



Submitted online at UAN e-seva portal on 2024-07-16 10:45:57 (IP Address:49.37.129.108)

www.epfindia.gov.in

कर्मचारी भविष्य निधि योजना, 1952

EMPLOYEES' PROVIDENT FUND SCHEME,1952

EMPLOYEES' Pension Scheme,1995

UAN Based Combined Claim Form 19/10C WB/31 for Advances/PF Final Settlement/Pension Fund Withdrawal

(उन मामलों में लागू जहां फॉर्म 11(नया)में कर्मचारी का पूरा विवरण, आधार संख्या और बैंक खाता संख्या यू.ए.एन. पोर्टल और पर उपलब्ध है तथा यू.ए.एन. में सक्रिय है।)

(Applicable in cases where employee's complete details in Form 11(New),Aadhaar Number and Bank Accounts details are available on UAN Portal and UAN has been activated.)

Mobile Number / मोबाइल नंबर - 9059799398

1.	I want to apply for	PF Advance
2.	Universal Account Number(UAN) / यूनिवर्सल खाता संख्या	100069608595
3.	Name of the member	ARROJU KRISHNA PRASAD
4.	Date of Joining	01-Nov-2010
5.	Permanent Account number / स्थायी खाता संख्या	N.A.
6.a	Purpose of Advance	Natural Calamities
6.b	Amount of Advance (In Rs)	20000
7	In case of Advance for purpose of Site/House/Flat	Not Applicable
8	Bankers details for Electronic Payment (Only for the Advance if payable to third party)	Not Applicable
9.	Payee Address	kesamudram upperapalli road,mahabhubabad,WARANGAL,TELANG ANA-506112
Father/Husband/Spouse Name: Venkata Chary		Date Of Birth: 05-Sep-1966
Bank Account Number	155010100021310	Bank IFSC Code
		UBIN0815501
Bank Details	UNION BANK OF INDIA,MAMATA GENERAL HOSPITAL CAMPUS	
Aadhaar	86XXXXXXXX30	
Member ID	NZWGL00313470000002764	

*Certified that the particulars are true to the best of my knowledge, I certify that I have gone through the data seeded in UAN portal and found all data, including Form No 11 (New), Bank Account details and Aadhaar number to be correct. Please make the payment in the bank account mentioned in the UAN Portal. A cancelled cheque (containing member's name, bank account number and IFS Code) is attached herewith. In case the amount is used for any purpose other than stated in column (6) above, I am liable to return the entire amount with penal interest.

* कृपया यू.ए.एन.पोर्टल पर दर्शाए गए बैंक खाते में भुगतान करें।

* Please make payment in the bank account mentioned in the UAN portal .

UAN -

100069608595

Tracking ID -

10006960859506027

ABHAYA
Sav

Res. 1,00,000.00
Accident Insurance Cover

(Fsc No. : ANDR000488)

शाखा / Branch
1550 MAMATHA MEDICAL COLLEGE EC
MAMATHA MEDICAL COLLEGE CAMPUS.
खातेधार का नाम / A/c Holder
Name of A/c Holder
पता
Address : MR ARROJU KRISHNA PRASAD
फोन नम्बर
Phone No. MAMATA GENERAL HOSPITAL
KHAMMAM
KHAMMAM
दिनांक
Date PIn : 507002
SELF

आन्ध्र बैंक Andhra Bank
पास बुक PASS BOOK

Comp. No. 11302
BrPh : 08742-255903
खाता संख्या
A/c No. 8081-00 X
खंड क्र.
Vol.No. 155010100021310
Scheme Code: ASP&P
CUST.ID : 33671081
प्रधान कार्यालय : सैफाबाद, हैदराबाद - 500 004.
Head Office : Saifabad, Hyderabad - 500 004.

प्रबंधक के हस्ताक्षर
Manager's Signature