EMPLOYEES' PENSION SCHEME, 1995

FORM TO BE USED BY A MEMBER OF THE EMPLOYEES’ PENSION SCHEME, 1995 FOR CLAIMING WITHDRAWAL BENEFIT/SCHME 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
   
   ☐ ☐ ☐

3. a) Father’s Name
   _____________________________

   b) Husband’s Name
   (If applicable)
   _____________________________

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

   
   Region/SRO Code
   ☐ ☐ ☐ ☐

   Estt. Code No.
   ☐ ☐ ☐ ☐

   A/c No.
   ☐ ☐ ☐

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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship With Member</th>
<th>Name of the guardian of minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Family Members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Nominee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature or 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/
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…………………………………….

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 on …………………and
entered in the scheme Certificate Control Register-

D.H S.S A.A.O

APFC(PENSION)