I Call. INC	Rean.	No
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Employees' Provident Fund Scheme, 1952 Form-19

(Refer to instruction)											
Name of the members in Block Letters.											
	2. Father's Name or (husband's Name in the case of married woman)										
	Name & Address of the Factory/Establishment in which the member was employed.										
	4.	Account No.:DL.			1						
	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		Put a t	ick ($\sqrt{}$) in the box against the one opted						
(a)	Ву	Postal Money Order at my cost.	()	To the address given against item No. 7						
(b)	Bv	account payee cheque sent	()	S.B. Account No						
(-)		ect for credit to my S.B.	`	,	Name of the Branch						
		(Scheduled Bank/P.O.)			Branch						
	Und	der intimation to me.			Full address of the branch						
		(Advance S	tamped	d Receipt	furnished)						
Cei	tifie	d that the particulars are true to the best	of my k	nowledge	2 .						
Date of joining of Establishment											
Dat	e of	Birth									

Contribution for the Current Financial Year.

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

•	on to be furnished by the Employer if the Claim Form is Attested by the that the above contributions have been included in the regular materials.	
The Appl	icant has signed/Thumb impressed before me.	
Date	Signature of Left/Right hand	thumb impression of the member
Designa	tion & Seal	
Encl.		
	ion of non-employment	
Note:-	In the case of submission of application for settlement under claus clause (b) of sub-paragraph (2) of paragraph 69 of the EPF Sch submitted after two months from the date of leaving service pre remain unemployed in an establishment to which the Act applies.	eme, 1952, the claim should be
Date	Signature or Left / Right hand thumb in	npression of the member
	ADVANCE STAMPED RECEIPT (To be furnished only in case	se of 8 (b) above)
Regiona	d a sum of Rs(RupeesI Provident Fund Commissioner / Officer-in-Charge of Sub-Account sit in my Savings Bank account towards the settlement of my Provider	ts Office
	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
	Signature orLeft / Right hand	thumb impression of the member
	(For the use of Commissioner's Office)	
	led in part/Full Entered in F. 21-A/24/219 & withdrawal register. Clerk	Section Supervisor
	Clerk M.O./Cheque	
	No. ————————————————————————————————————	S
M.O. Co	mmission (if any) AOC/APFCDateDate	
1007 1110	(For use in Cash Section)	
Paid by	inclusion in Cheque Nod	late
	sh Book (Bank) Account No.3 Debit Item No	
HC		AC / RC