Regn. No	
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Employees' Provident Fund Scheme, 1952 Form-19

(Re	efer 1 1.	to instruction) Name of the members in Block Letters.		_						
	2.	Father's Name or (husband's Name in the case of married woman)								
	3.	Name & Address of the Factory/Establish in which the member was employed.	nmen	t						
	4.	Account No.:DL. /								
	5.	Date of leaving service								
	6.	Reason for leaving service								
	7.	Full Postal Address (in Block Address)			Shri/Smt./Kum					
					S/O/W/O/D/O					
					Pin :					
	8.	Mode of remittance		F	Put a tick ($$) in the box against the one opted					
(a)	Ву	Postal Money Order at my cost.	()	To the address given against item No. 7					
(b)	Dir A/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 Stamped Receipt furnished)

Certified that the particulars are true to the best of my knowledge.

Date of joining of Establishment.....

Date of Birth

Contribution for the Current Financial Year.

	Month			Contribu	ition	Period of break if any		Month			Contribution		Period of break if any		
		Employee		Employers Total		1			Employee		Employers		Total		
Month	Wages	EPF	FP	EPF	FP	EPF	FP	Month	Wages	EPF	FP	EPF	FP	EPF	FP

(information to be furnished by the Employer if the Claim Form is Attested by the Employer) Certified that the above contributions have been included in the regular monthly remittances.

The Applicant has signed/Thumb impressed before me.

.....

Signature of Left/Right hand thumb impression of the member

Date.....

Designation & Seal

Encl.

Declaration of non-employment

Note:- In the case of submission of application for settlement under clause (s) of sub-paragraph (i) and in clause (b) of sub-paragraph (2) of paragraph 69 of the EPF Scheme, 1952, the claim should be submitted after two months from the date of leaving service provided the member continues to remain unemployed in an establishment to which the Act applies.

Date.....

Signature or Left / Right hand thumb impression of the member

ADVANCE STAMPED RECEIPT (To be furnished only in case of 8 (b) above)

The space should be left blank which shall be filled in by Regional Provident Fund Commissioner/Officer in-Charge of S.A.O. Affix 1/- Rupee Revenue Stamp

Section Supervisor

AC / RC

Signature orLeft / Right hand thumb impression of the member

(For the use of Commissioner's Office)

A/C Settled in part/Full Entered in F. 21-	A/24/219 & withdrawal register.
Clerk	

P.I.No M.O./Cheque							
Account No Section	passed for payment for Rs						
¼n words)							
M.O. Commission (if any) AOC/APFC							
Net Amount to be paid by M.0	Date						

(For use in Cash Section)

Paid by inclusion in Cheque No...... date...... date...... vide Cash Book (Bank) Account No.3 Debit Item No

HC