Mobile No:	
Personal Email:	

Emp. Code:		
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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) b) Name of the claimant (s) Date Of Birth			_
3.	<ul><li>a) Father's Name</li><li>b) Husband's Name</li><li>(If applicable)</li></ul>		<u>N/A</u>	
4.	Name & Address of the Esta in which, the member was la	`		)
5.	Code No. & Account No.		Region/SRO Code Estt. Code No. 46446	KN/BOM/ A/c No.
6.	Reason for leaving service:  & Date of leaving		Resignation from ser	
7.	Full Postal Address:- (In Block Letters) Sh/Smt./Km S/o, W/o, D/o	(Employees P	ostal Address)	  -
	_		PIN	_

8.	Are you willing to accept Scheme		(a) (b)								
	Certific	ate 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 Membe	ers									
(b)	Nomine	ee									
10.	In case	of death of member af	ter attaining the	e age of 58 years v	vithout filing the claim:						
	(a) (b)	Date of death of the m Name of the Claimant		nship with the mer	mbers:						
11.	MODE	FOR REMITTANCE [P	UT A TIC IN TI	HE BOX AGAINST	THE ONE OPTED]						
	(a)	By postal money order	at my cost to	address given aga	inst item No. 7						
	(b)	Account payee cheque to me	e sent direct fo	r credit to my SB A	/c (Scheduled Bank) under intimation						
		S.B. Accounts No.  Name of the Bank (in block letters) Branch (in block letters) Full Address of the Bra (in block letters)	anch								
12.	Are you	ur availing pension unde	er EPS-95?								
	If so inc	dicate :	PPO NO		By Whom Issued						
Certifie	ed THAT	THE PARTICULARS	ARE TRUE TO	THE BEST OF N	Y 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-Regio	onal
Office	
by deposit in my savings Bank A/c towards the settlement of my Pension Fund Acc	counts.
(The Space should be left blank which shall be filled by Regional Provident Fund C charge)	Commissioner /Officer-in-
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 before me.	signed/thumb impressed
The details of wages and period of non-contributory service of the member	r are as under:-
Form 3A/7 (EPS) enclosed for the period for which it was not sent to emplo	oyee'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	
	ignature of Employer/ uthorized Official

## (FOR THE USE OF COMMISSIONER'S OFFICE)

(Under Rs		P.I. No
	M.O./Cheque	
Passed for pa	•	(in words)
M.O. Commission (if any)	net amount to be p	paid by M.O
towards withdrawal benefit.		
D.H	S.S	A.A.O
	(FOR USE IN CASH	I 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)
(F	OR USE IN PENSION SE	ECTION)
Scheme Certificate bearing the control scheme Certificate Control Register-	l No	Issued onand entered in the
D.H	S.S	A.A.O

APFC (PENSION)

Mobile No:	Emp. Code:
Personal Email:	

# Employees' Provident Fund Scheme, 1952 Form-19

(Re	fer t	to instruction) Name of the members in Block Letters.		Form-19	9							
	2.	Father's Name :										
	<ol> <li>Name &amp; Address of the Factory/Establishment in which the member was employed.</li> </ol>					VMware Software India Private Limited Kalyani Magnum, Block 1, III Floor, #16 Doraisanipalya, IIM Post, Bannerghatta Bangalore 560076, India			165 /2,			
	4.	Account No : KN/BOM/46446/										
	5.	Date of leaving service										
	6.	Reason for leaving service: Resignation	າ fro	m Serv	ices.							
	7.	Full Postal Address (in Block Address)		S/O/V	mt./Kum							
	8.	Mode of remittance		Pι	ıt a tick (	) in th	ne box	again	st the or	ne opte	ed	
` '	Ву	Postal Money Order at my cost.  account payee cheque sent ect for credit to my S.B.	(	)	S.B	. Acco	unt No	- )	ıgainst i			
	A/c	c (Scheduled Bank/P.O.) der intimation to me.			Bra	nch			nch			
		(Advance S	tamp	ed Rec	eipt furnis	hed)						
Cer	tifie	d that the particulars are true to the best	of my	y knowle	edge.							
Dat	e of	joining of Establishment										
Dat	e of	Birth										

Contribution for the Current Financial Year.

Regn. No.....

Month			Contrib	oution	Period of break if any		Month			Contribution		Period of break if any			
Month	Wages	Empl	oyee FP	Emplo	yers FP	Total	FP	Month	Wages	Emple EPF	oyee FP	Emplo EPF	yers FP	Total EPF	FP

Certified that the above contributions have been included in the	e regular monthly remittances.
The Applicant has signed/Thumb impressed before me.	
Date	Signature or Left/Right hand thumb impression of the member
Designation & Seal	
Encl.	
Declaration of non-employment	
Note:- In the case of submission of application for settlement under (b) of sub-paragraph (2) of paragraph 69 of the EPF Schafter two months from the date of leaving service punemployed in an establishment to which the Act applies.	neme, 1952, the claim should be submitted
Date Signature or Left / Right h	and thumb impression of the member
ADVANCE STAMPED RECEIPT (To be furnished	only in case of 8 (b) above)
Received a sum of Rs (Rupees	ub-Accounts Office from
The space should be left blank which shall be filled in by Regional Provident Fund Commissioner/Officer in-Charge of S.A.O.	Affix 1/- Rupee Revenue Stamp
Signature or Left / Right ha	and thumb impression of the member
(For the use of Commissione	r's Office)
A/C Settled in part/Full Entered in F. 21-A/24/219 & withdrawal regi	ster.
Clerk	Section Supervisor
Clerk P.I.No M.O./Cheque	
Account No pass	
in words)  M.O. Commission (if any) AOC/APFC  Net Amount to be paid by M.0Date	
(For use in Cash Section	
Paid by inclusion in Cheque NoCash Book (Bank) Account No.3 Debit Item No	datevide
HC	AC / RC

(Information to be furnished by the Employer if the Claim Form is attested by the Employer)

Mobile No: 9845098450.

Personal Email: ananda. b @ gmail.com

Emp. Code: 100200

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)     b) Name of the claimant		ANANDA BHYRAVAN .
2.	Date Of Birth		19 08 90
3.	a) Father's Name		K. NAGARAJA RAO.
	b) Husband's Name (If applicable)		N/A V/Mware Software India Private Limited
4.	Name & Address of the E in which, the member wa		165/2, Kalyani Magnum, II & ill Floor  Block-1, Doraisanipalya, Bannerghatia Road  Bangalore, 560076, India.
5.	Code No. & Account No.		Region/SRO Code KN/BOM/
			Estt. Code No. A/c No. 1328
6.	Reason for leaving service	e:	Resignation from services
	& Date of leaving		13 06 14
7.	Full Postal Address:- (In Block Letters) Sh/Smt/Km	(ANAN	IDA BHYRAVAN.
	S/o, W/o, D/o	K. NAG	ARAJA RAO.
		NO.2. SI	REE SHANKARA · KUTEERA.
		MARUTI A	IAGAR, CHIKKABANAVARA.
	BAT	VGALORE	PIN 560090 .

8.	Are you willing to accept Scheme	(a)	(b)		
	Certificate in lieu of withdrawal benefits	Yes	No 🗸		
9.	Particulars of Family (Spouse & Children 8	k Nominee)			
Name	Date of Birth Relationsh	ip With Member	Name of the guard	an of minor	
(a)	Family Members RVTHVI 20-08-1985	Spouse	-NA -		
(b) V	Nominee AI SHNAVI. 15-11-2013.	DAUGHTE	R. PRUTH	VI.	
10.	In case of death of member after attaining  (a) Date of death of the member:	the age of 58 years	without filing the clain		
	(b) Name of the Claimant(s) / and rela	ationship with the me	embers:		
11.	MODE FOR REMITTANCE [PUT A TIC IN	THE BOX AGAINS	T THE ONE OPTED)		
	(a) By postal money order at my cost	to address given aga	ainst item No. 7		
	(b) Account payee cheque sent direct to me	for credit to my SB	A/c (Scheduled Bank)	under intimation	
	2000	almala	0 221706	24.	
	S.B. Accounts No.	Hite Tag			
	Name of the Bank (in block letters)	AXIS	BANK LTD		
	Branch (in block letters)	- HSR	LAYOUT.	MAZNI	
	Full Address of the Branch (in block letters)		2621. 27" OPPOSITE		ADTED'S
		HSK LA	YOUT, BAN	GHWKE -	360102
12.	Are your availing pension under EPS-95?	-110 -			
			_By Whom Issued		
_					
	ed THAT THE PARTICULARS ARE TRUE	TO THE BEST OF	Signature	ression of the	

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

Only from Regional Provident Fund Commissioner /Officer-in of Office	harge of Sub-Regional						
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 Regions charge)	al Provident Fund Commissioner /Officer-in-						
Signature & left hand thumb impression of the member on the	Rs 1/- Revenue Stamp						
Certified that the particulars of the member given are correct are before me.	nd the member has signed/thumb impressed						
The details of wages and period of non-contributory se	rvice of the member are as under:-						
Form 3A/7 (EPS) enclosed for the period for which it was	as 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							
Year/Month No. of days							
Date	Signature of Employer/ Authorized Official						

### (FOR THE USE OF COMMISSIONER'S OFFICE)

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D.H.  Paid by inclusion in che No. 10 Debit item No	eque No	S.S (FOR USE IN CA	AAO
D.H.	eque No	S.S (FOR USE IN CA	AAO
Paid by inclusion in che No. 10 Debit item No		(FOR USE IN CA	
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D.H			vide cash Book(Bank) Account
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For issue if S.S. IDS is	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S.S	AC(A/cs)
	enclosed.	A The Ta	- Ngs
D.H	The state of	S.S	A.A.O/APFC(A/cs
	(FOR	USE IN PENSION	SECTION)
Scheme Certificate bea	aring the control No.		Issued onar
scheme Certificate Con	ntrol Register-		
D.H		S.S	***
D.11		3.3	A.A.O
			APFC (PEN

AXIS BANK LTD  HSR 2:YOUT, BANGALORE [KT], BANGALORE, 560102 IFS CODE -UTIB0000785	DATE   Carlot   Carl
PAY	OR BEARER / या धारक को
RUPEES	अदा करें ₹
Payable at par at all branches of Axis Ba	ANANDA BHYRAVAN K N Please sign above
	www. pr

Mobile No: 9845098450.

Personal Email: ananda. b @ gmail. wm

Regn. No.....



Emp. Code: | 00200 ·

## Employees' Provident Fund Scheme, 1952

2. F	Father's	Name :		V .	101	n 0 n	TA	00	10.						
3. 1		Addres	s of	the Fac	tory/Est	ARA ablishmed.		KF	FU .	Kaly	ani N		Block	1, III FI	Limited oor, #165 /2, rghatta Roae
						- 0 0	-					560076, 1		, 2	B
4. A	Account	No : K	N/BO	M/464	46/	328				-	N.				
5. [	Date of le	eaving s	servi	ce	1	3 06	2	014		, 1					
6. F	Reason 1	or leav	ing s	ervice:	Resign	ation fro	om Se	rvices.	,	124					
7.	Full Post	al Add	ress	(in Bloc	k Addre	ess)	Shr	i/Smt./K	um	ANA	N.F	DA I	3.H	YRF	VAN
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he Applicant has signed/Thumb impressed before me.		
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ate	impre	ession of the member
esignation & Seal		
ncl.		
eclaration of non-employment	and the	
ote:- In the case of submission of application for settlement under (b) of sub-paragraph (2) of paragraph 69 of the EPF Sch after two months from the date of leaving service pr unemployed in an establishment to which the Act applies.	eme, 1952, the	claim should be submitt
ate Signature or Left / Right h	and thumb impre	ssion of the member
ADVANCE STAMPED RECEIPT (To be furnished	only in case of 8 (	h) above)
Received a sum of Rs(Rupees		
Regional Provident Fund Commissioner / Officer-in-Charge of Si by deposit in my Savings Bank account towards the settlement of my	ub-Accounts Offic	e
The space should be left blank which shall be filled in by Regional Provident Fund Commissioner/Officer in-Charge of S.A.O.		Affix 1/- Rupee Revenue Stamp
A STATE OF THE PARTY OF THE PAR	. 0	
	Carl_	
Signature or Left / Right ha	nd thumb impres	sion of the member
(For the use of Commissioner	's Office)	
THE PARTY OF	,	
A/C Settled in part/Full Entered in F. 21-A/24/219 & withdrawal regis	ster.	
01-4		
P.I.No. M.O./Cheque M.O./Cheque		ection Supervisor
Account No Section pass	ed for payment fo	r Rs
lin words)		
M.O. Commission (if any) AOC/APFC		
(For use in Cash Section		
Paid by inclusion in Cheque No		vida
		406
Cash Book (Bank) Account No.3 Debit Item No		

Remarks