



For Office Use Only  
In Words No.

*Form No.10 C (E.P.S)*

*[Withdrawal Benefit]*

**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)	<b>Karunakaran Y N</b>											
b) Name of the Claimant (s)												
2. Date of Birth	<table border="1"> <tr> <td>2</td> <td>4</td> <td>1</td> <td>1</td> <td>8</td> <td>0</td> </tr> </table>	2	4	1	1	8	0					
2	4	1	1	8	0							
3. a) Father's Name	<b>Narayana Y</b>											
b) Husband's Name (If applicable)	<b>NOT APPLICABLE</b>											
4. Name & Address of the Establishment in which, the member was last employed												
5. Code No. & Account No.	<table border="0"> <tr> <td>Region/SRO Code</td> <td> <table border="1"> <tr> <td></td> <td>/</td> <td></td> </tr> </table> </td> </tr> <tr> <td>Estt.Code No.</td> <td>A/c No.</td> </tr> <tr> <td> <table border="1"> <tr> <td></td> </tr> </table> </td> <td> <table border="1"> <tr> <td></td> </tr> </table> </td> </tr> </table>	Region/SRO Code	<table border="1"> <tr> <td></td> <td>/</td> <td></td> </tr> </table>		/		Estt.Code No.	A/c No.	<table border="1"> <tr> <td></td> </tr> </table>		<table border="1"> <tr> <td></td> </tr> </table>	
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6. Reason for leaving service & Date of leaving	<b>Personal Problem</b> <b>1-Feb-2012</b>											
7. Full Postal Address (In Block Letters) Shri/Smt/Kumari S/o, W/o, D/o	<b>Karunakaran Y N</b> <b>Narayana Y</b> <b># 12, ABC [Vill], BSSS [Po] UUIII [Mandal]</b> <b>Kuppam [Tq] Chittoor Dist, Andhrapradesh - 517423</b>											

8. Are you willing to accept Scheme Certificate in lieu of withdrawal benefits (a) Yes ☐ (b) No ☒

9. Particulars of Family (Spouse & Children & Nominee)

Name	Date of Birth	Relationship with member	Name of guardian of minor
(a) Family Members			
Narayana	03-05-1956	FATHER	-
Saraswathi	14-05-1960	MOTHER	-
(b) Nominee			
Lavanya G	22-22-1980	Wife	-
Pankaj Y	20-02-201	Son	-

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 : Not Applicable

(b) Name of the Claimant(s) / and relationship with the members : Not Applicable

11. MODE FOR REMITTANCE [PUT A TICK IN THE BOX AGAINST THE ONE OPTED]

(a) By postal money order at my cost to 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.	6400000000000
Name of the Bank (In Block Letters)	STATE BANK OF MYSORE
Branch (In Block Letters)	BANASWADI
Full Address of the Bank (In Block Letters)	KR ROAD, BANGALORE - 24

12. Are you availing pension under EPS-95? : No  
If so indicate: PPO No. \_\_\_\_\_ By whom issued \_\_\_\_\_

**Certified THAT THE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE**

Date: 02.04.2012

  
Signature or left Hand  
Thumb Impression of the  
Member / Claimant(s)

**ADVANCE STAMPED RECEIPT**  
[To be furnished only in case of (b) above]

Received a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)  
only from the 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 Accounts

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

  
Signature or left thumb impression of the member on the stamp



Rs.1/-  
Revenue  
Stamp

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Certified that the particulars of the member 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 3A/7 (EPS) enclosed for the period for which it was not sent to Employee's Provident Fund Office)

Wages (Basic+DA) as on 15.11.1995 (if applicable) :

Wages as on the date of exit :

**Period of non contributory Service**

Year / Month

No. of Days

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**TOTAL**

**0.0**

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Date:

Signature of Employer/  
authorised official



***(FOR THE USE OF COMMISSIONER'S OFFICE)***

(Under Rs. \_\_\_\_\_)

P.I No. \_\_\_\_\_ M.O./Cheque

Passed for payment Rs. \_\_\_\_\_ (in words) \_\_\_\_\_

M.O Commission (if any) \_\_\_\_\_ Net amount to be paid by M.O \_\_\_\_\_

\_\_\_\_\_

towards withdrawl benefit.

**D.H**

**S.S**

**A.A.O**

***(FOR USE IN CASH SECTION)***

Paid by inclusion in cheque No. \_\_\_\_\_ Dt \_\_\_\_\_ vide cash Book(Bank) Account

No. 10 Debit item No. \_\_\_\_\_

**D.H**

**S.S**

**AC(A/cs)**

For issue if S.S;. IDS is enclosed.

**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.H**

**S.S**

**A.A.O**

**APFC (PENSION)**