

**Form 10-D(EPS)**  
(Supplied Free of Cost)

TELEPHONE NO.  
EMPLOYERS  
EMPLOYEE  
CLAIMANTS 26470001/2/3/4/5/6  
P.R.O. 2647 00 07  
GRIEVANCES 2647 61 29

**For Office Use Only**

Inward No.

**APPLICATION FOR MONTHLY PENSION - EMPLOYEES' PENSION SCHEME, 1995**  
**FORM 10-D(EPS)-(Read Instruction before filling in this form )**

1) By whom the pension is claimed ? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2) Type of pension claimed <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
3) a) Member's Name : (In Block Letters) <div style="border: 1px solid black; width: 90%;"></div>	
b) Sex : <div style="border: 1px solid black; width: 300px;"></div>	
c) Marital Status : <div style="border: 1px solid black; width: 300px;"></div>	
d) Date of Birth : <div style="border: 1px solid black; width: 300px;"></div>	
e) Father's/Husband's Name : <div style="border: 1px solid black; width: 600px;"></div>	
4) E.P.F. Account Number : <div style="border: 1px solid black; width: 400px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><span>R.O.</span><span>S.R.O.</span><span>Establishment Code No.</span></div> <div style="border: 1px solid black; width: 200px; margin-top: 5px; padding: 2px;">MH/1251/</div> <div style="margin-top: 5px;">Member's Account No.</div>	
5) Name & Address of the Establishment in which the Member was last employed : <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">MAHARASHTRA STATE ELECTRICITY BOARD, ESTRELLA BATTERIES COMPOUND, DHARAVI, MATUNGA, MUMBAI - 400 019.</div>	
6) Date of Leaving Service : <div style="border: 1px solid black; width: 600px; height: 20px;"></div>	
7) Reason for Leaving Service : <div style="border: 1px solid black; width: 600px; height: 20px;"></div>	
8) Address for communication : <div style="border: 1px solid black; width: 600px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 600px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 600px; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; margin-top: 5px;">Pin : <div style="border: 1px solid black; width: 100px; height: 20px;"></div></div>	
Telephone No. of Member with STD Code : <div style="border: 1px solid black; width: 400px; height: 20px;"></div>	

**8) a) In case of Reduced Pension(early pension)**

Date of option for commencement of pension :

8) a) **Explanatory Note :** That the member can exercise option in case of 'Early Pension' indicating the date of option for commencement of pension from :

- \* Date of exit from service on completion of 50 years of age.
- \* Date of filling the Form 10-D.
- \* Date between the date of exit(on completion of 50 years) and Date of completion of 58 years(Superannuation age).

**Note :** Without any specific date of commencement of reduced pension indicated in column 8(a) in Form 10 D the claim application is not acceptable.

9) Option for communication of 1/3 of Pension  
(If Option is Lesser commutation indicate the quantum) Yes  No   %

10) Option for Return of Capital  
(Please refer Serial No. 10 of Instructions)  
If yes, indicate your choice of alternative.  
Put a Tick (✓) Yes  No   
 1  2  3

11) Mention your Nominee for Return of Capital :

Name : \_\_\_\_\_  
Relationship : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12) Particulars of Family :

Note : If any child is physically handicapped, please indicate "DISABLED" below the name.

Sr. No.	Name	Date of Birth	Relationship with member	Indicate Against Minor	
				Guardian's	Relationship
1					

13) Date of death of Member(if applicable) :

14) Applicant desirous of drawing pension through designated **Post Office/Bank** should furnish full Postal Address of the **Post Office/Bank**

14) Details of Saving Bank Account Number

1) Name of the Post Office/Bank : \_\_\_\_\_  
2) Name of the Post/Bank Branch : \_\_\_\_\_  
3) Full Postal Address(**Post/Bank**) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pin Code : \_\_\_\_\_

Sr. No.	Name of Claimant	Saving Bank Account No.
1		

14) A) If the claim is preferred by nominee, indicate his/her

- 1) Name : \_\_\_\_\_
- 2) Relationship with the deceased Member : \_\_\_\_\_

15) Details of Scheme Certificate Already in possession of the Member, if any

Scheme Certificate Received & Enclosed	<input type="checkbox"/>
Not Received	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

If Received, Indicate

Sr No.	Scheme Certificate Control No.	Authority who issued the Scheme Certificate

16) If Pension is being drawn under E.P.S.1995 :

P.P.O. No. :  Issued by

R.O.	S.R.O.

17) Documents enclosed ( Indicate as per the instructions )

Sr. No.	Document Description	Original Copies	Attested copies
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			

I Certify that

- 1) I am not drawing Pension under Employees' Pension Scheme, 1995.
- 2) The Particulars given in this application are true & correct.

Date :

Place :

Signature/Left Hand Thumb  
Impression of the Applicant

**(TO BE FILLED IN BY THE EMPLOYER/AUTHORISED OFFICER OF THE ESTABLISHMENT)**

Certified that :

- 1) The particulars of the member are correct.
- 2) The particulars of Wages & Pensions Contribution for the period of 12 months preceeding the date of leaving service are as under.  
( In case, the Wages not earned for all 12 months, the block 12 months will commence backwards from the last pay drawn. )

**Form 7 (Wages and Pension Contribution for 12 months) and Break in Service details for Past Service and Service from 16/11/95 are attached separately.**

Only From 16/11/95. In case of non-contributory period in past service please attach separate certificate.

Encls :

- |  |  |
|--|--|
| 1) Documents as given in the Instructions.       | <b>Signature of Employer/Authorised Officer</b>  |
| 2) Form of Descriptive Roll & Specimen Signature | <b>of the Establishment with Seal &amp; date</b> |

**PENSION SECTION/ACCOUNTS SECTION**

**For Office Use Only**

Inward No. \_\_\_\_\_

Certified that the Particulars in the application have been verified with the relevant documents. The Claimant is eligible for pension.

The Input Data Sheet is placed for approval.

Entered in Form 9/Form 3(PS), Master Ledger Card/Claim Inward Register.

Form 2(R) enclosed along with the documents furnished by the Claimant.

**Clerk  
Date**

**S.S.  
Date**

**A.A.O.  
Date**

**A.P.F.C.  
Date**

**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.

**Clerk  
Date**

**S.S.  
Date**

**A.A.O.  
Date**

**A.P.F.C.  
Date**

**FOR USE IN PENSION DISBURSMENT SECTION**

P.P.O. No. :

Date of issue to the Bank :

Intimation Sent to the Claimant,  
And also to Accounts Branch on :

**Clerk  
Date**

**S.S.  
Date**

**A.A.O.  
Date**

**A.P.F.C.  
Date**