



THE INDIAN MEDICAL PRACTITIONERS' CO-OPERATIVE PHARMACY & STORES
EMPLOYEES PROVIDENT FUND

34-37, Kalki Krishnamurthy Salai, Thiruvannamipur, Chennai - 600 041.
Ph:044-2452 1029, 2452 0189

www.epfindia.gov.in

Mobile Number

COMPOSITE CLAIM FORM (AADHAR)

[APPLICABLE IN CASES WHERE EMPLOYEES' COMPLETE DETAILS IN FORM-11(NEW), AADHAR NUMBER AND BANK ACCOUNT DETAILS ARE AVAILABLE ON UAN PORTAL AND UAN HAS BEEN ACTIVATED)

[FORM NO.-19(PF FINAL SETTLEMENT) / 10C(PENSION WITHDRAWAL BENEFITS) / 31 (PF PART WITHDRAWAL)]

I wish to apply for payment of Non-Refundable Advance for Rs..... (or) maximum from my Provident Fund Contribution account to which I am entitled under P.F. Rules for the amount in connection with as follows under Sl.No.6

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 Claim Applied for : i) Final Settlement () ii) Pension withdrawal Benefits () iii) PF Part withdrawal () (Tick whichever is / are applicable) | | | |
| 2 Name of the Member: (IN CAPITAL LETTERS) | | | |
| 3 Universal Account Number (UAN) | | | |
| 4 Aadhar Number | | | |
| 5 Date of Joining the Establishment | | | |
| 6 a) Purpose of PF PART Withdrawal:(Tick v whichever applicable) b) Amount (in Rs.): c) For purpose of Site/House/Flat or Construction through "Agency" or Repayment of Housing Loan or LIC, indicate cheque to be drawn "in favour of" and payee's address. | Sno. | Purpose of PF Part Withdrawal | v |
| | i | Housing Loan/Purchase of Site/House/Flat or for Construction / Addition, alteration in existing house / Repayment of Housing Loan (Para 68B/68BB/68BC) | |
| | ii | Lockout or closure of factory (Para 68H) | |
| | iii | Illness of member/family (Para 68H) | |
| | iv | Marriage of self/ son/daughter/brother/ sister (Para 68K) | |
| | v | Post Matriculation education of children (Para 68K) | |
| | vi | Natural calamity (Para 68L) | |
| | vii | Out in electricity in establishment (Para 68M) | |
| | viii | Purchasing equipment by physically handicapped (Para 68N) | |
| | ix | One year before retirement (Para 68NN) | |
| x | Investment in Varistha Pension Bima Yojana (Para 68NNN) | | |
| 7 Date of leaving service: (not required if applying for PF Part withdrawal) | | | |
| 8 a) Permanent Account No. (PAN): (Only in case of service less than 5 years). (Please enclose two copies of Form No.15G/15H, if applicable) b) Reason of leaving Service: - Service terminated on account of (a) Ill health of member (b) Contraction / Discontinuation of employer's business or (c) Other Cause beyond the control of the member - Personal reasons | | | |
| 9 Full Postal address | | | |
| Pin: | | | |

- Certified that particulars are true to the best of my knowledge. I certify that I have gone through the data seeded in UAN Portal and found all data, including Form No.11 (New), bank account details and Aadhar number, to be correct. Please make the payment in the bank account mentioned in the UAN Portal. A cancelled cheque (containing member's name, bank account number and IFS Code) is attached herewith.

- In case the amount is used for any purpose other than stated in column (6) above, I am liable to return the entire amount with penal

Member's Signature

NEW DECLARATION FORM

KINDLY DO NOT ENCLOSE ANY DOCUMENT WITH THE DECLARATION FORM

(To be submitted alongwith application Form 31 for purchase of a dwelling site/house/flat or reconstruction of dwelling house or for addition / alteration of the dwelling house.

| | | |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 | Name of the Member | |
| 2 | Provident Fund A/c No. | |
| 3 | Complete address of the dwelling site / dwelling house or flat or house under construction for which withdrawal is applied for - Name and address of the owner of plot/ house from whom purchased / agreement executed - Survey No./Plot No. / Khatta No. / Registration number and the year of the Title Deed. - Boundary (East / West / North / South) - Area of site and / house | |
| 4 | Authority which approved site plan with reference No. and date. | |
| 5 | Estimate value of property / house / flat or estimated cost of construction / addition / alteration | |
| 6 | Whether withdrawal for housing was availed previously, if so the amount, date of sanction purpose etc. | |
| 7 | Permission / Licence No. for construction issued by local authority with name of local body in the area of construction. | |

- (i) The above said – site/house/flat or house under construction is free from all encumbrances. I undertake that house / site / flat is registered in my name or my spouse 's name or is jointly in the name with my spouse
- (ii) In case the amount is used for any purpose other than that stated above, I am liable to refund the entire amount with penal interest.

Signature of Memer

I Certify that I have verified the above particulars.

Signature of the Employer

(With Seal)

FORM II
(See P.F. Rule No.40)

Application for refundable advance by an Employee

To
The Chairman,
Impcops Employees Provident Fund,
34-37, Kalki Krishnamurthi Salai,
Thiruvanmiyur, Chennai – 600 041.

Sir,

I wish to apply for payment of Refundable Advance from my Provident Fund Contribution Account to which I am entitled under P.F. Rule No.40 for the amount spent in connection with the prolonged illness of mine or my dependent.

Particulars relating to my appointment in the establishment are given in the statement below.

STATEMENT

| | | |
|----|-------------------------------------------------------------------------|--|
| 1 | Name (Block Letters) | |
| 2 | Residential address | |
| 3 | Date of appointment | |
| 4 | Post held / Designation | |
| 5 | Date of admission to P.F. | |
| 6 | P.F. Account No. & Code No. | |
| 7 | No. of years completed in the Fund | |
| 8 | Amount of Wages drawn preceding the application | |
| 9 | Purpose of which the refundable advance is required | |
| 10 | Amount of Refundable advance required | |
| 11 | Period of Repayment | |
| 12 | Amount of outstanding in my name and previous refundable advance if any | |

I declare that the above particulars are correct.

Signature of the Member.

To
The Chairman,
Impcops Employees Provident Fund,
34-37, Kalki Krishnamurthi Salai,
Thiruvanmiyur,
Chennai – 600 041.

I agree to the instalments of loans and all other sums that may at any time, from time to time become due and payable by me to the fund being recovered by the Principle Employer from my monthly salary or any other amount payable to me through the principle employer for the time being disbursing such salary. I herewith furnish an agreement authorizing such principle employer to make recoveries from my salary as and when necessary.

Date:

Signature of the Member.

AGREEMENT WITH THE PRINCIPLE EMPLOYER

To
The Chairman,
Impcops Employees Provident Fund,
34-37, Kalki Krishnamurthi Salai,
Thiruvanmiyur,
Chennai – 600 041.

I having applied a loan from Impcops Employees Provident Fund authorize you to recover all or any instalment of loan and all other sums that may from time to time and any time become due, due or payable by me to the said fund from my monthly salary and pay such sum at the said fund towards the instalment of loan or other sums that may be due and payable by me to the fund. I agree to accept as sufficient evidence of my liability a demand from the Chairman of the Fund certified by him to be correct. I agree that you may make recoveries from my salary or any other amount payable to me in the manner above mentioned as long as I continue to be a Member of the Fund.

Date:

Signature of the Member

To
The Chairman,
Impcops Employees Provident Fund,
34-37, Kalki Krishnamurthi Salai,
Thiruvanmiyur,
Chennai – 600 041.

Sir,

I/We hereby agree as per his authorization dt..... to deduct the dues as above every month and remit the same to your Fund so long as he is in our service as per the demand from the fund.

Date:

Secretary,
Impcops Ltd.,
Chennai-41.

Loan No.:

Ledger Folio No.:

On demand I promise to pay the Chairman, Impcops Employees Provident Fund, Thiruvanmiyur, Chennai-41 on order the sum of Rs..... only for value received in cash / cheque with interest thereon from the date hereof any payment in fund 13% per annum.

Rs.

Date:

Signature of the Member.

Received from the Chairman, Impcops Employees Provident Fund, Chennai-41, a sum of Rs..... (Rupees only) the loan amount being sanctioned with.

Date:

Signature of the Member.

Witness:

1

2

OFFICIAL USE

Name of the Member :

Amount at credit of the applicant
Employees' contribution :

Eligibility

Basic Pay :

D.A. :

T.A.D.A. :

Total :

Total x 3 = Rs.

Amount outstanding in respect of the applicant:

Amount sanctioned at the Trustee's Meeting No.: dt. Rs.

Amount recoverable per mensum : Rs.

Rs. Ps.

Opening Balance :

Receipts :

Total :

Less: Payments if any :

Net Amount :

Signature of the Chairman