

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.

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

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 :

| |
|--|
| |
| |

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 |
| | | <div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div> |
| | | <div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">2</div> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">3</div> |

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

Already in possession of the

Not Received

Member, if any

Not Applicable

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**

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

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

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