

For Office Use Only

Claim I.D. ....

Mobile Number:

9966111765



Aadhar Number:

2271 6407 9419

UAN:

100402025784

**EMPLOYEES' PENSION SCHEME, 1995**

Form 10-C (E.P.S.)

**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)**

**WITHDRAWAL BENEFIT IS NOT ADMISSIBLE IF MEMBERSHIP IS LESS THAN 180 DAYS EXCLUDING NON CONTRIBUTORY PERIOD**

1.a) Name of the member ( In Block Letters)

VENKATA KIRAN POLINENI

b) Name of the claimant (s)

VENKATA KIRAN POLINENI

2. Date Of Birth

16/08/1989

3.a) Father's Name

Ramanaiah Polineni

b) Husband's Name (If applicable)

4. Name & Address of the Establishment in which the member was last employed

**Verizon Data Services India Pvt Ltd**  
Floor 8, Citius Block, Olympia Technology Park Plot no. 1,  
SIDCO, Industrial Estate Guindy

5. Code No. & Account No.

Region/SRO Code : TB/TAM

Estt. Code : 49623

A/c No. : 11786

5 A. Date of Joining the Estt.

25/06/2012

6. Reason for leaving service & Date of leaving

CESSATION

23/01/2017

(moving abroad)

7. Full Postal Address  
(In Block Letters)

Sh/Smt./Km

S/o, W/o, D/o

VENKATA KIRAN POLINENI  
GREEN FIELD APARTMENTS,  
FNO: 501, VITAYAPUR 6TH LINE,  
GUNTUR, AP - 522006.

8. Are you willing to accept Scheme Certificate in lieu of withdrawal benefits

Yes ☐

N ☒

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

a) Family Members

Ramanaiah. Polineni  
Jayamma. polineni

01/05/1967. Father.  
01/01/1973. Mother.

b) Nominee

Ramanaiah. Polineni 01/05/1967. Father

x P.V. Ceeen

Signature or Left hand thumb impression of the member

Employer's Signature

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 member :

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) By account payee cheque / electronic mode sent directly for credit to my SB :

☒

A/c (Scheduled Bank / P.O ) under intimation to me

S.B. Account No. 05451610533003

Name of the Bank (in block letters)

HDFC BANK.

Branch (in block letters) and IFS Code

HI-TECH CITY, HDFC 0000545

Full Address Of the Branch (in block letters)

PLOT NO 18, Ground floor, Hardhika crown, Huda techno  
enclave, Hitech city main road, opp. cyber peal, Hyderabad,  
Telangana - 500081.

12 Are you availing pension under EPS-95 ?

If so indicate :

PPO

By Whom Issued

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

Date :

Employer's Signature

P. V. (Signature)

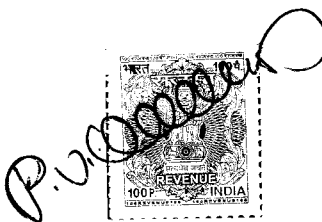
Signature or left Hand Thumb  
Impression of the Member / claimant(s)

**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 Account.

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



Signature or left hand thumb impression of  
the member on the 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 Employees' 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.....

S.S

AC(Cash)

For issue of 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)

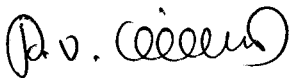
**To The Employees' Provident Fund Organization**

**Service Period Undertaking**

This is to certify that I have completed more than 5 years of membership under the EPF & MP Act, 1952 and the Schemes thereof. Please find the details of my service period below:-

Name of Employer	PF Account Number	DOJ EPF	DOL EPF	Total Period of EPF Membership
Verizon Data Services India Pvt Ltd	TB/TAM/0049623/11786	25/06/2012	23/01/2017	4 Year(s)6 Month(s) 29 Day(s)
<b>Grand Total Membership Period Under EPF Act</b>	<b>4...years...6....months.....29days</b>			

DATE:



EMPLOYEE NAME & SIGNATURE:

**VENKATA KIRAN POLINENI**