



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 : RO SRO Establishment code No.

Member's Account 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 :

8a In case of reduced pension :
(early pension) date of option for
Commencement of pension Date Month Year

9. Option for commutation of 1/3 of Quantum
(Pension (If option is for lesser) commutation indicate
The quantum)

YES

NO

10. Option for Return of Capital (Please refer serial
Number 10 of INSTRUCTIONS)
[Put a tick ()]
if yes , indicate your choice of alternative

YES

 1

NO

 2 3

11 Mention your Nominee for Return of Capital

Name : _____

Relation : _____

Date of Birth : _____

Address : _____

12. Particulars of Family : _____

Sr No.	Name	Date of Birth/Age	Relationship with Member	Indicate against Minor	
				Guardian 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 : _____

15. Full Postal Address with Pin code : _____

SL. No.	Name of the Claimant (s)	Saving 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. Already in
Possession of the Member, if any

: Scheme Certificate
Received & enclosed

Not Received

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

_____	_____
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17. Documents enclosed (indicate as per the instructions)

- 1.
- 2.
- 3.
- 4.

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 Mark 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]

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

THUMB

INDEX

MIDDLE

RING

SMALL

Place:

Signature Name of the Attesting Authority and 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

**(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 preceding 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 pay 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)

Encl :

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



Signature of Employer / Authorized 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	S.S.	A.A.O.	A.P.F.C. (Pension)
Date	Date	Date	Date

(FOR USE IN PENSION PRE-AUDIT CELL)

The input date 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 _____ Bank: _____

Date of issue to the Bank

Intimation sent to the claimant and also to Accounts Branch on:

(Date)

Clerk	S. S.	A.A.O. (Pension)	A. P.F.C.
Date	Date	Date	Date