

Forward Office Use Only  
Inward No.

**APPLICATION FOR MONTHLY PENSION  
FORM 10-D(EPS)  
EMPLOYEE'S PENSION SCHEME, 1995**

(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. E.P.F. Account Number :

**RO SRO Establishment Code No.**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 :

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**PIN:** \_\_\_\_\_

9. Option for commutation of 1/3 of Quantum:      Yes                  No                  Amount

Pension (If option is for lesser)  
commutation indicate the quantum

10. Option of Return of Capital  
 (Please refer Serial Number 10  
 of **INSTRUCTIONS**)  
 [Put a Tick ( )]  
 If Yes, indicate your choice  
 of alternative

Yes	No
<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>
<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px; text-align: center; border: 1px solid black;"/> 1
	<input style="width: 40px; height: 30px; text-align: center; border: 1px solid black;"/> 2 <input style="width: 40px; height: 30px; text-align: center; border: 1px solid black;"/> 3

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	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 | <input type="checkbox"/>                |
| Already in possession of the           | Not Received <input type="checkbox"/>   |
| Member, if any                         | Not Applicable <input type="checkbox"/> |

If received, indicate:

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

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.

2.

3.

4.

5.

6.

7.

8.

9.

10.

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

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

1. Name of the Member :
2. E.P.F. Account Number :
3. Name of the Pensioner :
4. Father/Husband name :
5. Sex :
6. Nationality :
7. Religion :
8. Height :
9. Personal Marks of Identification : 1.....  
2.....
10. Speciment signature of Pensioner : 1.....  
2.....  
3.....

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

**THUMB      INDEX      MIDDLE      RING      SMALL**

Signature

Name of attesting  
Authority  
Official Seal:

Place :

Date :

Certified that:

- (i) I am not drawing Pension under Employees Pension Scheme, 1995:
- (ii) 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 member are correct;
- (ii) the particulars of Wages and Pension Contribution for the period of 12 months preceeding the date of leaving service are as under :-  
(In case, 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	Details of period of non-contributory 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)

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

Signature of Employer/  
Authorised 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/Form 3(**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

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**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(Pension)**  
date

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**FOR USE IN PENSION DISBURSEMENT 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