



FORM 10-D(EPS)

EMPLOYEE'S PENSION SCHEME, 1995 - APPLICATION FOR MONTHLY PENSION

(Read INSTRUCTIONS before filling in this Form)

1 By whom the pension is Claimed ?

2. Type of Pension Claimed.

3 (a) Member' Name (In Block Letters) :

(b) Sex :

(c) Marital Status :

(d) Date of Birth/ Age :

(e) Parent/Spouse Name :

4 Provident Fund Account No.

RO	SRO	Establishment Code No	Members's Accounts No

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

6 Date of Leaving Service :

7 Reason for leaving Service :

(a) Date from which reduced Pension is
opted by the member :

8 Address for communication :

Pincode

9 Option for commutation of 1/3 of Pension (If option is for lesser) commutation indicate the quantum : Yes No If Yes, Quantum

10 Option of Return of Capital (Please refer Serial Number 10 of INSTRUCTIONS) Yes 1 2 3
 [Put a Tick ()] If Yes, indicate your choice of alternative No

11 Mention your Nominee for Return of Capital

Name : _____

Relationship : _____

Date of Birth : _____

Address : _____

Pincode: _____

12 Particulars of Family :

Sl. No.	Name	Date of Birth	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) Branch: _____

(3) Address: _____

(4) S.B.Account No.

Sl. No.	Name of the claimant(s)	S.B.Account No.
1		
2		
3		

Note: Enclose First page of the Pass book (photocopy)

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

(1) Name : _____

(2) Relationship with the deceased Member : _____

Details of Scheme Certificate
Already in possession

Not Applicable

Not Received

Details of the Past employment, with A/c. No.

Sl. No.	Scheme Certificate Control No.	Authority who issued the Scheme

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

PPO.No.	issued by RO/SRO

17 Documents enclosed (Indicate as per the Instructions)

1 6
2 7
3 8
4 9
5 10

Certified that:

- (i) I am not drawing Pension under Employees Pension Scheme, 1995:
- (ii) The particulars given in this application are true and correct.

Place:

Date:

Signature or left hand thumb impression of the Applicant



Original

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

1. Name of the Member :

2. E.P.F. Account Number :

Details of the Pensioner

1. Name of the Pensioner :

2. Father/Husband name :

3. Sex :

Male / Female

4. Nationality :

5. Religion :

6. Height :

7. Personal Marks of Identification

- 1)
 - 2)
-



Duplicate

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

1. Name of the Member :

2. E.P.F. Account Number :

Details of the Pensioner

1. Name of the Pensioner :

2. Father/Husband name :

3. Sex :

Male / Female

4. Nationality :

5. Religion :

6. Height :

7. Personal Marks of Identification

- 1)
 - 2)
-

8. Speciment signature of Pensioner :

- 1)
 - 2)
 - 3)
-

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

<u>THUMB</u>	<u>INDEX</u>	<u>MIDDLE</u>	<u>RING</u>	<u>SMALL</u>

Place:

Date:

Signature of the Employer or Authorised Official.

Office Seal

8. Speciment signature of Pensioner :

- 1)
 - 2)
 - 3)
-

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

<u>THUMB</u>	<u>INDEX</u>	<u>MIDDLE</u>	<u>RING</u>	<u>SMALL</u>

Place:

Date:

Signature of the Employer or Authorised Official.

Office Seal

NON – EMPLOYMENT CERTIFICATE

I, _____ /o_____ Residing at

_____ Do hereby solemnly affirm and
sincerely as here under:

I, _____ /o_____ declare that my
_____ was an employee of M/s. _____
bearing Account No. _____ and expired due to _____
on _____

And my _____ had not been employed in any other establishment
covered under the EPF Scheme, 1952 prior to the date of joining the
establishment / after the date of death from the above establishment.

And I declare that I am not in receipt of any pensionary benefits under
Employees Family Pension, 1971 / Employees Pension Scheme 1995, that
what is stated above is true and correct to the best of my knowledge.

In case my declaration is found to be false, I under take to return the
Pension in full with interest as declared by EPF Organization and I am liable
for any action that may be initiated by EPFO in this regard.

Solemnly affirmed at

Signature of the member / **claimant**

On this day _____

