

FORM No.5(P.S.)

FORM No.5(P.S.) (For Exempted Establishments Only) THE EMPLOYEES' PENSION SCHEME-1995[Paragraph 20(2)]

Return of Members Leaving Service During The Month of20

Name & Address of Establishment Code No. of the Establishment

Sl. No.	Account No.	Name of the Member (in block letters)	Father's Name or Husband's Name (incase of married women)	Date of leaving Service	*Reasons for leaving service (See note given below)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)

NOTE: Please state the member is (a) retiring (b) leaving India for permanent settlement abroad, (c) retrenchment, (d) Permanent & total disablement due to employment injury, (e) discharged, (f) resigning from or leaving service. (g) taking up employment elsewhere, (The name and address of the employer should be stated), (h) dead & (i) attained age of 58 years.

Signature of the Employer and Stamp of the Establishment.