

**Statement Showing Employees Who Have Been Newly Appointed AND Who Have  
Not Been Allotted A Number In The C.P.F. Recovery Schedule**

Card Type : 2 (1-1) Division Code : \_\_\_\_\_ (2-5) DIVISION NAME : \_\_\_\_\_ Month of Joining : \_\_\_\_\_  
Tr. Type : 11 (6-7) Batch No. : \_\_\_\_\_ (8-9) Card Code : 11 (10-11)

Sr. No.	C.P.F. Number (Will be Allotted by CPF Section)	Full Name Of Employee (IN BLOCK LETTERS)			Date of Entry In Service of Board (i.e. Joining Date) DDMMYY	Sub-Code	Designation Code (Give Des. Title in brackets)	Eligibility Code	Remarks
		First Name	Second Name	Surname					
	<b>8</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>6</b>	<b>2</b>	<b>3</b>	<b>1</b>	
	(12-19)	(20-34)	(35-49)	(50-64)	(65-70)	(71-72)	(73-75)	(76-76)	

**Total No. Of New Employees Joined in the Month : \_\_\_\_\_**

**Note: This form should be submitted every month. If there are no such entries, blank form should be sent. Make sure that this entry for an employee is not made earlier by your division or the previous division office if he has joined there first and immediately transferred. This form should contain entry of employees for whom first salary is paid and CPF recovery is made. The corresponding Form 3.2 containing details of these employees should also be submitted with this form.**

Prepared By :

Checked By :

Head Clerk :

Divisional Accountant :

Disbursing Officer

CPF No. : \_\_\_\_\_

CPF No. : \_\_\_\_\_

CPF No. : \_\_\_\_\_

CPF No. : \_\_\_\_\_

FORM: 3.2

Maharashtra State Electricity Board

First Recovery Statement

Statement Showing Details of Employees Whose First CPF/EPF Contribution Commences From Month : \_\_\_\_\_  
Sex Code : 1 = Male; 2 = Married Woman; 3 = Miss

Card Type : 2 (1-1) Division Code : \_\_\_\_\_ (2-5) DIVISION NAME : \_\_\_\_\_

Tr. Type : 12 (6-7) Batch No. : \_\_\_\_\_ (8-9)

Card Code : 12 (10-11)

Sr. No.	C.P.F. Number (Will be Allotted by CPF Section)	Full Name Of Employee (IN BLOCK LETTERS)	Date of Birth DDMMYY	Age At Entry	Sex Code	E.F.P.F Number (will be allotted by CPF Section)	Name of Father/ Husband	Month of Entitlement to EPS (same as month of joining)	Arrears to be Recoverd	Remarks (Sr. No. given in Form 3.1 for reference)
	8		6	2	1	8	20	4	5	
	(12-19)		(20-25)	(26-27)	28-28	(29-36)	(37-56)	(57-60)	(61-65)	

Total No. Of Employees For First CPF/EPF Contribution And Total of Arrears in Rupees : \_\_\_\_\_

Note: This form should be submitted every month. If there are no such entries, blank form should be sent. Make sure that this entry for an employee is not made earlier by your division or the previous division office if he has joined there first and immediately transferred. This form should contain entry of employees for whom first salary is paid and CPF recovery is made. This form should only be submitted with Corresponding Form 3.1.

Prepared By : \_\_\_\_\_  
CPF No. : \_\_\_\_\_

Checked By : \_\_\_\_\_  
CPF No. : \_\_\_\_\_

Head Clerk : \_\_\_\_\_  
CPF No. : \_\_\_\_\_

Divisional Accountant : \_\_\_\_\_  
CPF No. : \_\_\_\_\_

Disbursing Officer

FORM: 3.6

**Maharashtra State Electricity Board**  
**Statement Showing The Employees Whose Static Information Is To Be Corrected**

Correction To Addition

DIVISION CODE : \_\_\_\_\_ DIVISION NAME : \_\_\_\_\_

CARD CODE : 13

Sr. No.	C.P.F. Number	CARD CODE: 13 TR. CODE : 13			CARD CODE: 13		TR. CODE : 14		Arreas to be recovered	Remarks
		Name Of Employee (IN BLOCK LETTERS)			Date Of Birth DDMMYY	Age At Entry	Sex Code	Date Of Entry In Service of Board DDMMYY		
		First Name	Second Name	Surname						
	8	15	15	15	6	2	1	6	4	3+2
	12-19	20-34	35-49	50-64	20-25	26-27	28	29-34	35-38	39-43

Total No. Of Employees Records Corrected : \_\_\_\_\_

Note: Please mention correct CPF numbers. Highlight the name to be corrected. If full name is to be corrected, mention previous name of the employee and give proper reason for correction. If age at entry of some employees is less than 18 years, submit the details of such employees in separate form.

Prepared By : \_\_\_\_\_  
CPF No. : \_\_\_\_\_

Checked By : \_\_\_\_\_  
CPF No. : \_\_\_\_\_

Head Clerk : \_\_\_\_\_  
CPF No. : \_\_\_\_\_

Divisional Accountant : \_\_\_\_\_  
CPF No. : \_\_\_\_\_

Disbursing Officer

FORM: 3.5

**Maharashtra State Electricity Board**  
**Statement Showing The Employees Who Have Come On Transfer/Or In**  
**Whose Case There Is Change Of Designation In The Month Of \_\_\_\_\_**

**DIVISION CODE :** \_\_\_\_\_ **DIVISION NAME :** \_\_\_\_\_

**CARD CODE : 16**

Sr. No.	C.P.F. Number	Full Name Of Employee (IN BLOCK LETTERS)	Sub-Code	Designation Code	Designation Name	Remarks (Previous Divn., Sub-code, Desg.)
	(12-19)		(20-21)	(22-24)		

**Total No. Of Employees Reported On Transfer/Change Of Designation :** \_\_\_\_\_

**Note: This form should be submitted every month. If there are no such entries, blank form should be sent. If these forms are not submitted, PLAs will be printed with wrong designation and/or will be sent to wrong divisions. Please mention correct CPF numbers.**

**Prepared By :** \_\_\_\_\_  
**CPF No. :** \_\_\_\_\_

**Checked By :** \_\_\_\_\_  
**CPF No. :** \_\_\_\_\_

**Head Clerk :** \_\_\_\_\_  
**CPF No. :** \_\_\_\_\_

**Divisional Accountant :** \_\_\_\_\_  
**CPF No. :** \_\_\_\_\_

**Disbursing Officer**

FORM: 3.3

## Maharashtra State Electricity Board

Deletion Of CPF/EFPF Account

Statement Showing The Employees Who Have Ceased To Be In service And Whose Names Are To Be Deleted

Reason = Resignation | Termination | Retirement | Death | Double Nos.  
Code = 1 | 2 | 3 | 4 | 5

DIVISION CODE : \_\_\_\_\_ DIVISION NAME : \_\_\_\_\_

CARD CODE : 18

Sr. No.	C.P.F. Number	Full Name Of Employee (IN BLOCK LETTERS)	Exact Date of Leaving (DDMMYY)	Reason Of Leaving Code	Designation Held At Retirement	Remarks
	12-19		20-23	24		

Total No. Of Employees Who Have Ceased To Be In Service : \_\_\_\_\_

Note: This form should be submitted every month. If there are no such entries, blank form should be sent. Submission and feeding of this form doesn't delete the accounts permanently. Accounts get permanently deleted only after final settlement. If these forms are not submitted, accounts will remain active showing wrong statistics of On-Roll Employees. Please mention correct CPF numbers.

Prepared By : \_\_\_\_\_  
CPF No. : \_\_\_\_\_

Checked By : \_\_\_\_\_  
CPF No. : \_\_\_\_\_

Head Clerk : \_\_\_\_\_  
CPF No. : \_\_\_\_\_

Divisional Accountant : \_\_\_\_\_  
CPF No. : \_\_\_\_\_

Disbursing Officer