**The Employees’ Deposit Linked-Insurance Scheme, 1976**

FORM 3(IF)

(For exempted establishments only)

(Para 10)

**Name of the members of Insurance Fund leaving service**

**during the month of 20**

Name and Address of the Establishment

Code No. of the Establishment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. No | Account No.  | Name of Employee(in block capitals) | Father’s name or Husband’s name (in the case of married woman) | Date of leaving Service | Reason for Leaving Service | Remarks |
| 1 | 2 | 3 | 4 | 5 | 6 | 6 |
|  |  |  |  |  |  |  |

Date:

Signature of the Employer or

other Authorised Officer

Note: In case of death of a member, while in service, please furnish:

 (a) Date of payment of P.F dues

 (b) Amount paid

 (c) To amount paid? (In shares, if any)