

FORM 10-D
(EPS)

APPLICATION FOR MONTHLY PENSION
(EMPLOYEE' PENSION SCHEME, 1995)

Inward No.....(For Office use only)

1. By whom the Pension is Claimed?

2. Type of Pension Claimed.

3.

- a) Member Name (In Block Letters)
- b) Sex (M/F)
- c) Marital Status
- d) Date of Birth/Age
- e) Parent/Spouse Name

.....
....

4. E.P.F. Account Number

RO

SRO

Establishments Code No.

| | | |
|--|--|--|
| | | |
|--|--|--|

Members's Accounts No.

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

6. Date of Leaving Service.

7. Reason for leaving service

8. Address for communication

PIN: _____

9. Option for commutation of 1/3 of Quantum Pension (If option is for lesser commutation, indicate the quantum)

: Yes No

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

10. Option of return of Capital (Please refer S. No. 10 of INSTRUCTIONS) [Put a Tick (√) If yes, indicate your choice of alternative

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input type="text"/> | <input type="text"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

11. Mention your Nominee for Return of Capital :

Name :
Relationship :
Date of Birth :
Address :

12. Particulars of Family:

| Sl. No. | Name | Date of Birth/Age | Relationship with Member | Indicate against Minor | |
|---------|------|-------------------|--------------------------|------------------------|--------------------------|
| | | | | Guardian Name | Relationship with Member |
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |

Note: If any, child is physically handicapped, please indicate "DISABLED" below the name.

13. Date of death of Member (if applicable) :

14. Details of Saving Bank Account Opened :

1. Name of the Bank
2. Name of the Branch
3. Full Post all Address

PIN CODE :

| Sl. No. | Name of the Claimants(S) | Saving Bank Accounts No. |
|---------|--------------------------|--------------------------|
| | | |

14(A). If the claim is preferred by nominee, indicate his/her

1. Name :
2. Relationship with the deceased Member :

15. Details of Scheme Certificate

Scheme Certificate
received & enclosed

Already in possession of the :

Not Received

Member, if any

Not Applicable

If Received, Indicate:

| Sl. No. | Scheme Certificate Control No. | Authority who issue the Scheme Certificate |
|---------|--------------------------------|--|
| | | |

16. If Pension is being drawn Under E.P.S. 1995 :

PPO No.
issued by

RO

RO

17. Documents enclosed
(Indicate as per the Instruction)

1. 6.
2. 7.
3. 8.
4. 9.
5. 10.

**TO BE SUBMITTED IN DUPLICATE IN RESPECT OF
EACH PERSON ELIGIBLE FOR PENSION**

Descriptive of Pensioner and his/her
Specimen Signature/Thumb impression

- 1. Name of the Member :
- 2. E.P.F. Accounts Number :
- 3. Name of the Pensioner :
- 4. Parent/Spouse :
- 5. Sex :
- 6. Nationality :
- 7. Religion :
- 8. Height :
- 9. Personal Marks of Identification : 1. _____

2. _____

- 10. Speciment Signature of Identification 1. _____
- 2. _____
- 3. _____

11. (Only in the case of illiterate Claimant (Pensioner) Left Hand Finger Impression);

THUMB INDEX MIDDLE RING SMALL

Place: _____ **Signature**
Date: _____ **Name of attesting Authority**
Official Seal

Certified that:

- 1) I am not drawing Pension under Employees' Pension Scheme, 1995.
- 2) The particulars given in this application are true and correct.

Signature of the applicant/
Left hand Thumb Impression

TO BE FILLED IN BY THE EMPLOYER/ AUTHORISED OFFICER OF THE ESTABLISHMENT)

Certified that : (i) the particulars of the members are correct; (ii) the particulars of Wages and Pension Contribution for the period of 12 months preceding the date of leaving service are as under :- (incase, the wages is not earned for all 12 months, the block of 12 months will commence backwards from the last drawn)

| Year | Month | Wages | | Pension Contribution due/Paid | Details of period of non-contribution service. If there is no such period, indicate 'Nil' | |
|------|-------|-------------|--------|-------------------------------|---|--|
| | | No. of Days | Amount | | Year | No. of days for which no wages were earned |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |

Encl.: 1. Documents as given in the Instructions.
2. Form of descriptive roll specimen signature.

Signature of Employer/authorized Official of
The Establishment with Seal & Date

**FOR OFFICE USE ONLY
(PENSION SECTION/ACCOUNTS SECTION)**

Certified that the particulars in the application have been verified with the relevant concerned documents. The claimant is eligible for Pension. The Input Data Sheet is placed below for approval.

Entered in Form 9/Form3(PS), Master Ledger Card/Claim Inward Register Form 2(R) enclosed along with the documents furnished by the claimant.

CLERK
Date

S.S.
Date

A.A.O.
Date

A.P.F.C.
Date

FOR USE IN PENSION PRE-AUDIT CELL

The Input data sheet verified with reference to the application and the documents enclosed and found correct. P.P.O. may be generated through Computer.

CLERK
Date

S.S.
Date

A.A.O.
Date

A.P.F.C.
Date

FOR USE IN PENSION FRIBURSEMENT SECTION

P.P.O. No. :
Date of issue to the Bank :
Intimation sent to the Claimant :
and also to Accounts Branch on :

CLERK
Date

S.S.
Date

A.A.O.
Date

A.P.F.C.
Date