FORM 10C FOR CLAIMING WITHDRAWAL BENEFIT/SCHEME CERTIFICATE

कर्मचारी पेंशन योजना, 1995 EMPLOYEES’ PENSION SCHEME, 1995

प्रति सदस्यता 180 दिन (सर्वाधिक 180 दिन के चार, से कम की है तो प्रत्याहार ताम देन नहीं है।) WITHDRAWAL BENEFIT IS NOT ADMISSIBLE IF MEMBERSHIP IS LESS THAN 180 DAYS EXCLUDING NON CONTRIBUTING PERIOD

1. (क) सदस्य का नाम (सप्ताह अंत में)/ Name of the Member (In Block Letters): ________________________________
   Name of the claimant (s): ___________________________________________

2. जन्मतिथि/Date of Birth (dd/mm/yyyy)
   [ ] [ ] [ ]

3. पिता का नाम/Father’s Name ________________________________
   पति का नाम Husband’s Name (If applicable) ________________________________

4. स्थापना का नाम व पता जिसमें सदस्य अंत में नियोजित था।/ Name & Address of the Establishment in which, ________________________________
   the member was last employed ________________________________

5. कोड सं. तथा खाता सं. केंद्र/ का कोड स्थापना की कोड सं. खाता सं.

5A) कार्यालय तिथि/Date of Joining the Estt. ________________________________

6. सेवा छोड़ने का कारण तथा
   कारण छोड़ने का तिथि Reason for leaving service & Date of Leaving ________________________________

7. पूरा पता (सप्ताह अंत में)
   Full Address (In Block Letters) ________________________________
   श्री कृपाली/श्रीमती/Sh. Smt. ________________________________
   पुत्र/पुत्री/S/o, W/o, D/o. ________________________________ पता /Adress ________________________________
   ___________________________________________________________________ निर/PIN ________________________________

# सरदार के हस्ताक्षर अथवा वारें हाथ के अंगूठे का निशान
Signature or Left / Right hand thumb impression of the member

# नियोजक के हस्ताक्षर /Employer’s Signature

Form 10C (www.epfindia.gov.in )

Page 1 of 4
8. Are you willing to accept Scheme Certificate in lieu of withdrawal benefits

Withdrawal benefit is not admissible if the membership is less than 180 days excluding non contributory period of service.

9. Particulars of Family (Spouse & Children & Nominee)

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10. In case of death of members after attaining the age of 58 years without filling the claim:

11. Mode of remittance (put a tick in the box against the one opted)

By postal money order at my cost to the address given against item No.7:

By account payees cheque/ electronic mode sent Directly for credit to my S.B. A/C (Scheduled Bank /P.O.) under intimation to me.

12. Are you availing pension under EPS-95 ?

Certified that the particulars are true to the best of my knowledge

*Required Information*:

- S.B. Account No.
- Name of the Bank (In Block Letters)
- Branch (In Block Letters)
- IFS Code
- Full address of the Branch (In Block Letters)

Form 10C (www.epfindia.gov.in)
Advance Stamped Receipt

[To be furnished only in case of (b) above]

Received a sum of ₹.......................... (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 Account.

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.

Period of non contributory Service :

+ Wages (Basic +D.A.) as on 15.11.95 (if applicable)

+ Wages as on the date of exit

Passed for payment for ₹.......................... (in words) ........................................................

M.O./Cheque.

M.O. Commission (if any) .......................... net amount to be paid by M.O .......................... towards withdrawal benefit.

Form 10C (www.epfindia.gov.in)
(For use in Cash Section)

Paid by inclusion in cheque No.............................. Dt .........................vide Cash Book (Bank) Account No.10 Debt item No...........................

<table>
<thead>
<tr>
<th>Anu. Par.</th>
<th>AC (Cash)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.S</td>
<td></td>
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</tbody>
</table>

For issue of S.C., IDS is enclosed

<table>
<thead>
<tr>
<th>S. Su.</th>
<th>Anu. Par.</th>
<th>S. Le.</th>
<th>S. Bh. N. (Lekha)</th>
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<tbody>
<tr>
<td>SSA</td>
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<td>A.AO.</td>
<td>APFC (A/cs.)</td>
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(For use in Pension Section)

Scheme Certificate bearing the control No ..................................issued on .............................................and entered in the Scheme Certificate Control Register.

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