

For office use only
Claim ID.....



Mobile No.

Aadhar No.

**APPLICATION FOR MONTHLY PENSION FORM 10-D(EPS)
(EMPLOYEES' 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's Name (In Block Letters)

(b) Sex

(c) Marital Status :

(d) Date of Birth/Age

(e) Father's /Husband's Name

4. E.P.F. Account Number

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

In case of reduced pension (early pension) date of
option for commencement of pension.

Date

Month

Year

Signature of member / applicant

Signature of Employer

9. Option for commutation of 1/3 of Quantum N.A

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

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

N.A Yes No

✓

1

2

3

11. Mention your Nominee for Return of Capital N.A

Name _____

Relation _____

Date of Birth _____

Address _____

12. Particulars of Family

Sl. No.	Name	Date of Birth/Age	Relationship with Member	Indicate against Minor	
				Gurdian Name	Relationship with Member
(1)	(2)	(3)	(4)	(5)	(6)

Note : If any child is physically hadicapped, please indicate "DISABLED" below the name :

13. Date of death of Member (if applicable)

14. Details of Savings Bank Accounts Opened

- (1) Name of the Bank
- (2) Name of the Branch and IFS Code
- (3) Full Postal Address

PIN Code :

Signature of member / applicant

Signature of Employer

Sl. No.	Name of Claimant(s)	Saving Bank Account No.

15. If the claim is preferred by nominee, Indicate his/her

- (1) Name
- (2) Relationship with the deceased Member

16. Details of Schemes Certificate already in possession of the Member, if any

Scheme Certificate received & enclosed

Not received

Not Applicable

If Received, indicate :

Sl. No.	Name of Claimant(s)	Saving Bank Account No.

17. If Pension is being drawn under E.P.S. 1995

PPO No
Issued by

RO	SRO
<input type="text"/>	<input type="text"/>

18. Documents enclosed (indicate as per the instructions)

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Certified that:

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

Date:

Signature / Left Hand Thumb Impression of the applicant

Signature of Employer

**(TO BE FILLED IN BY THE EMPLOYER /
AUTHORISED OFFICER OF THE ESTABLISHMENT)**

Certified that:

1. The particulars of the member are correct;
2. 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 willcommence backwards from the last drawn)

Year	Month	Wages		Pension Contribution Due	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)

1. Documents as given in the Instruction
2. Form of descriptive roll and specimen signature

Signature of Employer/Authorised Official
of the Establishment with Seal & Date

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

Descriptive roll 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. Specimen signature of Pensioner
1. _____
2. _____
3. _____

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

THUMB INDEX MIDDLE RING SMALL

Place :

Signature

Date :

Name of the Attesting Authority

Official Seal

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

(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

S.S.

A.A.O.

A.P.F.C.

Date

Date

Date

Date

(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

S.S.

A.A.O.

A.P.F.C.

Date

Date

Date

Date

(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

S.S.

A.A.O.

A.P.F.C.

Date

Date

Date

Date

SURVIVING FAMILY MEMBERSHIP CERTIFICATE

Certified that the following members are the only surviving family members of
late Sri / Smt.
employed in

Sl. No.	Name	Sex	Age	Relationship with the deceased	Marital Status	Remarks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Place:

Signature of Tahasildar/Employer
with Office Seal

Date:

1. Parents of the deceased member will come under the purview of the term Family as defined in Para 2(g) of the Employees' Provident Fund Scheme, 1952 only if they were solely dependent on the member at the time of his / her death.

2. Minor Sons

3. Unmarried daughters and widowed daughters

NON EMPLOYMENT CERTIFICATE

I, S/o, W/o, H/o, _____

Residing at _____

Do hereby solemnly affirm and sincerely state as here under:

I, S/o, W/o, H/o, _____

declare that I/my husband/wife was an employee of

bearing the P.F. Account No. _____ and left the job on

And that I/my husband/wife 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 leaving from the above establishment.

And that 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 above declaration found to be false, I undertake to return the Pension in full with interest as declared by EPF organisation and I am liable for any action that may be initiated by EPFO in this regard.

Solemnly affirmed at

Signature of member / claimant

On this day the

NOTE: Strike whichever is not applicable.