

FORM NO. 10

(FOR EXEMPTED ESTABLISHMENT ONLY)
THE EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME, 1976
(PARAGRAPH-10)

RETURN OF THE MEMBERS OF INSURANCE FUND LEAVING SERVICE DURING THE MONTH OF

NAME & ADDRESS OF ESTABLISHMENT :

CODE NO. OF THE ESTABLISHMENT :

SL. NO.	ACCOUNT NO	NAME OF THE MEMBER (IN BLOCK CAPITALS)	FATHER'S NAME OR HUSBAND'S NAME (IN CASE OF MARRIED WOMAN)	DATE OF LEAVING SERVICE	REASON FOR LEAVING SERVICE	REMARKS
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Date:

SIGNATURE OF THE EMPLOYER
STAMP OF THE ESTABLISHMENT

NOTE : In case of death of a member, while in service, furnish :-

- (a) Date of payment of PF dues.
- (b) Amount Paid.
- (c) To Whom Paid? (In shares, if any).