Regn.	No	



Employees' Provident Fund Scheme, 1952 Form-19

•	er t 1.	o instruction) Name of the members in Block Letters.			
2	2.	Father's Name or (husband's Name in t	he cas	se of n	narried woman)
	3.	Name & Address of the Factory/Establis in which the member was employed.	shmen	nt	
2	4.	Account No.:DL.			1
	5.	Date of leaving service			
(6.	Reason for leaving service	ry tol		richologia de la coloria de la
	7.	Full Postal Address (in Block Address)	47.		Shri/Smt./Kum
					S/O/W/O/D/O
					Pin:
8	3.	Mode of remittance		Pı	ut a tick (Ö) in the box against the one opted
(a) I	Ву	Postal Money Order at my cost.	()	To the address given against item No. 7
[Dire 4/c	account payee cheque sent ect for credit to my S.B. (Scheduled Bank/P.O.) der intimation to me.	()	S.B. Account No Name of the Branch Branch Full address of the branch
		(Advance S	tampe	ed Rec	eipt furnished)
Certi	fie	d that the particulars are true to the best	of my	knowl	edge.
Date	of	joining of Establishment			
Date	of	Birth			
Cont	ribu	ution for the Current Financial Year.			

	Mont	th		Contrib	bution	Perio break i			Mont	th		Contr	ribution	Period of if any	
Month	Wages	Employee		Employers		Total				Employee		Employers		Total	
		EPF	FP	EPF	FP	EPF	FP	Month	Wages	EPF	FP	EPF	FP	EPF	FP
					-										-
						ſ	-								