

12. Are your availing pension under EPS-95 ?

If so indicate : PPO NO. _____ By Whom Issued _____

Certified THAT THE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE

Date _____

Signature or left Hand Thumb Impression of the Member / claimant(s)

ADVANCE STAMPED RECEIPT
[To be furnished only in case of (b) above]

Received a sum of Rs. (Rupees) Only
From Regional Provident Fund Commissioner /Officer-in charge of Sub-Regional
Office _____ by deposit in my savings Bank A/c towards the settlement of my Pension Fund
Accounts.

(The Space should be left blank which shall be filled by Regional Provident Fund Commissioner /Officer-incharge)



Signature & left hand thumb impression of the member on the stamp

Certified that the particulars of the member given are correct and the member has signed/thumb impressed before me.

The details of wages and period of non-contributory service of the member are as under:-

Form 3A/7 (EPS) enclosed for the period for which it was not sent to employee's Provident Fund Office)
Wages (Basic + D.A) as on 15.11.95(if applicable)
Wages as on the date of exit **For Innovsource Private Limited**

Period of non contributory Service
Year/Month No. of days

Authorised Signatory

Date

Signature of Employer/ authorised Official

(FOR THE USE OF COMMISSIONER'S OFFICE)

(Under Rs.
P.I. No

M.O./Cheque

Passed for payment for Rs. (in words)

M.O. Commission (if any) net amount to be paid by M.O.
towards
withdrawal benefit.

D.H.

S.S

A.A.O

(FOR USE IN CASH SECTION)

Paid by inclusion in cheque No. Dt. vide cash Book(Bank) Account No.
10 Debit item No.

D.H

S.S

AC(A/cs)

For issue if S.S.: IDS is enclosed.

D.H

S.S

A.A.O/APFC(A/cs)

(FOR USE IN PENSION SECTION)

Scheme Certificate bearing the control No. Issued on and
entered in the scheme Certificate Control Register-

D.H

S.S

A.A.O
APFC(PENSION)



Form No. 10 C (E.P.S)

EMPLOYEES' PENSION SCHEME, 1995
FORM TO BE USED BY A MEMBER OF THE EMPLOYEES' PENSION SCHEME,
1995 FOR CLAIMING WITHDRAWAL BENEFIT/SCHEME CERTIFICATE

1.	a) Name of the member :- (In Block Letters)			
	b) Name of the claimant (s)			
2.	Date Of Birth			
3.	a) Father's Name			
	b) Husband's Name (if apply)			
4.	4. Name & Address of the Establishment in which, the member was last employed	Innovsource Private Limited, A2, Kailash Industrial Complex, Park site, Vikhroli (W.), Mumbai - 400 079.		
5.	Code No. & Account No.	MH/115764/		
6.	Reason for leaving service	RESIGNED		
	& Date of leaving			
7.	Full Postal Address			
	Mr./Mrs..... Father/Husband's Name..... Address	Pin <input type="text"/>		
8.	Are you willing to accept Scheme (a) (b) Certificate in lieu of withdrawal benefits	Yes		
		No		
9.	Particulars of Family (Spouse & Children & Nominee)			
a.	Name	Date of Birth	Relationship with member	Name of the guardian of minor
	Family members			
b.	Nominee			

10. In case of death of member after attaining the age of 58 years without filing the claim:-

(a) Date of death of the member :

(b) Name of the Claimant(s) / and relationship with the members :

11. MODE FOR REMITTANCE [PUT A TIC IN THE BOX AGAINST THE ONE OPTED]

(a) By postal money order at my cost to address given against item No. 7

(b) Account payee cheque sent direct for credit to my SB A/c (Scheduled Bank) under intimation to me

S.B. Accounts No	
IFS Code	
Bank & Branch name(in block letters)	
Full Address Of the Branch(in block letters)	Pin <input type="text"/>