

Serial No:



For Office Use Only
In Words No.

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

EMPLOYEES' PENSION SCHEME, 1995

FORM TO BE USED BY A MEMBER OF THE EMPLOYEES' PENSION SCHEME,
1995 FOR CLAIMING WITHDRAWAL BENEFIT/SCHEME CERTIFICATE

(Read the instructions before filling up this form)

1. a) Name of the member :-
(In Block Letters) EMPLOYEE NAME
b) Name of the claimant (s) EMPLOYEE NAME
2. Date Of Birth DD MM YY
3. a) Father's Name FATHER'S NAME
b) Husband's Name
(If applicable) PEN DOWN THE
4. Name & Address of the Establishment
in which, the member was last employed ADDRESS ON YOUR PAYSIP
5. Code No. & Account No. Region/SRO Code APHYD
PF ACCOUNT
NUMBER Estt. Code No. A/c No.
XXXXX YYYY
6. Reason for leaving service
& Date of leaving RESIGNATION/PERSONAL
LAST WORKING DAY
7. Full Postal Address :- YOUR POSTAL
(In Block Letters) ADDRESS
Sh/Smt./Km PIN
S/o, W/o, D/o

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

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

Name	Date of Birth	Relationship With Member	Name of the guardian of minor
(a) Family Members	<u> </u>	<u> </u>	<u> </u>
(b) Nominee	<u> </u>	<u> </u>	<u> </u>

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 :
(b) Name of the Claimant(s) / and relationship with the members :

11. MODE FOR REMITTANCE [PUT A TIC 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. Accounts No.

Name of the Bank
(in block letters)
Branch

(in block letters)

Full Address Of the Branch
(in block letters)

BANK A/c NUMBER

BANK NAME

BRANCH NAME

BRANCH ADDRESS AS FOUND

ON THE CHEQUE BOOK

12. Are you availing pension under EPS-95 ?

If so indicate : PPO NO. _____ By Whom Issued _____

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

YOUR SIGNATURE
Signature or left Hand
Thumb Impression of the
Member / claimant(s)

Date _____

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

Received a sum of Rs.....(Rupees.....)

Only from 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 & left hand thumb impression of the member on the stamp

Re. 1 Revenue
stamp
+
70
SI



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 + D.A) as on 15.11.95(if applicable)

Wages as on the date of exit

Period of non contributory Service

Year/Month

No. of days

Date.....

Signature of Employer/
authorised Official