

Regn No. _____

Mobile Number. 9008427482

UAN Number. _____

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

(Refer to the 'Instructions')

1. Name of the member in Block Letters.	SRIDHAR B
2. Father Name (or husband's Name in the case of married women)	BALASUBRAMANIAN
3. Name & Address of the Factory/Establishment in which the member was employed.	ADITYA BIRLA NUVO LIMITED UNIT:- INDIAN RAYON VERAVAL 362266 GUJARAT
4. P.F. Account No	12280
5. Date of leaving service	19-Aug-2015
6. Reason for leaving service	<p>- Service terminated on account of a) Ill health of member b) Contraction c) Discontinuation of employer's business or d) Other cause beyond the control of the member <u>RESIGNATION</u></p> <p>- Personal Reasons _____</p> <p>*6a. Permanent Account Number (PAN) <u>DGWPS1952L</u></p> <p>*6b. Whether submitting Form No. 15G/15H of Income Tax (Yes/No) _____ (Please enclose two copies of Form No. 15G/15H, if applicable)</p> <p>* Only in case of service less than 5 years.</p>
7. Full Postal Address (in Block Address)	<p>Shri/Smt/Kumari SRIDHAR B</p> <p>S/o. W/o. D/o. BALASUBRAMANIAN</p> <p>Resident Address NEERMUALAI POST, THIRUKUVALAI TK NAGAPAATINAM DIST NAGAPATTINAM TAMIL NADU</p> <p>Pin Code No. 614711</p>
8. 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 to be sent Direct to bank for credit to my S.B. A/c (Schedule Bank./ Co.op.Bank/P.O.) Under intimation to me.	() S.B. Account No 10481130000780 Name of the Bank HDFC Bank Name of the Branch BommanaHalli Full address of the branch PRABHAVA, SITE NO. 42 & 44, , S D COMPLEX GARVEBHAVIPALLYA, , HOSUR MAIN ROAD, BOMMANAHALLY, BANGALORE KARNATAKA 560068 IFSC Code HDFC0001048

(Advance Stamped Receipt furnished)

Certified that the particulars are true to the best of my knowledge.

Date of joining of Establishment 01-Sep-2014Date of Birth 08-Feb-1986

Contribution for the Current Financial Year.

2015 2016

A/c. No. GJ/EXEM/4072/12280

MONTH	Amount of Wages	Worker's Share	Employer's Share		Refund of Adv.	No, of days / period of non- contributing service (if any)	Remarks
		E.P.F.	E.P.F. difference between 10% & 81/3 % (if any)	PENSION FUND Contribution 81/3%			
1	2	3	4a	4b	5	6	7
APR-2015	40,900.00	4,908.00	3,658.00	1,250.00	0.00	0.00	
MAY-2015	40,900.00	4,908.00	3,658.00	1,250.00	0.00	0.00	
JUN-2015	40,900.00	4,908.00	3,658.00	1,250.00	0.00	0.00	
JUL-2015	43,616.00	5,234.00	3,984.00	1,250.00	0.00	0.00	
AUG-2015	26,732.00	3,208.00	1,958.00	1,250.00	0.00	0.00	
Total	193,048.00	23,166.00	16,916.00	6,250.00	0.00		

7(a) 19-Aug-2015 7(b) RESIGNATION

Signature of **EMPLOYER** with Official Seal.

FORM No. 5

A/c. No.	Name of the employee (in Block letters)	Father Name (or husband's name in case of married women))	Date of birth	Sex	Date of joining the Fund	Total Period of previous service as on the date of joining the Fund (Enclose Scheme Certificate if applicable)	Remarks
1	2	3	4	5	6	7	8
12280	SRIDHAR B	BALASUBRAMANIAN	08-Feb-1986	M	01-Sep-2014		

FORM No. 10

A/c. No.	Name of the employee (in Block letters)	Father Name (or husband's name in case of married women)	Date of leaving Service	Reason for leaving service	Remarks
1	2	3	4	5	6
12280	SRIDHAR B	BALASUBRAMANIAN	19-Aug-2015	RESIGNATION	

Signature of the **EMPLOYER** or other authorised Officer
and stamp of the factory/Establishment

(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 Left/Right hand thumb impression of the **Member**.

Dated : _____

Designation & Seal

Encl. :

Declaration of non-employment

I declare that i have not been employed in any factory / establishment to which the act applies for a continuous period not less than 2 months immediately preceding the date of my application for final withdrawal of my Provident Fund money.

Date _____

Signature of Left/Right hand thumb impression of the **Member**.

ADVANCE STAMPED RECEIPT

(To be furnished only in case of 8 (b) above)

Received a sum of Rs _____ (Rupees _____ Only)
from Regional Provident Fund Commissioner Officer-in-Charge of Sub-Accounts Office _____ by deposit in my
Savings Bank account towards the settlement of my Provident Fund Account.

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

Affix 1/- Rupee
Revenue
Stamp

Signature of Left/Right hand thumb impression of the **Member**.

(For the use of Commissioner's Office)

A/C Settled in part/Full Entered in F.21-A/24/219 & Withdrawal register

Clerk

Section Supervisor

P.I.NO. _____

M.O./Cheque _____

Section _____

Account No. _____

passed for payment for

Rs. _____ (1/4 in words) Rs. _____

M.O. Commission (if any)
(Net Amount to be paid by M.O.) _____ Date : _____

(For use in Cash Section)

Paid by inclusion in Cheque No _____ dated _____ vide Cash Book (Bank)

Account No. 3 Debit Item No. _____

H.C

AC/RC

REMARKS