

EMPLOYEES' PROVIDENT FUND ORGANISATION

ACCOUNTS OFFICE :

FORM - 19

Regn.No.....  
( for office use only )

EMPLOYEES' PROVIDENT FUND SCHEME, 1952

FORM TO BE USED BY A MAJOR MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952 FOR  
CLAIMING THE EMPLOYEES' PROVIDENT FUND DUES [ Para 72 (5) ] (Refer to"INSTRUCTIONS")

1 Name of the member ( in Block Letters)

2 Date of Birth

Grid boxes for date of birth: two 2-digit boxes followed by four 1-digit boxes.

3 a) Father's Name

b) Husband's Name ( if applicable )

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

5 Provident Fund Account No.

6 Date of leaving service & Reason

RESIGNED ON

Grid boxes for resignation date: two 2-digit boxes followed by four 1-digit boxes.

7 Full Postal Address ( in Block Letters )

Shri /Smt / Kumari:  
S/O. D/O. W/O.

PIN CODE:

Grid boxes for PIN code: six 1-digit boxes.

8 MODE OF REMITTANCE

1 a) By Postal Money Order at my cost  
( Payable upto Rs.2000/- only )

To the address given against item No.7

2 b) By Account payee cheque sent direct for credit to my  
account in the Scheduled Bank or any post office or  
any Co-Operative Bank including Urban Co-Operative  
Bank . [ Joint A/c Not Accepted for Payment]

S.B.Account No.  
Name of the Bank  
Branch:  
Address:

3 c) Through the Employer

CERTIFIED THAT THE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Date of joining the Establishment:

Date of Leaving Service:

Details of previous Service (employment) if the settlement / Transfer is not yet effected furnish.

Code No. A/c No.....

Code No. A/c No.....N/A

Code No. A/c No.....

(Information to be furnished by the employer,if the claim form is attested by the employer) Certified that the above  
contributions have been included in the regular remittances. The applicant has signed / thumb impressed before me.

x

Signature of the Employer or Authorised Official.

Signature or left hand thumb impression of the member

Date:

Designation & Seal

**Note:**

In the cases of submission of applications for settlement under clause (e) of sub-paragraph(1) and clause(2) of the paragraph 69 of the EPF Scheme, 1952 the claim should be submitted after two months from the date of leaving service provided the member continues to remain unemployed in an establishment to which the Act applies.

Contribution for the current financial year .....							
Month	Wages	Employee			Employer		Period of
		EPF	EPF	PS	EPF	PS	Break
April							
May							
June							
July							
August							
September							
October							
November							
December							
January							
February							
March							
Total							

**ADVANCE STAMPED RECEIPT**

[ To be furnished only in case of 8(b) & ( c ) ]

Received a sum of Rs.....(Rupees.....only)  
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 Provident Fund Account.

x Affix Re. 1  
Revenue  
Stamp  
& Sign

(For the use of Commissioner's office)

A/c settled in part / full

Entered in F 21A / 24 / 2/9 (Revised) & With drawal Register.

Clerk

Section Supervisor

Under Rs.....

Account No. TN / .....

P.I No.....

Nature of benefit .....

M.O / Cheque

M.O Commission ( if any ) Rs.....

Net Amount to be paid by M.O. Rs.....

Section

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

Date

Asst. Accounts Officer / APFC  
Asst. EPF Commissioner

**For use in Cash Section**

Paid by inclusion in cheque No.....Dated.....vide cash book (Bank) Account No.1  
Debit item No.....

S.S

A.A.O/A.C

R.C

REMARKS

Acknowledgement received on .....

Verified on.....