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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) _____
b) Name of the claimant (s) _____
2. Date Of Birth

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3. a) Father's Name _____
b) Husband's Name
(If applicable) _____
4. Name & Address of the Establishment
in which, the member was last employed _____
5. Code No. & Account No.

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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
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(a)	Family Members		
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(b)	Nominee		
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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)

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

Date _____

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 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

**Rs 1/-
Revenue
Stamp**

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*

(FOR THE USE OF COMMISSIONER'S OFFICE)

(Under Rs.)

P.I. No M.O./Cheque

Passed for payment for Rs. (in words)

M.O. Commission (if any).....net amount to be paid by M.O.....
towards withdrawal 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 onand
entered in the scheme Certificate Control Register-

D.H

S.S

A.A.O

APFC(PENSION)