



**Employees' Provident Fund – Department of Labour**  
**Employees' Record Card**  
**FORM “A”**



දත්ත සහ තොරතුරු ඉංග්‍රීසි භාෂාවෙන් පරිගණකයට ඇතුළත් කර ඇත. එම නිසා ඉල්ලුම්පත ඉංග්‍රීසි භාෂාවෙන් පිරවිය යුතු ය. වැඩිදුර තොරතුරු සඳහා තොරතුරු පත්‍රිකාව (ඇමුණුම 01) කියවන්න.

The data & information are fed into the computer in English, Hence the application must be filled in English. Please read the instruction sheet (Annexure 01) for further information.

தரவு மற்றும் தகவல்கள் ஆங்கில மொழியில் கணினிக்கு உட்புகுத்தப்படுகின்றன. எனவே, விண்ணப்பம் ஆங்கிலத்தில் நிரப்பப்படுதல் வேண்டும். மேலதிக தகவலுக்கு அறிவுறுத்தல் தாளான தயவுசெய்து வாசிக்கவும் (இணைப்பு 01).

1. National Identity Card No	<input type="text"/>											
2. Employer's No	<input type="text"/>				/	<input type="text"/>	3. Member's No	<input type="text"/>				
4. Date Employed From	DD	<input type="text"/>	<input type="text"/>	MM	<input type="text"/>	<input type="text"/>	YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. Nature of Work/ Designation	<input type="text"/>											
6. Full Name	<input type="text"/>											
7. Name with Initials	<input type="text"/>											
8. Permanent Address	<input type="text"/>											
9. Date of Birth	DD	<input type="text"/>	<input type="text"/>	MM	<input type="text"/>	<input type="text"/>	YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. Age	<input type="text"/>	<input type="text"/>										
11. Birth Place	<input type="text"/>											
12. Nationality	<input type="text"/>											
13. Sex	<input type="radio"/> Female <input type="radio"/> Male											
14. Married or Single	<input type="radio"/> Married <input type="radio"/> Single											
15. Name of the Spouse (with initials)	<input type="text"/>											
16. Name of the Mother (with initials)	<input type="text"/>											
17. Name of the Father (with initials)	<input type="text"/>											
18. Mobile Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
19. E-mail	<input type="text"/>											
20. Left Thumb Mark	<input type="text"/>											
21. Right Thumb Mark	<input type="text"/>											
22. Signature	<input type="text"/>											
23. Employer Name & Address	<input type="text"/>											

24. I do hereby certify that the Signature & the Thumb Mark of the employee were placed in my presence.

25. Date

26. Signature & Designation of Employer or His Representative  
Official Frank

**Nominee Record Card  
FORM "H"**

27. Employer's No  /

28. Member's No

29.  presently employed  
 being a member of the Employees' Provident Fund, do hereby nominate the person \*/s mentioned in Column I of the Schedule here to whose relationship to me is as shown in the corresponding entry in Column II of that Schedule, to receive, in the event of my death, the amount standing to my credit in my individual account in the Employees' Provident Fund, in the proportion specified in the corresponding entry in Column III of that Schedule.

30. The provision of the Employees' Provident Fund Act No. 15 of 1958 and the regulations made there under relating to nominations were read and understood by me\*/ were read over and explained to me, and I do hereby set my hand, on  in the presence of the witness whose signature in herein subscribed.

31. Thumb mark of Member

32. Left

33. Right

34. Signature of Member

35. I  of do hereby declare that the provisions of the Employees' Provident Fund Act No. 15 of 1958, and the regulations made there under relating to nominations were read over and explained to  and he, purporting to understand same, set his signature and thumb marks in my presence on .

36. Name of Witness

37. Description and Address of Witness

38. Signature of Witness

**39. SCHEDULE**

40. Column I Name of Nominee	41. National Identity Card No	42. Column II Relationship	43. Column III Proportion
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