

Serial No:



For Office Use  
Only In Words  
No.

Form No. 10 C (E.P.S)

## EMPLOYEES' PENSION SCHEME, 1995

**FORM TO BE USED BY A MEMBER OF THE EMPLOYEES' PENSION  
SCHEME, 1995 FOR CLAIMING WITHDRAWAL BENEFIT/SCHEME  
CERTIFICATE**

**(Read the instructions before filling up this form)**

1. a) Name of the member :-  
( In Block Letters)  
b) Name of the claimant (s)

**Furnish your Name Legibly in Capital Letters**

**Name of Person Claiming Pension**

2. Date Of Birth

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

**DAY MONTH YEAR**

3. a) Father's Name  
b) Husband's Name  
(If applicable)

**Fill your Father's / Husband's name  
legibly in capital letters**

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

**Furnish the Name and Full address of the  
Establishment**

5. Code No. & Account No.

Region/SRO Code

FFF

Estt. Code No.

9202

A/c No.

2528

**Provide your  
PF number.  
i.e. say PF no.  
is  
FFF/9202/2528**

6. Reason for leaving service  
& Date of leaving

**Please indicate reason and date of leaving**

7. Full Postal Address :-  
(In Block Letters)  
Sh/Smt./Km  
S/o, W/o, D/o

**Full Postal Address Should be given clearly in Block Letters**

**PIN**

8. Are you willing to accept Scheme

☐ (a)☐ (b)

**8. Tick "Yes" in case you have completed 10 yrs of service AND you are not at retirement age else please tick "NO".**

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

~~Name~~ ~~Date of Birth~~ ~~Relationship With Member~~ ~~Name of the guardian of minor~~

(a) Family  
Members

**Provide the details if you have chosen " YES " above. Also you have to provide the Details if you have achieved your retirement age.**

(b) Nominee

10. In case of death of member after attaining the age of 58 years without filing the claim:-

**Please provide Date of Death of Deceased Member**

(a) Date of death of the member :

(b) Name of the Claimant(s) / and rela

**Please Provide Name and Relationship with Deceased**

11. MODE FOR REMITTANCE [PUT A TIC IN THE BOX AGAINST THE ONE OPTED]

(a) By postal money order at my cost to address given against item No. 7

☐

(b) Account payee cheque sent direct for credit to my SB A/c (Scheduled Bank) under intimation to me

☐

**It is better to get payment directly into account, Full address of Bank Branch along with Name and Bank A/c. no. should be mentioned**

S.B. Accounts No.

Name of the Bank

(in block letters)

Branch

(in block letters)

Full Address Of the Branch

(in block letters)

12. Are your availing pension under EPS-95 ? **Leave it Blank**

If so indicate : PPO NO. \_\_\_\_\_ By Whom Issued \_\_\_\_\_

**Certified THAT THE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE**

Date \_\_\_\_\_

**Provide Date when filling the form**

Signature or left Hand  
Thumb Impression of the  
Member / claimant(s)

**Member should sign in the application here**

**ADVANCE STAMPED RECEIPT**  
[To be furnished only in case of (b) above]

Received a sum of  
Rs.....(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 Accounts.

(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

**Rs 1/-  
Revenue  
Stamp**

**Member should sign across the revenue stamp affixed**

Certified that the particulars of the member given are correct and the member has signed/thumb impressed before me.

The details of wages and period of non-contributory service of the member are as under:- Form 3A/7  
(EPS) enclosed for the period for which it was not sent to employee's Provident Fund Office)

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

Wages as on the date of exit

**Period of non contributory Service**

Year/Month                      No.of days

Date.....

*Signature of Employer/  
authorised Official*

**(FOR THE USE OF COMMISSIONER'S OFFICE)**

(Under  
Rs..... P.I.  
No .....M.O./Cheque

Passed for payment for Rs. ....(in  
words).....  
M.O. Commission (if any).....net amount to be paid by  
M.O..... towards withdrawal benefit.

|             |            |              |
|-------------|------------|--------------|
| <b>D.H.</b> | <b>S.S</b> | <b>A.A.O</b> |
|-------------|------------|--------------|

---

**(FOR USE IN CASH SECTION)**

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

|            |            |                 |
|------------|------------|-----------------|
| <b>D.H</b> | <b>S.S</b> | <b>AC(A/cs)</b> |
|------------|------------|-----------------|

---

For issue if S.S;. IDS is enclosed.

|            |            |                         |
|------------|------------|-------------------------|
| <b>D.H</b> | <b>S.S</b> | <b>A.A.O/APFC(A/cs)</b> |
|------------|------------|-------------------------|

---

**(FOR USE IN PENSION SECTION)**

Scheme Certificate bearing the control No.....Issued on  
.....and entered in the scheme Certificate Control Register-

|            |            |              |
|------------|------------|--------------|
| <b>D.H</b> | <b>S.S</b> | <b>A.A.O</b> |
|------------|------------|--------------|

**APFC(PENSION)**