J&K EMPLOYEES PROVIDENT FUND ORGANISATION

(Paragraph 74)

J&K State Code No: JK/

Form to be used by a member for the withdrawal of accumulations standing to his credit in the Fund.

То

The Commissioner, J&K Employees Provident Fund.

I hereby request you to pay me the full amount standing to my credit in the Fund after making such deductions as may be authorized under Para 74 and 76 of the Scheme.

1.	Name (in block letters)	
2.	Father's name (or husband's name	
	in case of married women	
3.	Name and address of the Factory / Estab. In which the men	
	employed	
4.	P.F.Account Number	
5.	Ground on which the request for	
	withdrawal is made*	
6.	Date of leaving J&K State/India	
	in case of migrating abroad	
7.	The payment may be made by	
	Address	
	(a) Postal Money Order at my Post/Bank Draft	
	(b) Crossed cheque sent through post	
	(c) Deposit in my postal savings.	
	Bank Account No:	
		P.O
8.	Particulars of last subscription i.e.	
	month and amount	
	I certify that the particulars given above are true to the best	
Dated		
		Signature/ left thumb impression of the member
Certifi	ied that the above declaration has been signed before me by	•
		1 5

Redg. No. of the Factory Estab.....

Signature of the Employer/ Manager with seal

Code No. of Factory Estab.

*The member should state whether he (a) is retiring from service in the industry after attaining the age of superannuation (b) is retiring on account of Permanent and total incapacity for work in any industry due to bodily or mental infirmity (c) immediately before leaving the State for permanent settlement abroad or in any other part of India outside the State (d) mass retrenchment (e) individual retrenchment (f) has not been employed in any factory/estab. To which the scheme applied for a continuous period of not less than six months immediately preceding the date of application. (g) Voluntary retirement.

If the claim for withdrawal is made on ground mentioned in footnote (b) above a certificate by a medical officer of the factory/estab. Should be enclosed. If the claim of withdrawal is made on grounds mentioned in (f) above a certificate from such authority, as may be specified non-employment for a period of six months any factory to which the scheme applied should be enclosed.

NON-EMPLOYMENT DECLARATION CERTIFICATE

ATTESTED

(Signature with Office Seal)

Dated:

Ex-Employer / A Gazetted Officer / A Municipal Councilor / Oath Commissioner / Magistrate / Notary / M.P Right thumb impression in case of female member.

Signature / left thumb impression

Dated.....

Name of the Member

P.F. Account No. JK/....

S. No.	Month & Year	Employee's Share	Employer's Share	Total	Refund of Withdrawals	Withdrawals

Signature of the Employer/ Manager with seal