

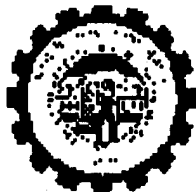
Wipro Employee No. : \_\_\_\_\_

Personal E-mail ID : \_\_\_\_\_

Mobile : \_\_\_\_\_

- 1 -

Serial No:



For Office Use Only

Inwards 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 : 

D	D	M	M	Y	Y	Y	Y
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. : Region / SRO Code 

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Estt. Code No.		A/c No.	
KN	BN		
6. Reason for leaving service : \_\_\_\_\_  
& Date of leaving : \_\_\_\_\_
7. Full Postal Address: - (In Block Letters) : \_\_\_\_\_  
Sh/Smt./Km : \_\_\_\_\_  
S/o, W/o, D/o : \_\_\_\_\_  
PIN : \_\_\_\_\_

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(s)

(b) Nominee

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 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. 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  
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**

**ATTESTATION OF EMPLOYER / AUTHORISED OFFICIAL**

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)

Date of Joining to the Estt. : 

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Wages (Basic + D.A) as on 15.11.95(if applicable) : .....

Wages as on the date of exit : Rs.....

Period of non contributory Service : 

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<sup>Y</sup>

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<sup>M</sup>

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<sup>D</sup>

Date : .....

Signature of the employer with seal

**(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.A.**

**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.A**

**S.S**

**AC(A/cs)**

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

**D.A**

**A.A.O/APFC(A/cs)**

**S.S**

**(FOR USE IN PENSION SECTION)**

Scheme Certificate bearing the control No. .... Issued on ..... and  
entered in the scheme Certificate Control Register-

**D.A**

**S.S**

**A.A.O**

**APFC(PENSION)**