

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				