



For Office Use Only
In Words No.

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**

(Read the instructions before filling up this form)

1. a) Name of the member :-
(In Block Letters) _____
b) Name of the claimant (s) _____
2. Date Of Birth :

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3. a) Father's Name : _____
b) Husband's Name : _____
(If applicable)
4. Name & Address of the Establishment
in which, the member was last employed _____
5. Code No. & Account No. :

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Region/SRO Code

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Estt. Code No.

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A/c No.

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6. Reason for leaving service
& Date of leaving _____
7. Full Postal Address :-
(In Block Letters) _____
Sh/Smt./Km _____
S/o, W/o, D/o _____
_____ **PIN** _____