|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **FORM 7 ( P. S. )** | | | | | | | |
| **(For Exempted Establishment only)** | | | | | | | |
| **THE EMPLOYEES PENSION SCHEME, 1995** | | | | | | | |
|  | Contribution Card for members for the year April 01, \_\_\_\_\_ to March 31, \_\_\_\_\_ | | | | | |  |
| 1. | Account No. |  | : |  |  |  |  |
| 2. | Name ( in block capitals) | | | : |  |  |  |
| 3. | Father' name/ Husband's Name | | | : |  |  |  |
| 4. | Name & Address of the Establishment | | | : |  |  |  |
|  |  |  |  |  |  |  |  |
| 5. | Statutoty Rate of contribution | | | : |  |  |  |
| 6. | Vol. higher rate of Emp.'s Contr. | | | : |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Amount of Wages, retaining |  | Contribution | No. of days/period |  |  |
|  |  | allowance if any & DA incl- |  | to pension | of non-contributing | Remarks |  |
|  | Month | uding Cash value of food |  | Fund 8.33% | service ( if any ) |  |  |
|  |  | concession paid during the |  |  |  |  |  |
|  |  | month |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | March Paid |  |  |  |  |  |  |
|  | in April 20 |  |  |  |  | a) Date of leaving |  |
|  | May |  |  |  |  | service, if any |  |
|  | June |  |  |  |  |  |  |
|  | July |  |  |  |  |  |  |
|  | August |  |  |  |  | b) Reason for leaving |  |
|  | September |  |  |  |  | service, if any |  |
|  | October |  |  |  |  |  |  |
|  | November |  |  |  |  |  |  |
|  | December |  |  |  |  |  |  |
|  | January 2000 |  |  |  |  |  |  |
|  | February |  |  |  |  |  |  |
|  | March |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Total |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Certified that the difference between the total contributions shown under column (3) of the above table and above table | | | | | | |
|  | and that arrived at the total wages shown in column ( 2 ) at the prescribed rate is solely due to rounding off of | | | | | | |
|  | contribution to the nearest Rupee under the rules. | | | |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Certifeid that the total amount of contribution indicated under column ( 3 ) has already | | | | | |  |
|  | been remitted in full in Account No. 10 (Pension Fund contribution) | | | | |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | (Authorised signatory) | |  |
|  | Date : |  |  |  | signature of Employer | |  |
|  |  |  |  |  | (stamp of the establishment) | |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |