

Total No. of Employees

- a. Contract
- b. Rest
- c. Total

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |

Name and address _____
of the bank in which _____
the amount is remitted _____

| Details of Subscribers | E.P.F. | Pension Fund | E.D.L.I. | |
|--|--------|--------------|----------|---|
| No. of Subscribers as per last month | | | | Signature of the Employer with official Seal |
| No. of New Subscribers (Vide Form 5) | | | | |
| No. of New Subscribers left service (Vide Form 10) | | | | |
| (Nett.) Total Number of Subscribers | | | | |