EMPLOYEES' PENSION SCHEME, 1995

Form to be used by a member of the Employees' Pension Scheme, 1995 for claiming withdrawal benefits / Scheme certificate

Regn.No……..
(for office use only)

FORM 10 C

1 a) Name of the member (in Block Letters)

b) Name of the claimant(s)

2 Code No. & Account No.

3 Date of Birth

4 a) Father's Name

b) Husband's Name (*if applicable*)

4 Name & Address of the Factory / Establishment i
which the member was last employed.

5 Date of leaving service & Reason RESIGNED ON

6 Date of commencement of FPF / EPS

7 Full Postal Address (in Block Letters) Shri /Smt / Kumari:
S/O. D/O. W/O.

PIN CODE:

8 Are you willing to accept Scheme
certificate in lieu of withdrawal benefit Yes No

9 Particulars of family (Spouse & Children & Nominee) NOT APPLICABLE

		Name	Dt.of Birth	Relationship with member	Name of the guardian of minor
	a) Family members				
	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 member ……..

11 MODE OF REMITTANCE

1 a) By Postal Money Order at my cost to the address given against item No.7
(Payment by M.O upto Rs.2000/- only)

2 b) By Account payee cheque sent direct for credit to my S.B A/c (Scheduled Bank) under intimation to me

S.B.Account No.	Name of the Bank	Branch MICR No	Full Address of the Bank

c) Payment through ECS, refer instructions:

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: x

Signature / left hand thumb impression of the member / claimant(s)

13

ADVANCE STAMPED RECEIPT (To be furnished only in case of 11(b) above)

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

Signature or left hand thumb impression of the member on the stamp x

Affix Re. 1 Revenue Stamp & Sign

14 Attestation of the employer:

Shri / Smt / Kumari: Account No.

Certified that the particulars of the above member 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 Employees' Provident Fund Office.)

Wages (Basic + DA) as on 15.11.95 (if applicable) Rs: N/A

Wages as on the date of exit : Rs.

15 Period of non contributory Service (Break of Service)
Year Month No.of days

Signature of the Employer or Authorised Official.

Date: Designation & Seal

(For the use of Commissioner's office)

Under Rs…… P.I No……M.O / Cheque

Passed for payment for Rs…… (in words) Rupees……..
……..

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……Dated…….vide cash book (Bank) Account No.10
Debit item No……

S.S **AC (CASH)**

For issue of S.C, IDS is enclosed with Form - 2 (Revised)

D.H **S.S** **A.A.O**

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)**