

FORM 10-C (EPS)
EMPLOYEES' PENSION SCHEME, 1995**FORM TO BE USED BY A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995 FOR**
CLAIMING WITHDRAWAL BENEFIT/ SCHEME CERTIFICATE

1. a) Name of the member (in block letters) : **KARUNYA ASOKAN**
b) Name of the claimant(s) : **KARUNYA ASOKAN**
2. Date of Birth : **29-Jun-1991**
3. a) Father's/Husband's Name (if applicable) : **ASOKAN M**
4. Name & Address of the Establishment : **HCL Technologies Ltd ,Plot No. 3, Udyog Vihar ,**
in which, the member was last employed **Phase-1, Gurgaon - 122016**
5. a) Employee's Pension no. (EPS)& Account No. : **GN/GGN/005572/267245**
b) UAN (if resigned after 1.7.2014) : **100003607882**
6. a) Reason for leaving service : **Resignation**
b) Date of leaving service : **21-Nov-2016**
c) Date of joining service : **08-Jan-2014**
7. Full Postal Address : **2/209 NADAR COLONY, MALLAPADI (POST),**
(in Block letters) **BARGUR, KRISHNAGIRI - 635104**
8. Are you willing to accept Scheme Certificate in lieu of withdrawal benefits : **NO**
9. Particulars of Family (Spouse & Children & Nominee)

Family member(s) / Nominee	Name	D.O.B	Relationship with member	Name of the Guardian for minor
Member-1				
Member-2				
Member-3				
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 claimant(s)/ and 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) Account payee cheque sent direct for credit to my SB A/c (Scheduled Bank) under intimation to me) ☐
S.B. Account No.: **157701509836**
Name of the Bank(In Capital letters): **ICICI BANK**
Branch (In Block letters): **OKKIYAM THORAIPAKKAM**
Full address of the Branch: **NO-19,BALAMURUGAN GARDEN,OLD MAHABALIPURAM**
(In capital letters) **ROAD,OKKIYAM ,THORAIPAKKAM-600097**
12. Are you availing Pension under EPS, 1995 ? if so,
Indicate PPO No. _____ By whom issued ? _____

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

Dated

Signature or left Hand Thumb impression
of the member/Claimant(s)

13. ADVANCE STAMPED RECEIPT
(To be furnished only in case of 11 (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
Account.

*(The space should be left blank which shall be filled by Regional Provident Fund Commissioner / Officer-in-charge)

**Rs. 1
Revenue
Stamp**

Signature or left hand thumb impression of the member on the stamp

14. ATTESTATION OF EMPLOYER

Certified that the particulars of the member Shri/Smt./Kum. _____ A/c No. _____
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 3-A/7 (EPS) enclosed for the period for which it was not sent to Employees' 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 with seal

(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.H. _____ S.S. _____ A.A.O. _____

(FOR USE IN CASH SECTION)

Paid by inclusion in cheque No. _____ Date _____ vide cash Book (Bank)
Account No. 10 Debit item No. _____

D.H. _____ S.S. _____ AC(A/cs) _____

For issue of S.S.; IDS is enclosed with Form 2 (Revised).

D.H. _____ 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.A. _____ S.S. _____ A.A.O. _____

APFC(PENSION)