**EMPLOYEE’S PENSION SCHEME, 1995**

**APPLICATION FOR MONTHLY PENSION**

**FORM 10-D(EPS)**

(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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(a) In case of Related pension (early pension),

 Date of Option for Commencement of Pension

 (DD MM YYYY)

9. Option for commutation of 1/3 of Quantum:

Yes No

(If option is for lesser communication indicate the quantum)

10. Option of Return of Capital Yes No (Please refer Serial Number 10 of **INSTRUCTIONS**)

[Put a Tick ( )]

Yes No

If, Yes, indicate your choice of alternative 1 2 3

11. Mention your Nominee for Return of Capital

Name :

Relationship :

Date of Birth :

Address :

12. Particulars of Family :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No | Name | Date of Birth/ Age | Relationship with Member | Indicate Against Minor |
|  |  |  |  | Guardian’s Name | 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

(4) PIN CODE:

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Name of the Claimant(s)** | **Savings Bank Account 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 already in possession of Member, if any

 Scheme Certificate received & enclosed

 Not received

 Not applicable

If received, indicate:

|  |  |  |
| --- | --- | --- |
| Sr. No | Scheme Certificate Control No. | Authority who Issued the Certificate Scheme |
|  |  |  |

16. If Pension is being drawn Under E.P.S., 1995

 P.P.O No. R.O S.R.O

Issued by

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 : 1…………………………………………….

 Identification 2…………………………………………….

10. Speciment signature of Pensioner : 1……………………………………………

 2……………………………………………

 3……………………………………………

(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

**(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(Pension)**

 **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**

**(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 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 |
|  |  |  |  |  |  |  |

Encls:

1. Documents as given in the Instructions.

2. Form of descriptive roll and specimen signature.

Signature of Employer/Authorised Official of

The Estt. With Seal & Date