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Epfo claim form 11

**FORM NO. 15G

[See section 197A(1), 197A(1A) and rule 29C]

Declaration under section 197A (1) and section 197A(1A) to be made by an individual or a person (not being a company or firm) claiming certain incomes without deduction of tax.

PART I

1. Name of Assessee (Declarant) Prateek Agarwal		2. PAN of the Assessee ¹ AIKPA2277P	
3. Status ² Individual		4. Previous year(P.Y.) ³ 2017-2018 (for which declaration is being made)	
5. Residential Status ⁴ Resident			
6. Flat/Door/Block No. A-1	7. Name of Premises Opp Jatsu House	8. Road/Street/Lane Opp Jatsu House	9. Area/Locality Shastri Nagar
10. Town/City/District Jaipur	11. State Rajasthan	12. PIN 302016	13. Email prateek@taxadda.com
14. Telephone No. (with STD Code) and Mobile No.		15 (a) Whether assessed to tax under the Income-tax Act, 1961 ⁵ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9999999999		(b) If yes, latest assessment year for which assessed 2016-17	
16. Estimated income for which this declaration is made 50,000		17. Estimated total income of the P.Y. in which income mentioned in column 16 to be included ⁶ 2,30,000	
18. Details of Form No. 15G other than this form filed during the previous year, if any ⁷			
Total No. of Form No. 15G filed		Aggregate amount of income for which Form No. 15G filed	
19. Details of income for which the declaration is filed			
Sl. No.	Identification number of relevant investment/account, etc. ⁸	Nature of income	Section under which tax is deductible
1	123456	Interest	194A
2			
3			
4			
5			
6			
7			

Signature of the Declarant⁹

Declaration/Verification¹⁰

"I/We Prateek Agarwal do hereby declare that to the best of "my/our knowledge and belief what is stated above is correct, complete and is truly stated. "I/We declare that the incomes referred to in this form are not includable in the total income of any other person under sections 60 to 64 of the Income-tax Act, 1961. "I/We further declare that the tax on my/our estimated total income including "income/incomes referred to in column 16 "and aggregate amount of "income/incomes referred to in column 18 computed in accordance with the provisions of the Income-tax Act, 1961, for the previous year ending on 31st March 2018 relevant to the assessment year 2018-2019 will be nil. "I/We also declare that "my/our "income/incomes referred to in column 16 "and the aggregate amount of "income/incomes referred to in column 18 for the previous year ending on 31st March 2018 relevant to the assessment year 2018-2019 will not exceed the maximum amount which is not chargeable to income-tax.

Place Jaipur

Signature of the Declarant⁹

Date 05/04/2017

www.epfindia.gov.in		Home Page
EMPLOYEE BENEFITS FUND ORGANISATION COMPOSITE CLAIM FORM (NON-AUTHORISED)		
FORM NO.-15G (FINAL SETTLEMENT/LOSS/REFUND/REBATE/AMENDMENT/PP PART WITHDRAWAL)		
<p>1. Claim applied for: (i) Final Settlement () (ii) Person Withdrawal Benefit () (iii) PP Part Withdrawal () (iv) Death Benefit () (v) Retirement Benefit () (vi) Non-Contributory Benefit () (vii) Death Benefit ()</p> <p>2. Name of the member (IN CAPITAL LETTERS) (i) Name of the member (IN CAPITAL LETTERS)</p> <p>3. (a) Unique Account Number(UAN) (b) PF Account (in case UAN not available)</p> <p>4. Aadhar Number (or reading)</p> <p>5. (a) Father's Name (b) Mother's Name</p> <p>6. Date of birth</p> <p>7. Date of joining the establishment</p> <p>8. Date of leaving service (not required if applying for PP Part Withdrawal)</p> <p>9. (a) Permanent Account No(PAN): (Only in case of service less than 5 years) Please enclose two copies of Form No. 15G(PAN, if applicable)</p> <p>10. Reason of leaving Service: Service terminated on account of (i) Death of member (ii) Discharge from service due to transfer of member to another establishment or (iii) Other Under the control of the member (iv) Other reason</p> <p>11. Amount of the withdrawal (E.g., 1, whenever applicable)</p> <p>12. Amount (in Rupees)</p> <p>13. For purpose of Self-House/Hut or Construction through "agency" or repayment of Housing Loan or L/C, indicate cheque to be drawn on name of endorsee or self.</p> <p>14. Purpose of the withdrawal (E.g., 1, whenever applicable)</p> <p>15. Name of the bank</p> <p>16. Name and address of the bank</p> <p>17. IFSC Code</p> <p>18. The member hereby declares that he has not been employed for two months (Yes/No) (i) Contractual and part-time work is to be the same as the above. (ii) In case the amount is used for any purpose other than stated in column 15 above, I am liable to return the entire amount with penal interest.</p>		

Member's Signature _____

Employee's Signature _____

Designation/Seal of Employer _____

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