

Request No.: REQ-8578

Employee Id: 51484107

Mobile No.: 8489661698

Email-Id: karunyaashok@gmail.com

**EMPLOYEES' PROVIDENT FUNDS SCHEME,1952
FORM-19**

FORM TO BE USED BY A MAJOR MEMBER OF THE EMPLOYEES' PROVIDENT FUNDS SCHEME,1952 FOR CLAIMING THE
EMPLOYEES' PROVIDENT FUND DUES (PARA 72(5))

- 1 Name of the Member (in block letters) : **KARUNYA ASOKAN**
2 Father's Name (or Husband's Name in the case of married woman) : **ASOKAN M**
3 Name and address of the Factory/ establishment in which the member was last employed : **HCL Technologies Limited. Plot No. 3,Udyog Vihar, Plot No. 3,Udyog Vihar, Phase-1 Gurgaon-122016**
4 (a) PF Account No. : **GN/GGN/005572/0000280369**
(b) UAN (if resigned after 1.7.2014) : **100003607882**
5 PAN (Permanent account number) : **CNSPK6290D**
6 Date of leaving service : **21-Nov-2016**
7 Reasons for leaving service : **Resignation**
(Kindly see the notes at the end)
8 Full Postal address(in Block letters) : **2/209 NADAR COLONY, MALLAPADI (POST), BARGUR, KRISHNAGIRI - 635104**

Tel: 8489661698

Email: karunyaashok@gmail.com

9 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
(payable upto Rs. 2,000/- only) []

- (b) by account payee cheque sent [] S.B. Account No : **157701509836**
for credit to my account in the Name of the Bank : **ICICI BANK**
Scheduled Bank/or any post office Branch: **OKKIYAM THORAIPAKKAM**
or any Co-operative Branch: Bank including Urban Co-operative Bank.

Full address of the Branch: **NO-19,BALAMURUGAN GARDEN,OLD MAHABALIPURAM ROAD,OKKIYAM ,THORAIPAKKAM-600097**

Contribution for the current financial year

Period		Month		Contribution of Break				Month		Contribution				Period of Break	
Month	Wages	EE	Employer		Total			Month	Wages	EE	Employer		Total		
		EPF	EPF	PS	EPF	PS				EPF	EPF	PS	EPF	PS	

(All the above fields from serial no. 1 to 9 are mandatory)

(Advance Stamped Receipt furnished below)

CERTIFIED THAT THE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE

Date of joining the Establishment: **08-Jan-2014** Date of Birth : **29-Jun-1991**

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

Signature of the employer or authorised official

Date _____

Designation & Seal _____

Signature or Left hand thumb

impression of the member

In case, however, the members are physically handicapped and cannot affix left thumb impression, the thumb and finger impression of the right hand failing which toe impression may be obtained.

Note: In the case of submission of application for settlement under clause (e) of sub-paragraph (I) and in clause (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 un-employed in an estt. to which the Act applies.

Declaration of Non-employment

I declare that I have not been employed in any factory/establishment to which the Act applies for continuous period of not less than 2 months immediately preceding the date of my application for final withdrawal of may provident fund money.

Date: _____

Signature or left/right thumb impression of the member

ADVANCE STAMPED RECEIPT
(To be furnished only in case of 8(b), (c) & (d) above)

Received a sum of *Rs _____ Rupees _____ only) from Regional Provident Fund Commissioner/ Officer-in-charge of Sub-Regional Office/Sub-Accounts Office _____ By deposit in my saving Bank account towards the settlement of my Provident Fund Account.

**Affix 1/-Rupee
Revenue Stamp**

The space should be left blank which shall be filled in by Regional Provident Fund Commissioner/Officer in-charge of S.R.O./S.A.O.

Signature or Left hand thumb impression of the member

For the use of Commissioner's Office

A/c. Settled in Part/Full Entered in F.21-A/24/2/9 (Revised) & Withdrawal register

Clerk

S.S.

(Under Rupees _____) Account No. _____
P.I.No. _____

Section _____

Nature of benefit _____
MO/Cheque _____

Passed for Payment for Rs. _____
(in words) (Rupees _____)

Money order Commissioner (if any)

A.A.O./A.P.F.C.
Date _____

Net Amount to be paid by MO Rs. _____

[For use in Cash Section]

Paid by inclusion in Cheque No. _____ dated _____
vide Cash Book (Bank) Account No. 3 Debit Item No. _____

S.S.

AAO/APFC

RPFC

Remarks

Acknowledgement received on _____
Verified on _____

NOTES:

Kindly note the circumstances in which a member can withdraw his PF accumulation and documents to be enclosed along with Form No 19:

A member can withdraw his PF accumulation when he

a) is retiring from service after attaining the age of 55years : **no document**

b) is retiring on account of permanent and total incapacity for work in Industry due to bodily or mental infirmity : **A certificate is required by a Registered Medical practitioner or the Medical Officer, should be enclosed**

c) is migrating from India for permanent settlement abroad : **Migration certificate**

d) is going abroad for some employment : **Copy of Visa & passport**

e) has not been employed in any factory to which the scheme applies for a continuous period of two months immediately preceding the date of application : **A declaration of non-employment to be attached.**