

Personal Email:

Serial No:

**Form No. 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)

- | | | |
|----|---|---|
| 1. | a) Name of the member :-
(In Block Letters)
b) Name of the claimant (s) | <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center; border-bottom: 1px solid black;">N/A</div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">D</div> <div style="border: 1px solid black; padding: 2px 5px;">D</div> <div style="border: 1px solid black; padding: 2px 5px;">M</div> <div style="border: 1px solid black; padding: 2px 5px;">M</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> </div> |
| 2. | Date Of Birth | |
| 3. | a) Father's Name | <div style="border-bottom: 1px solid black; height: 1.2em;"></div> |
| | b) Husband's Name
(If applicable) | <div style="text-align: center; border-bottom: 1px solid black;">N/A</div> |
| 4. | Name & Address of the Establishment ()
in which, the member was last employed | <div style="border-bottom: 1px solid black; height: 1.2em;"></div> |
| 5. | Code No. & Account No. | <div style="display: flex; justify-content: space-between;"> <div> Region/SRO Code
 <div style="border: 1px solid black; padding: 2px 10px; margin-top: 5px;">KN/BOM/</div> </div> <div> Estt. Code No.
 <div style="border: 1px solid black; padding: 2px 10px; margin-top: 5px;">46446</div> </div> <div> A/c No.
 <div style="border: 1px solid black; padding: 2px 10px; margin-top: 5px;"></div> </div> </div> |
| 6. | Reason for leaving service:

& Date of leaving | <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Resignation from services</div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">D</div> <div style="border: 1px solid black; padding: 2px 5px;">D</div> <div style="border: 1px solid black; padding: 2px 5px;">M</div> <div style="border: 1px solid black; padding: 2px 5px;">M</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> <div style="border: 1px solid black; padding: 2px 5px;">Y</div> </div> |
| 7. | Full Postal Address:-
(In Block Letters)
Sh/Smt./Km
S/o, W/o, D/o | <div style="text-align: center; color: #ccc; margin-top: 10px;">(Employees Postal Address)</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> |

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/
Authorized 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
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(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)
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For issue if S.S. IDS is enclosed.

D.H	S.S	A.A.O/APFC(A/cs)
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(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
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APFC (PENSION)

Personal Email:

Emp. Code:



Regn. No.....

Form-19

(Refer to instruction)

1. Name of the members in Block Letters.

2. Father's Name :

3. Name & Address of the Factory/Establishment in which the member was employed.

VMware Software India Private Limited
Kalyani Magnum, Block 1, III Floor, #165 /2,
Doraisanipalya, IIM Post, Bannerghatta Road,
Bangalore 560076, India

4. Account No : **KN/BOM/46446/**_____

5. Date of leaving service

6. Reason for leaving service: **Resignation from Services.**

7. Full Postal Address (in Block Address)

Shri/Smt./Kum.....

S/O/W/O/D/O.....

.....

.....

.....

.....

Pin:

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8. Mode of remittance

Put a tick () in the box against the one opted

- (a) By Postal Money Order at my cost.

()

To the address given against item No. 7

- (b) By account payee cheque sent
Direct for credit to my S.B.
A/c (Scheduled Bank/P.O.)
Under intimation to me.

()

S.B. Account No.....

Name of the Branch.....

Branch.....

Full address of the branch.....

(Advance Stamped Receipt furnished)

Certified that the particulars are true to the best of my knowledge.

Date of joining of Establishment.....

Date of Birth.....

Contribution for the Current Financial Year.

[illegible]

(Information to be furnished by the Employer if the Claim Form is attested by the Employer)
Certified that the above contributions have been included in the 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 clause (s) of sub-paragraph (i) and in clause (b) of sub-paragraph (2) of paragraph 69 of the EPF Scheme, 1952, the claim should be submitted after two months from the date of leaving service provided the member continues to remain unemployed in an establishment to which the Act applies.

Date.....

Signature or Left / Right hand thumb impression of the member

ADVANCE STAMPED RECEIPT (To be furnished only in case of 8 (b) above)

Received a sum of Rs..... (Rupees from
Regional Provident Fund Commissioner / Officer-in-Charge of Sub-Accounts Office
by deposit in my Savings Bank account towards the settlement of my Provident Fund Account.

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 hand thumb impression of the member

(For the use of Commissioner's Office)

A/C Settled in part/Full Entered in F. 21-A/24/219 & withdrawal register.

Clerk

Section Supervisor

P.I.No. _____ M.O./Cheque _____
Account No. _____ Section _____ passed for payment for Rs. _____
(in words) _____
M.O. Commission (if any) AOC/APFC _____
Net Amount to be paid by M.O. Date.....

(For use in Cash Section)

Paid by inclusion in Cheque No..... date..... vide
Cash Book (Bank) Account No.3 Debit Item No.....

HC

AC / RC

Remarks

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)

- a) Name of the member :-
(In Block Letters) ANANDA BHYRAVAN
b) Name of the claimant (s) N/A
- Date Of Birth 19 08 90
- a) Father's Name K. NAGARAJA RAO
b) Husband's Name
(If applicable) N/A
- Name & Address of the Establishment (in which, the member was last employed)
VMware Software India Private Limited
165/2, Kalyani Magnum, II & III Floor
Block-1, Doraisanipalya, Bannerghatta Road
Bangalore - 560076, India.
- Code No. & Account No.
Region/SRO Code KN/BOM/
Estt. Code No. 46446 A/c No. 1328
- Reason for leaving service:
& Date of leaving Resignation from services
13 06 14
- Full Postal Address:-
(In Block Letters)
Sh/Smt./Km
S/o, W/o, D/o
(ANANDA BHYRAVAN.
K. NAGARAJA RAO.
NO-2, SREE SHANKARA KUTEERA.
MARUTI NAGAR, CHIKKABANAVARA.
BANGALORE 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 & Nominee)

Name Date of Birth Relationship With Member Name of the guardian of minor

- (a) Family Members

PRUTHVI 20-08-1985 SPOUSE -NA-

- (b) Nominee

VAISHNAVI 15-11-2013 DAUGHTER PRUTHVI

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.

914010022170634

Name of the Bank

AXIS BANK LTD.

(in block letters)

Branch

HSR LAYOUT.

(in block letters)

Full Address of the Branch

Site No. 2621. 27th MAIN.

(in block letters)

SECTOR 1, OPPOSITE CPWD QUARTERS

HSR LAYOUT. BANGALORE - 560102

12. Are you availing pension under EPS-95? -NO-

If so indicate : PPO NO. By Whom Issued

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

Signature of 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



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/
Authorized 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)



DATE
दिनांक

D	D	M	M	Y	Y	Y	Y

PAY

OR BEARER / या धारक को

RUPEES

रुपये

अदा करें

₹

A/C NO.

91495402545684

SBPBS 785160

Payable at par at all branches of Axis Bank Ltd in India.

ANANDA BHYRAVAN K N
Please sign above

"B7E8 1" B80 0 0 0 0 0 0 : B8 0 0 0 0" B 1

Mobile No: 9845098450.

Personal Email: ananda.b@gmail.com

Emp. Code: 100200.



Regn. No.....

Employees' Provident Fund Scheme, 1952

Form-19

(Refer to instruction)

1. Name of the members in Block Letters. ANANDA BHYRAVAN.
2. Father's Name : K. NAGARAJA RAO.
3. Name & Address of the Factory/Establishment in which the member was employed. VMware Software India Private Limited
Kalyani Magnum, Block 1, III Floor, #165 /2,
Doraisanipalya, IIM Post, Bannerghatta Road,
Bangalore 560076, India
4. Account No : KN/BOM/46446/ 1328.
5. Date of leaving service 13/06/2014.
6. Reason for leaving service: Resignation from Services.
7. Full Postal Address (in Block Address) Shri/Smt./Kum. ANANDA BHYRAVAN.
S/O/M/O/D/O K. NAGARAJA RAO
No. 2. SREE SHANKARA KUTEERA,
MARUTI NAGAR,
CHIKABANAVARA,
BANGALORE.
- Pin: 560090.
8. Mode of remittance Put a tick () in the box against the one opted
- (a) By Postal Money Order at my cost. () To the address given against item No. 7
- (b) By account payee cheque sent Direct for credit to my S.B. A/c (Scheduled Bank/P.O.) Under intimation to me. (✓) S.B. Account No. 91401002217063.
Name of the Branch. AXIS BANK LTD.
Branch. H.S.R. LAYOUT.
Full address of the branch.

(Advance Stamped Receipt furnished)

Certified that the particulars are true to the best of my knowledge.

Date of joining of Establishment..... 01-Jan-2014

Date of Birth.....19.08 - 1990.

Contribution for the Current Financial Year.

[illegible]

(Information to be furnished by the Employer if the Claim Form is attested by the Employer)
Certified that the above contributions have been included in the regular monthly remittances.

The Applicant has signed/Thumb impressed before me.

.....
Date.....

Kerf
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 clause (s) of sub-paragraph (i) and in clause (b) of sub-paragraph (2) of paragraph 69 of the EPF Scheme, 1952, the claim should be submitted after two months from the date of leaving service provided the member continues to remain unemployed in an establishment to which the Act applies.

.....
Date.....

Kerf
Signature or Left / Right hand thumb impression of the member

ADVANCE STAMPED RECEIPT (To be furnished only in case of 8 (b) above)

Received a sum of Rs. (Rupees) from
Regional Provident Fund Commissioner / Officer-in-Charge of Sub-Accounts Office
by deposit in my Savings Bank account towards the settlement of my Provident Fund Account.

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

Kerf
Signature or Left / Right hand thumb impression of the member

(For the use of Commissioner's Office)

A/C Settled in part/Full Entered in F. 21-A/24/219 & withdrawal register.

Clerk	Section Supervisor
P.I.No.	M.O./Cheque
Account No.	Section passed for payment for Rs.
(in words)	
M.O. Commission (if any) AOC/APFC	
Net Amount to be paid by M.O. Date	

(For use in Cash Section)

Paid by inclusion in Cheque No. date vide
Cash Book (Bank) Account No.3 Debit Item No.

HC

AC / RC

Remarks