installment in any month/year I will pay the
installment, late fee and/or interest from my own resources.

(iii) Amount standing to the credit of aforesaid provident fund account together with Provident
Fund Account No.of my spouse (if any) is not less than Rs. 20,000/- (Rupees
twenty thousand).

Signature:.....

Name.....

Address.....

.....

.....

Certified that above authorization and undertaking has been signed before me by aforesaid
Provident Fund member.

Signature of the Manager of the branch of lender which sanctioned the loan

INSTRUCTIONS AND GUIDELINES FOR THE ADVANCES TO BE CLAIMED THROUGH FORM 31

S.No	Purpose of the withdrawal	Additional Details	Relevant Para of EPF Scheme 1952	Membership/ period required	Amount Admissible/ from share	Number of Installments	Number of Times withdrawal for same purpose allowed	Payment will be made to	
I	Para 68B: Purchase of House/flat, construction of House including acquisition of site.								
a.	Purchase of house/flat/construction of house including acquisition of site	From AGENCY	68B (1)(a)	5 (FIVE YEARS)	For purchase of site: 24 month's basic wages and DA/for purchase of house/flat/construction: 36 month's basic wages and DA OR Total of employee and employer share with interest OR Total cost. Whichever is least	For construction of house: One or more installments.	1 (ONE)	Agency	
b.	Purchase of site for construction of dwelling house/purchase of house/flat	From Individual	68B (1)(b)					Member	
c.	Purchase of dwelling house/flat on ownership	From PROMOTER	68B (1)(bb)					Member	
d.	Construction of house on a site owned by member/spouse/jointly by member & spouse	NA	68B (1)(c)					Member	
e.	For addition/alteration/improvement in house owned by member/spouse/jointly with spouse	NA	68B (7)	5 years from completion of house	12 month's basic wages and DA OR Employee Share with interest OR Cost Whichever is least	1 (One)	1(ONE)	Member	
f.	For addition/alteration/improvement/repair in house owned by member/spouse/jointly with spouse	NA	68B (7B)	10 years from withdrawal under sl no (e) above.	12 month's basic wages and DA OR Employee Share with interest OR Cost Whichever is least	1 (One)	1(ONE)	Member	
II	Para 68BB: Withdrawal from the fund for repayment of loans in special cases.								
a.	For refund of outstanding principal and interest of a loan for purposes under Para	Loan from AGENCY	68BB	10 years	36 month's basic wages and DA OR Total of employee	1 (one)		Agency	

	68B.				and employer share with interest OR Total outstanding principal and interest. Whichever is least				
III	Para 68H: Grant of Advances in special cases.								
a	In case of lockout/closure of establishment for more than 15 days, And The employees are rendered unemployed without compensation OR Employee has not received wages for more than 2 months continuously (for reasons other than strike)	NA	68H (1)	NA	Employee share with interest	1 or more	NA	Member	
b	Discharge/dismissal/retr enrichment of member challenged by him/her in Court	NA	68H (1-A)	NA	Maximum 50% of Employee share with interest	1 or more	NA	Member	
c	In case of establishment's closure for more than 6 months and employees continue to be unemployed without compensation	NA	68H (2)(a)	NA	Up to 100% of Employer Share with interest	1 or more Recoverable advance, In case closure is for above 5 years the recoverable advance converted to non recoverable on member's request.	NA	Member	

IV	Para 68J: Advance from the fund for illness in certain cases.								
a	For his/her own treatment	NA	68J (1)	NA	6 month's basic wages and DA OR Employee Share with interest Whichever is least	1(one)	NA	Member	
b	For treatment of family	NA	68J (3)	NA	6 month's basic wages and DA OR Employee Share with interest Whichever is least	1(one)	NA	Member	
V	Para 68K: Advance from the fund for marriages or post matriculation education of children.								
a	For marriage of self/daughter/son/brother/sister	NA	68K (1)	7 years	50% of Employee share with interest	1 (one)	3 (THREE TIMES)	Member	
b	For post matriculation education of son/daughter	NA							
VI	Para 68 N: Grant of advance to members who are physically handicapped								
	For purchasing equipment for minimizing hardship on account of handicap	NA			6 month's basic wages and DA OR Employee Share with interest OR Cost of equipment Whichever is least	1 (One)	No Second advance before 3 years from first	Member	Certificate in Certificate F from Doctor
VII	Para 68NN: Withdrawal within one year before retirement.								
	Partial withdrawal before retirement	NA	68NN	After 54 years of age and within one year of retirement/ superannuation,	90% of amount in PF of the member	1 (one)	NA	Member	

				whichever is later					
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There is also provision for advances for:

1. Advance in abnormal conditions (damage of property due to natural calamity) (Para 68L)
2. Advance to member affected by cut in electricity (max 300/-) (Para 68M)
3. Advance for investment in Varistha Pension Bima Yojana. (Para 68NNN)

Note: Please refer to the relevant Para of the EPF Scheme for above cases.

Write your Mobile Number on top of form to get SMS alerts.

**“INSTRUCTIONS”
FORM 31**

A member of the Fund may avail the following non-refundable advances.

1. PURCHASE OF A DWELLING SITE.
2. PURCHASE OF DWELLING HOUSE/FLAT.
3. CONSTRUCTION OF A HOUSE.
4. ADDITIONS, ALTERATION OR IMPROVEMENT TO THE HOUSE OWNED BY MEMBER OR SPOUSE.
5. REPAYMENT OF (HOUSING) LOAN STATE GOVT. HOUSING BOARD, MUNICIPAL CORPORATION OR A BODY SIMILAR TO DELHI DEVELOPMENT AUTHORITY.
6. ON ATTAINMENT OF 54 YEARS AND WITHIN ONE YEAR BEFORE RETIREMENT.
7. CLOSURE LOCKOUT OF THE FACTORY ESTABLISHMENT FOR REASONS OTHER THAN STRIKE.
8. NON RECEIPTS ON WAGES FOR-2 MONTHS.
9. DISCHARGE OR DISMISSAL OR RETRENCHMENT CHALLENGED BY THE MEMBER – THE CASE IS PENDING IN THE COURT.
10. ILLNESS OF MEMBER/FAMILY MEMBER.
11. MARRIAGE OF SELF/SON/DAUGHTER/SISTER/BROTHER.
12. POST MATRICULATION EDUCATION OF SON/DAUGHTER.
13. DAMAGE TO THE PROPERTY DUE TO NATURAL CALAMITY/FLOOD/RIOT/EARTH QUAKE.
14. EFFECTED BY CUT OF ELECTRICITY.
15. PURCHASE OF EQUIPMENT FOR PHYSICALLY HANDICAPPED MEMBER.

GENERAL INSTRUCTIONS

1. Members who mention their mobile number on the form will get SMS alerts on different stages of the approval of their claim form.
The members can also visit the epfindia.gov.in website to view the status of their claim through the link, Know Your Claim Status.
2. All the columns in the form should be filled in BLOCK LETTERS without any overwriting.
3. Member's Account Number: The account number should have the Region Code (two alphabets), Office Code (three alphabets) code number (maximum 7 digits), extension (sub code, if any, maximum three characters) and account number (maximum 7 digits).
The region codes have changed after creation of the multiple regions in some states, namely Maharashtra, Tamil Nadu, Karnataka, West Bengal, Punjab, Gujarat, Andhra Pradesh, Uttar Pradesh, Haryana and Delhi. For getting the correct Region and Office Codes, please visit **Establishment Search** facility provided under link for Employees through the [epfindia](http://epfindia.gov.in) website [epfindia.gov.in].
4. Payment is made by directly crediting the Bank Account mentioned by the claimant. In case the bank account is in a computerized branch, payment may be made faster through electronic

mode (NEFT etc). **The claimant should attach a copy of blank/cancelled cheque** ensuring that the IFS Code and Account numbers are clearly visible.

Note: In case the advance is for the following purposes:

Purchase of house/plot/flat/construction of house including purchase of site through an AGENCY, or for repayment of loan taken earlier, the payment will not be made to the member and will be made to the AGENCY directly.

AGENCY means, The Central Government, the State Government, a Cooperative Society, an Institution, a Trust, a local body OR a Housing Finance Corporation.

In such case the member should mention the Name to be mentioned in the cheque and the Address of the Agency clearly in the Column 7 (a) of the form.

Payment can be made through Money Order only if the total amount is less than 2000/-. The claimant should mention his/her POSTAL ADDRESS correctly with PIN Code so as to receive the money and any communication related to the claim.

DOCUMENTS TO BE FURNISHED

1. Copy of a cancelled/blank cheque/first page of pass book clearly displaying the bank account number and IFS Code of the Bank Branch.
2. Following documents, depending on the purpose of advance.

Sl No	Purpose of Advance	Document to be enclosed
1	PURCHASE OF A DWELLING SITE	Declaration form from the member.
2	PURCHASE OF DWELLING HOUSE/FLAT	Declaration form from the member.
3	CONSTRUCTION OF A HOUSE	Declaration form from the member.
4	ADDITIONS, ALTERATION OR IMPROVEMENT TO THE HOUSE OWNED BY MEMBER OR SPOUSE	Declaration form from the member.
5	REPAYMENT OF HOUSING LOAN STATE GOVT. HOUSING BOARD, MUNICIPAL CORPORATION OR A BODY SIMILAR TO DELHI DEVELOPMENT AUTHORITY.	A Certificate from the lending authority furnishing the details of loan and outstanding amount
6	ON ATTAINMENT OF 54 YEARS AND WITHIN ONE YEAR BEFORE RETIREMENT	Date of birth of member and his/her date of retirement should be mentioned by the employer
7	CLOSURE LOCKOUT OF THE FACTORY ESTABLISHMENT FOR REASONS OTHER THAN STRIKE:	Furnish the Certificate "A" given at following pages
8	NON RECEIPTS ON WAGES FOR-2 MONTHS	Furnish Certificate "B" given at following pages
9	DISCHARGE OR DISMISSAL OR RETRENCHMENT CHALLENGED BY THE MEMBER – THE CASE IS PENDING IN THE COURT	A copy of petition filed by the member in the court of law and certificate from the advocate that the case is pending in the court of law

10	ILLNESS OF MEMBER/FAMILY MEMBER:	Furnish Certificate “C” given at following pages
11	MARRIAGE OF SELF/SON/DAUGHTER/SISTER/BROTHER	Member’s declaration in claim form
12	POST MATRICULATION EDUCATION OF SON/DAUGHTER	Certificate from the institution regarding the Course of Study and anticipated expenditure.
13	DAMAGE TO THE PROPERTY DUE TO NATURAL CALAMITY/FLOOD/RIOT/EARTH QUAKE	Furnish the Certificate “D” given at following pages
14	EFFECTED BY CUT OF ELECTRICITY	Furnish the Certificate “E” given at following pages
15	PURCHASE OF EQUIPMENT FOR PHYSICALLY HANDICAPPED MEMBER	Furnish the Certificate “F” given at following pages

ENCLOSURE CERTIFICATES

Certificate- A

Certified that No Compensation was paid to the member Sh./Smt.
.....for the period of Lock out/Closure.

Signature of the Employer/Authorised Official With date & Seal

Certificate-B

Certified that the member Sh. /Smt. has not received his wages for a continuous period of 2 months or more i.e. from to

Signature of the Employer/Authorised Official With date & Seal

Certificate-C

Certified that the member Sh. /Smt..... Has/had been granted leave for a period of From to.....

2- The E.S.I. facilitates/Cash benefits are not actually to the member/the member has ceased to be eligible for cash benefits under E.S.I. Certificate from E.S.I. enclosed

Signature of the Employer/Authorised Official With date & Seal

Medical Certificate to be issued

1- In case of major Surgical operation or with the Hospitalisation for one month or more had or has become necessary the Doctor of the Govt. E.S.I./Private Hospital should issue A Medical Certificate.

2- In case of Treatment of T.B., Laprosey, Paralysis or Cancer by a Doctor of Govt. / Private hospital E.S.I. / or By a Regd. Medical Practitioner.

3- In case of Treatment of heart ailment or mental derangement: By a specialists Doctor.

Certificate that Sh. /Smt. / Kumar S/o., W/o, D/o
.....

1- Is suffering from T.B./Leprosy/Paralysis/Cancer/ Mental Dearthment/Heart ailment.

2- Is suffering from disease for which a major surgical operation and hospitalization for a period of days from to and or he has become Necessary.

3- Us suffering from and hospitalization for a period of days from to had or has become Necessary

Delete if not applicable

Signature of Doctor with dated Seal

Certificate-D

Certificate that the movable/immovable property of Sh. Viz
.....situated.....has been damaged due to.....on Date].....
The estimated loss of property due to calamity is valued at `..... The State Govt. has
declared that Calamity has effected the general public in the area in which the property of the member
is/was located vide Notification/Press release No. and date.....

Signature of Employer/Revenue official/Gazetted officer/M.L.A./M.P./Member
of C.B.T. Regional Committee with Seal and date

Certified "E"

Certified that the fall in wages amounting to 25% more than 25% of the wages in respect of Sh. /
Smt..... is due to power cut.

Signature of the Employer/Authorised Official With dated Seal

Certified "F"

Medical Certificate from a Competent Medical Practitioner:

Certified that Sh. / Smt. / Kumari S/o/W/oD/o
..... is physically handicapped Viz Costing
aboutto minimize the hardship on account of handicap.

Signature of Doctor with Date and Seal
