

(FOR EXEMPTED ESTABLISHMENT ONLY)
 (FORM 4 FPF)
 (THE EMPLOYEES FAMILY PENSION SCHEME, 1971)
 PARAGRAPH : 15(4)

Return of Employees entitled for membership of the family pension fund during the month of

Name and address of the Establishment :-

U.P. State Bridge Corporation Ltd.,
 16, Madan Mohan Malviya Marg,
 Lucknow.

Code of the Establishment

- UP/4713

Sl. No.	Account No.	Name of the Employees (in block Capital	Father's name or husband's name in the case of married women	Age at entry	Sex	Date of entitlement for membership	Remarks previous A/c No. and particulars of employer if any.
Code No. of the Establishment						-UP/4713	
1	2	3	4	5	6	7	8

Signatures of the employer or other authorized office of the Establishment.

Date :

Stamp of the Establishment