APPLICATION FOR MONTHLY PENSION FORM-10-D (E.P.S.)
EMPLOYEES' PENSION SCHEME, 1995

1. By whom the Pension is claimed?

2. Type of Pension Claimed

3. Member's Name (In Block Letters) / SEX:
- Marital Status:
- Date of Birth/Age (dd/mm/yyyy):
- Father's/Husband's Name:

4. E.P.F. Account Number

5. Name & Address of the Establishment in which the member was last employed

6. Date of leaving Service (dd/mm/yyyy):

7. Reason of leaving Service

8. Address for communication

8(a) In case of reduced pension (opted date for commencement of pension):

Signature of member/applicant

Signature of Employee's

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9. # पद्धति के 1/3 भाग के सावित्रिकता का विकल्प

   Option for commutation of 1/3 of Pension

   (यदि का सावित्रिकता के लिए विकल्प दिया गया हो तो
   विधि का पसंद करें)

   (If option is for lesser
   Commutation indicate the quantum)

   ह/Yes न/No ई/Yes, Quantum

   --- ---

10. # पद्धति की प्रतिशत हेतु विकल्प [✓] टिक कराये]

   Option for Return of Capital. Put a tick (✓)

   यदि हा हो तो अपने विकल्प की पहचान की दर्शाएं।

   If yes, indicate your choice of alternative

   ह/Yes न/No

   1 2 3

11. # पद्धति की नामस्कृत हेतु नामत हैरत विधि का नाम उल्लिखित करें।

   Mention your Nominee for Return of Capital

   नाम/ Name
   रूप/ Relation
   विषय/ Date of Birth (dd/mm/yyyy)
   शता/ Address

12. # रिवाज 26.09.2008 से इसके बाद से पैसा गायल होने के लिए हाई / Not applicable if pension start date is on or after 26-09-2008.

13. सदस्य की मृत्यु की तिथि (यदि सणा हो) / Date of death of Member (if applicable)

14. दोहो गए बैंक कार्डों का विवरण /Details of Bank Accounts Opened

   1 बैंक का नाम / Name of the Bank
   2 नामांकन का नाम / Name of the Branch
   3 पूरा बैंक पता / Full Postal Address
   विज्ञापन / Pin Code

   (अपने बैंक कार्डों से खाता/एक बैंक की एक प्रति संलग्न करें Please attach a copy of cancelled/blank Cheque)
<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Name of Claimant(s)</th>
<th>Saving Bank Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

14. (a) If the claim is preferred by nominee, indicate his/her

<table>
<thead>
<tr>
<th>Name/</th>
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</table>

(b) Relationship with deceased Member

<table>
<thead>
<tr>
<th>Relationship with deceased Member</th>
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<tbody>
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</tbody>
</table>

15. The claimant must indicate the following details:

- Name of the Member
- Relationship of the Member
- Date of Birth
- Date of Death
- Address of the Member

16. Certificate of Receipt

<table>
<thead>
<tr>
<th>SI No</th>
<th>Certificate Control No</th>
<th>Authority who issued the Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

17. Documents enclosed (Indicate as per the Instructions)

1. 
2. 
3. 
4. 
5. 
6. 

Certified/Signature:

Date/Place

Signed/Left Hand Thumb Imprint of the Applicant

Signature of Employer (Name of employer/authority/department)

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1. Certified that:
   The particulars of the member are correct.

2. The particulars of Wages and Pension Contribution for the period of 12 months preceding the date of leaving service are as under:
   (in case, the wages are not earned for all 12 months, the block of 12 months will commence backwards from the last pay drawn)

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Wages</th>
<th>Pension contribution due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Year</th>
<th>No. of days</th>
<th>Amount</th>
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</thead>
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(1) (2) (3) (4) (5) (6) (7)

Details of period of non-contributory service. If there is no such period, indicate 'Nil'.

Enclosures:
1. Documents as given in the Instruction
2. Form of descriptive roll and specimen signature

Date / Place

Signature of Employer/ Authorised Official of the Establishment with Seal and Date
(To be submitted in duplicated 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. EPF Account Number
3. Name of the Pensioner
4. Father's/Husband's Name
5. Sex
6. Nationality
7. Religion
8. Height
9. Personal Marks of Identification

Specimen signature of pensioner

[Only in the case of illiterate Claimant (Pensioner) Left Hand Finger Impression]

Place:
Date:
Signature

Name of the Attesting Authority Official Seal

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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:

**PENSION SECTION/ACCOUNTS SECTION**

```
Prash-9/Prash-3 (I. O.) Master Ledger Card/Claim Inward Register
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Form 2(R) enclosed along with the documents furnished by the Claimant.

<table>
<thead>
<tr>
<th>S.A. / S.S.A.</th>
<th>A.O.</th>
<th>A.P.F.C. (Pension)</th>
</tr>
</thead>
<tbody>
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**FOR USE IN PENSION PRE-AUDIT CELL**

The Input Data sheet verified with reference to the application and the documents enclosed and found correct. P.P.O may be generated through Computer.

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**FOR USE IN PENSION DISBURSEMENT SECTION**

Name: 
P.P.O. NO: 
Date of issue to the Bank: 
Bank: 

Note: Information sent to the Claimant and also to Account Branch on

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