

**FORM - 5 ( P.S.)**  
**THE EMPLOYEES PENSION SCHEME, 1995 (PARA 20 (2))**  
**THE EMPLOYEES PROVIDENT FUND SCHEME, 1952 PARA 36[ 2 ] (a) & (b)**  
**RETURN OF ADDITIONS FOR THE MONTH**  
 Part 'A' Details of employee's qualifying for membership of the fund for the first time

<b>NAME AND ADDRESS OF THE ESTT.</b>		<b>CODE NO OF THE FACTORY ESTT.</b>	
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S.NO.	A/C NO.	NAME OF THE EMPLOYEE [ IN BLOCK LETTERS]	FATHER'S NAME / HUSBAND'S NAME	AGE	SEX	Date of eligiblity for new member / date of joining the Estt in case of member	Total period of previous service [ excluding period of breaks as on the date of joining the fund	Remarks
1	2	3	4	5	6	7	8	9
1								

DATE:

Signature of the employer or other authorised officer and stamp of the estt.

FORM: 10

**THE EMPLOYEES PENSION SCHEME, 1995 (PARA 20 (2))**  
**THE EMPLOYEES PROVIDENT FUND SCHEME, 1952 PARA 36[ 2 ] (a) & (b)**

<b>NAME AND ADDRESS OF THE ESTT.</b>		<b>CODE NO OF THE FACTORY ESTT.</b>	
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S.NO.	A/C NO.	NAME OF THE EMPLOYEE [ IN BLOCK LETTERS]	FATHER'S NAME / HUSBAND'S NAME	DATE OF LEAVING	REASON FOR LEAVING SERVICE	REMARKS
1	2	3	4	5	6	7
1						

DATE:

Signature of the employer or other authorised officer and stamp of the estt.

NOTE: Please state whether the member is (a) retiring according to para 69(1)(a) or (b) of the scheme (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 somewhere (h) death (i) attained age of 58 years

Certified that the member mentioned at S.No. \_\_\_ Mr. / Mrs/ Miss \_\_\_\_\_ was not paid / paid retrenchment

compensation of Rs. \_\_\_\_\_ under Ind. Dispute Act 1947

**SIGNATURE OF THE EMPLOYER**