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(अरा महण्याची सुराना अधा)

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। जार १३ उर्कवरिक्ष भरिकर । भारत किरकारी के 2001 , किरार प्रश्न हमा १३ वर्ष भरा वाह

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पदस्थाच्या वावतीत दिलेला तपशील चर्मचर असून त्याने माइमा समक्ष स्वाक्षरी केली आहे / अंगडवाचा उस्र केला आहे. वंतनाचा तपशील य सदस्याच्या विना-योगदानित (नीन कॉन्ट्रीव्यूटरी) सेवेचा कालावधी हा सोवत ओडलेल्या अर्ज ३ए / (क.नि.यां.) नुसार आहे. या वज्ञात ते कर्मचारी भविष्यनिर्वाह निर्धी कार्यालवात पाटविष्यात आले नव्हत. प्रमाणित थिन्य। जोता है कि सदस्य क्षांस दिए गए विवरण सही हैं तथा सदस्य ने मेरे समक्ष हस्ताक्षर किए / अंगुज लगाया है । महरूथ की अअंशदार्धी सेवा की अवधि एवं मजदरी का विवरण निन्न प्रकार से हैं : (उस अवधि का फार्म 3 क/ 7 (क.पं.यो.) संलग्न है जो कर्मचारी भविष्य निधी कार्यालय को नहीं भेजा गया) Certified that the particulars of the members given 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.) यतन (मुच्ट यतन + महागाई भता) भजदूरी (गुल + महहाई भना) Wages (Basic + D. A.) as on Rs: १५.१२.१५ या दियशी (लागु असल्यास) 15.11.95 के दिन (यदि लागु है) 15.11.95 (if applicable) नोकरी सो इल्याच्या विवशीचे यतन निर्मम तिथी के जिन की मजदूरी | Wages as on the date of exit Rs.: विना - योगदानित संवेचा कालावधी वर्ष / महिना / दिवस अअंशदायी सेवा की अवधि वर्ष / माह / दिन Period of non contributory Service Year / Month / days मालक / अधिकत अधिकाऱ्याची सही नियोक्ता / प्राधिकृत अधिकारी के हस्ताक्षर विनांक : तारीख : Date : ... Signature of Employer / Authorised Officials with Seal. (FOR THE USE OF COMMISSIONER'S OFFICE) _____ M. O. / Cheque. (Under Rs. P. I. No. _____ Passed payment for Rs _____ (in words)____ net amount to be paid by M. O. ______towards withdrawal benefit M. O. Commission (it any) ____ S.S. A. A. O. C.C. (FOR USE IN CASH SECTION) Paid by inclusion in chaque No._____ Ot.___ _____ vide cash Book (Bank) Account No. 10 Debit item No.___ AC (CASH) S.S For issue of Scheme Cortificate, Input Data Sheet is enclosed CC S. S. A. A. O. APFC (A/cs) (FOR USE IN PENSION SECTION) Scheme Certificate bearing the control No..... _ and entered in the Scheme Certificate Control Register. ___issued on ___ APFC (PENSION) C.C. S. S. A. A. O.

"FORM NO. 156

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

Declaration under section 197A(1) and section 197A(1A) of the Income tax Act, 1961 to be made by an individual or a person (not being a company or firm) claiming certain receipts without deduction of tax.

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(Declarant)	Name of Assessine Rishabh. Tiwasci			5 Asses (for wh	5 Assessment Year (for which declaration is being made)			
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O4. T		5. Name of Premises			7. Assessed in which Ward/Circle			
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eishabl	atiwari20@g	Modele) and Mobile No.	782831314		18. Residential Status (within the meaning of Section 6 of the Income Tax			
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8. 3H, /R.C.

चाल् दर्याची वर्गणी / वर्तमान दर्षका अंशदान / Current Contribution :- 20 सभासदारे नांव / सदस्य का नाम Name of Member: Shri/Mrs. RISHABH. TI WARI खाता के. / खाता संख्या A/c. No.: MH/ 019801540470

	वेतन	कर्मचारी का		Employer's Share	अग्रिम की	अशदान न करने की संवा अवधि दिनों की	अभूक्तियाँ
महिना Month	Salary	हिस्सा Worker's Share क. भ. नि.	क भारते. 10% और १९/३० के बीध प्रचार (परि भीई के) EPF difference	पेंशन निधि अंशदान PENSION	यापसी Refund of	संख्या (यदि कोई हो) No of days / period of non-contributing	Remarks
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कुपया लक्षात ठेवा / कृपया ध्यान दे / Attention Please (सभासद एवं नियुक्त अधिकारी) employees / employer

9) पूछ क्रं. ९ यर शाखदिलेल्या वर्तूळात ग्रुप नं. लिहायला विसरु नका (i) Please mention Group No. Invariably at circle provided on page No. 1 of the form. २) परताव्याची रककम रु. २०००/- पेक्षा कमी असेल तरच मनी ऑर्डरने पैसे पाठविण्याची मुभा आहे. (ii) भूगतान की रकम रु. २०००/- से कम होने से ही मनी ऑर्डरसे

भूगतान माँगा जा सकता है (ii) mode of money order to opted where amount of settlement is less than Rs. 2000/-3) हा फॉर्म दिनामुल्य देण्यात येतो. (ii) यह फार्म निःशुल्क उपलब्ध है । (ii) This Form is available free of cost 8) सर्व माहिती व्यवस्थित भरल्याची काळजी ध्या (iv) सभी जानकारी ध्यानपूर्क पढे और भरे । (iv) Please ensure all columns are filled in properly

৭) अर्जाचे सर्व रकाने शाईने सुवाच्छ अक्षरता लिहावे. त्यामध्ये खोडाखोड केल्यास तथे सही करावी. / प्रपत्र के सभी कालम स्याही से पूर्ण रुप से बिना किसी औवर राईटिंग से भरे जाने चाहिए ।

PAMAC FINSERVE PVT LTD.

Details required for Provident Fund Withdrawal

EMPLOYEE NAME	· Rishabh. tiwasie
FATHER NAME:	M.S. Ram nivas timari
DATE OF BIRTH:	

LEAVING DATE: DULY-2016

RESIDENTIAL ADDRESS: 04. H. Type medical.

Campus. Jubalpor(M.7)

PIN <u>482003</u> TELEPHONE / MOBILE NO. <u>7828 3131 42</u>

FAMILY PARTICULARS

SRNO	NAME	DATE OF BIRTH	RELATIONSHIP
i .	Ramoivas	23-07-1961	
.2	Umazine	104-04-1970	THE COUNTY OF THE PARTY OF THE
	**	07.08-1900	
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			Total Trees

SAVING BANKACCNO 019801540470

NAME OF BANK I TOICE BANK

BRANCH 124 Hipiertown Jabapor (m.p)

ADDRESS OF BRANCH 482001

Dascypur Branch

PIN CODE 482001

Rishabh

आयकर विभाग

INCOME TAX DEPARTMENT RISHABH TIWARI

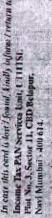
HAM NIVAS TIWARI

20/05/1992

ASBPT4297K

भारत सरकार GOVT. OF INDIA





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RELIEF

