



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 YES NO
(Pension (If option is for lesser) commutation indicate
The quantum)

10. Option for Return of Capital (Please refer serial
Number 10 of INSTRUCTIONS) YES NO
[Put a tick (✓)]
if yes , indicate your choice of alternative 1 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

--	--

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]

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

(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