कर्मचारी भविष्य निधि संगठन **EMPLOYEES' PROVIDENT FUND ORGANISATION**

मृत्यु मामले में कम्पोजिट दावा प्रपत्र

Composite Claim Form in Death Cases

मोबाइल न.

Mobile No.

प्रपत्र -20 (भविष्य निधि भगतान)/ प्रपत्र 10-डी (पेंशन)/प्रपत्र -5आईएफ (ईडीएलआई)

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[Form-20 (PF Payment)	/Form-10-D	(Pension)/	Form - 5	IF (EDLI)1

1		, उस पर निशान लगाए		(।) भावष्यानाध/	`		पशन/ Pension			(॥) बामा (इडा		
		never is/are applica		Provident Fund ()	पशन	दावा का प्रकार/	Type of Pension	on claim:	Insurance E	DLI] ()	
2	मृतक सदस्य का नाम (बड़े शब्दों में): Name of the deceased member (in CAPITAL letters)					N	Mohd Naeem Mohd Yusuf Shaikh					
	(a) पिता का नाम / Father's Name :					a)						
3	(b) पति/पत्नी का नाम/ Spouse's Name :				b)	,						
4	मृतक सदस्य की वैवाहिक स्थिति /											
4	Marital status of deceased member					Married						
	a) मृतक सदस्य का आधार नंबर (यदि उपलब्ध हो)					98	982599435005					
_	Aadhar Number of the deceased member (if available) b) यू.ए.एन. / Universal Account Number (UAN)											
3	c) भविष्य निधि खाता संख्या (यदि यू.ए.एन. उपलब्ध नहीं है) / PF Account						100230407793					
	Number (in case UAN not available)											
6						26	26-09-2024					
	a)Whether Scheme Certificate has been issued (Yes/No)						1.					
	क्या स्कीम प्रमाणपत्र जारी किया गया है (हां/नहीं)						1 0					
_	b)If Yes, Number of Scheme Certificate											
7	यदि हां,	स्कीम प्रमाणपत्र की सं	ख्या									
	c)Scheme	e Certificate issuir	ng offic	ce								
	-	गणपत्र जारी करने वाले	-									
0	गैर अंशदायी	सेवा की अवधि (वर्ष/म	ाह/दिन)	/ Period of Non-Con	itributory							
8	service (Y	ear/Month/Days) -	(To be	filled by the emplo	yer)							
9		मृत्यु की तिथि/ Date o				26	-09-2024					
10		की मृत्यु सेवाकाल के ट				Υ	ES					
0-4				e in service(Yes / No		LANIT/C F		DDOV/IDENT	TIND DENGT	ON AND THE	IDANICE (EDIT)	
म				हं) हेतु दावाकर्ता का वि						ON AND INSU	RANCE (EDLI)	
		.,		प्रेकारी/ वर्तमान परिवार वे nominee(s)/legal hei				5		ihmitted		
	Tarticulars of the claimant/fillinoi/f			Torriffee (3)/ Tegar Tiell (3)/ 3di viving 1		Talling I	Thing thember on w				ionship with	
	क्र.स. नाम/ Name प		ਧਿਗਾ/Father's /	आधार नं	ਗ ਹ /	लिंग	जन्म तिथि	वैवाहिक स्थिति	सदस्य के	Ionship with		
11			ति-पत्नी का नाम/	Aadhar Nu			Date of Birth	Marital	साथ	अभिभावक		
			Spouse's Name						Status	Member	Guardian	
	· N		Mohammed Naeem Shaikh		372333034	221	female	09-08-1983	Widow	Wife		
		laseem Shaikh									+	
	ii J	Jayesha Shaikh	Moham	med Naeem Shaikh	528322462		female	18-01-2009	Single	Daughter		
	ii J		Moham Moham		528322462 715816332			18-01-2009 20-12-2014	Single Single	Daughter Daughter		
	ii J iii r iv T	Jayesha Shaikh Nayla Shaikh Famkinat Shaikh	Moham Moham Moham	med Naeem Shaikh med Naeem Shaikh med Naeem Shaikh	715816332	2468	female female female	18-01-2009 20-12-2014 25-03-2019	Single Single Single	Daughter Daughter Daughter		
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	ii J iii J v * In case * Hae T नि अगतान है Bank Acc नाम Name बंचत बैंक का ना Name & आई एफ प IFS Code अगतान हैतु Bank Accc раутепт नाम Name बंचत बैंक ख Saving Ba बैंक का नाम Name अगई एफ ए स्विक्या के ख अगई एफ ए स्विक्या के ख अगई एफ ए स्विक्या के ख अग्रह एफ ए स्विक्या के स्व	Jayesha Shaikh Nayla Shaikh Famkinat Shaikh of more than five fa दि तथा ईडीएलआई तु बैंक खाते का विवरण count details for pa ne खाता संख्या Bank Account No. Iम व पता address of the Bank बैंक खाते का विवरण count details for	Moham Moham Moham amily r (alm) yment	med Naeem Shaikh med Naeem Shaikh med Naeem Shaikh med Naeem Shaikh nembers, the details के भुगतान हेतु बैंक र Claima दावाकः Naseem Mohamm 43297573381 SBI, Nallasopara SBIN0010414 वि हेतु बैंक खाता विव Claimant — I दावाकर्ता — I अseem Mohammed Naee 43297573381	715816332 s of family me ant — I र्ता - I ned Naeem Si a - West	mbers nr Bank naikh ACCOU	female female female may be furnis Account de Cla ara	18-01-2009 20-12-2014 25-03-2019 hed in a separ stails for pay imant – II कर्ता - II	Single Single Single ate sheet, dement of PF ON laimant -III	Daughter Daughter Daughter uly attested b & EDLI: Claima दावाकत	ant -III 1 - III	
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- यह प्रमाणित किया जाता है कि उपर्युक्त विवरण मेरी जानकारी के अनुसार सही है
- Certified that the particulars are true to the best of my knowledge.

दावाकर्ता का हस्ताक्षर Claimant's signature

नाम Name: Naseem Mohammed Naeem Shaikh

नियोक्ता का हस्ताक्षर Employer's Signature नियोक्ता का पदनाम तथा मुहर Designation & Seal of Employer

संलग्नक/Enclosures

- i) मृत्यु प्रमाणपत्र/ Death Certificate
- ii) सभी दावाकर्ताओं का संयुक्त फोटो / Joint photograph of all the claimants
- iii) दावा करने वाले बच्चों के जन्म का प्रमाणपत्र / Date of Birth certificate of children claiming pension
- iv) योजना प्रमाणपत्र (यदि लागू हो) Scheme Certificate (if applicable)
- v) बैंक खाते के सत्यापन हेतु एक रद्द चैक /पासबुक के पहले पेज की अभिप्रमाणित प्रतिलिपि/ For verification of bank accounts, a copy of cancelled cheque or attested copy of first page of bank Pass Book.