

Write your Mobile Number on top of form to get SMS alerts.

**“INSTRUCTIONS”  
FORM 31**

A member of the Fund may avail the following non-refundable advances.

1. PURCHASE OF A DWELLING SITE.
2. PURCHASE OF DWELLING HOUSE/FLAT.
3. CONSTRUCTION OF A HOUSE.
4. ADDITIONS, ALTERATION OR IMPROVEMENT TO THE HOUSE OWNED BY MEMBER OR SPOUSE.
5. REPAYMENT OF (HOUSING) LOAN STATE GOVT. HOUSING BOARD, MUNICIPAL CORPORATION OR A BODY SIMILAR TO DELHI DEVELOPMENT AUTHORITY.
6. ON ATTAINMENT OF 54 YEARS AND WITHIN ONE YEAR BEFORE RETIREMENT.
7. CLOSURE LOCKOUT OF THE FACTORY ESTABLISHMENT FOR REASONS OTHER THAN STRIKE.
8. NON RECEIPTS ON WAGES FOR-2 MONTHS.
9. DISCHARGE OR DISMISSAL OR RETRENCHMENT CHALLENGED BY THE MEMBER – THE CASE IS PENDING IN THE COURT.
10. ILLNESS OF MEMBER/FAMILY MEMBER.
11. MARRIAGE OF SELF/SON/DAUGHTER/SISTER/BROTHER.
12. POST MATRICULATION EDUCATION OF SON/DAUGHTER.
13. DAMAGE TO THE PROPERTY DUE TO NATURAL CALAMITY/FLOOD/RIOT/EARTH QUAKE.
14. EFFECTED BY CUT OF ELECTRICITY.
15. PURCHASE OF EQUIPMENT FOR PHYSICALLY HANDICAPPED MEMBER.

**GENERAL INSTRUCTIONS**

1. Members who mention their mobile number on the form will get SMS alerts on different stages of the approval of their claim form.

The members can also visit the [epfindia.gov.in](http://epfindia.gov.in) website to view the status of their claim through the link, Know Your Claim Status.

2. All the columns in the form should be filled in BLOCK LETTERS without any overwriting.
3. Member's Account Number: The account number should have the Region Code (two alphabets), Office Code (three alphabets) code number (maximum 7 digits), extension (sub code, if any, maximum three characters) and account number (maximum 7 digits).

The region codes have changed after creation of the multiple regions in some states, namely Maharashtra, Tamil Nadu, Karnataka, West Bengal, Punjab, Gujarat, Andhra Pradesh, Uttar Pradesh, Haryana and Delhi. For getting the correct Region and Office Codes, please visit **Establishment Search** facility provided under link for Employees through the [epfindia](http://epfindia.gov.in) website [[epfindia.gov.in](http://epfindia.gov.in)].

4. Payment is made by directly crediting the Bank Account mentioned by the claimant. In case the bank account is in a computerized branch, payment may be made faster through electronic

mode (NEFT etc). **The claimant should attach a copy of blank/cancelled cheque** ensuring that the IFS Code and Account numbers are clearly visible.

Note: In case the advance is for the following purposes:

Purchase of house/plot/flat/construction of house including purchase of site through an AGENCY, or for repayment of loan taken earlier, the payment will not be made to the member and will be made to the AGENCY directly.

**AGENCY means, The Central Government, the State Government, a Cooperative Society, an Institution, a Trust, a local body OR a Housing Finance Corporation.**

In such case the member should mention the Name to be mentioned in the cheque and the Address of the Agency clearly in the Column 7 (a) of the form.

Payment can be made through Money Order only if the total amount is less than 2000/-. The claimant should mention his/her POSTAL ADDRESS correctly with PIN Code so as to receive the money and any communication related to the claim.

### **DOCUMENTS TO BE FURNISHED**

1. Copy of a cancelled/blank cheque/first page of pass book clearly displaying the bank account number and IFS Code of the Bank Branch.
2. Following documents, depending on the purpose of advance.

Sl No	Purpose of Advance	Document to be enclosed
1	PURCHASE OF A DWELLING SITE	Declaration form from the member.
2	PURCHASE OF DWELLING HOUSE/FLAT	Declaration form from the member.
3	CONSTRUCTION OF A HOUSE	Declaration form from the member.
4	ADDITIONS, ALTERATION OR IMPROVEMENT TO THE HOUSE OWNED BY MEMBER OR SPOUSE	Declaration form from the member.
5	REPAYMENT OF HOUSING LOAN STATE GOVT. HOUSING BOARD, MUNICIPAL CORPORATION OR A BODY SIMILAR TO DELHI DEVELOPMENT AUTHORITY.	A Certificate from the lending authority furnishing the details of loan and outstanding amount
6	ON ATTAINMENT OF 54 YEARS AND WITHIN ONE YEAR BEFORE RETIREMENT	Date of birth of member and his/her date of retirement should be mentioned by the employer
7	CLOSURE LOCKOUT OF THE FACTORY ESTABLISHMENT FOR REASONS OTHER THAN STRIKE:	Furnish the Certificate "A" given at following pages
8	NON RECEIPTS ON WAGES FOR-2 MONTHS	Furnish Certificate "B" given at following pages
9	DISCHARGE OR DISMISSAL OR RETRENCHMENT CHALLENGED BY THE MEMBER – THE CASE IS PENDING IN THE COURT	A copy of petition filed by the member in the court of law and certificate from the advocate that the case is pending in the court of law

10	ILLNESS OF MEMBER/FAMILY MEMBER:	Furnish Certificate "C" given at following pages
11	MARRIAGE OF SELF/SON/DAUGHTER/SISTER/BROTHER	Member's declaration in claim form
12	POST MATRICULATION EDUCATION OF SON/DAUGHTER	Certificate from the institution regarding the Course of Study and anticipated expenditure.
13	DAMAGE TO THE PROPERTY DUE TO NATURAL CALAMITY/FLOOD/RIOT/EARTH QUAKE	Furnish the Certificate "D" given at following pages
14	EFFECTED BY CUT OF ELECTRICITY	Furnish the Certificate "E" given at following pages
15	PURCHASE OF EQUIPMENT FOR PHYSICALLY HANDICAPPED MEMBER	Furnish the Certificate "F" given at following pages

**ENCLOSURE CERTIFICATES**

**Certificate- A REFER-Instruction Sl.No.6**

Certified that No Compensation was paid to the member Sh./Smt. ....  
.....for the period of Lock out/Closure.

Signature of the Employer/Authorised Official With date & Seal

**Certificate-B Refer Instructions Sl.No.7**

Certified that the member Sh. /Smt. .... has not received his wages for a continuous period of 2 months or more i.e. from ..... to .....

Signature of the Employer/Authorised Official With date & Seal

**Certificate-C Refer Instructions Sr.No.8**

Certified that the member Sh. /Smt..... Has/had been granted leave for a period of ..... From ..... to.....

2- The E.S.I. facilitates/Cash benefits are not actually to the member/the member has ceased to be eligible for cash benefits under E.S.I. Certificate from E.S.I. enclosed

Signature of the Employer/Authorised Official With date & Seal

**Medical Certificate to be issued**

- 1- In case of major Surgical operation or with the Hospitalisation for one month or more had or has become necessary the Doctor of the Govt. E.S.I./Private Hospital should issue A Medical Certificate.
- 2- In case of Treatment of T.B., Laprosey, Paralysis or Cancer by a Doctor of Govt. / Private hospital E.S.I. / or By a Regd. Medical Practitioner.
- 3- In case of Treatment of heart ailment or mental derangement: By a specialists Doctor.

Certificate that Sh. /Smt. / Kumar ..... S/o., W/o, D/o  
.....

- 1- Is suffering from T.B./Leprosy/Paralysis/Cancer/ Mental Dearthment/Heart ailment.
- 2- Is suffering from ..... disease for which a major surgical operation and hospitalization for a period of ..... days from ..... to ..... and or he has become Necessary.
- 3- Us suffering from ..... and hospitalization for a period of ..... days from ..... to ..... had or has become Necessary

Delete if not applicable

Signature of Doctor with dated Seal

**Certificate-D Refer Instructions Sl.No.11**

Certificate that the movable/immovable property of Sh. .... Viz  
.....situated.....has been damaged due to.....on Date].....  
The estimated loss of property due to calamity is valued at `..... The State Govt. has  
declared that Calamity has effected the general public in the area in which the property of the member  
is/was located vide Notification/Press release No. and date.....

Signature of Employer/Revenue official/Gazetted officer/M.L.A./M.P./Member  
of C.B.T. Regional Committee with Seal and date

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**Certified “E” Refer instructions Sl.No.-12**

Certified that the fall in wages amounting to 25% more than 25% of the wages in respect of Sh. /  
Smt..... is due to power cut.

Signature of the Employer/Authorised Official With dated Seal

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**Certified “F” [Refer instructions Sl.No.-13]**

Medical Certificate from a Competent Medical Practitioner:

Certified that Sh. / Smt. / Kumari ..... S/o/W/oD/o  
..... is physically handicapped Viz ..... Costing  
about .....to minimize the hardship on account of handicap.

Signature of Doctor with Date and Seal

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