



Employees' Provident Fund Organisation

Form for allotment of Social Security Number (SSN)

SSN Form No. (For office use only)

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(For office use only. Do not fill)

EPFO Code		D	D	M	M	Y	Y	Batch No.	SI. No.

PLEASE FILL IN CAPITAL ENGLISH LETTERS USING BLUE/BLACK BALL POINT PEN ONLY AND LEAVE ONE BLANK BOX BETWEEN WORDS IN NAMES

1. Current PF Account Number / / / /

Pension A/c No. in case of Exempted Establishment / / / /

Example : MH/1783/A/29 should be written as

M	H
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 /

1	7	8	3
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 /

A

 /

2	9
---	---

WB/SLG/388/35 should be written as

W	B
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 /

S	L	G
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 /

3	8	8
---	---	---

 /

3	5
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2. Full Name of Subscriber (No initials and no titles Expand initials. Do not abbreviate names)

First Name

Middle Name (s)

Last Name

3. Father's Full Name (No initials and no titles. Expand initials. Do not abbreviate names)

First Name

Middle Name (s)

Last Name

4. Mother's Full Maiden Name (No initials and no titles. Expand initials. Do not abbreviate names)

First Name

Middle Name (s)

Last Name

5. Sex (Please darken the corresponding circle, as applicable) Male Female

6. Date of Birth

D	D
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 /

M	M
---	---

 /

Y	Y	Y	Y
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7. Place of Birth (no numerals please)

Village/Town/City

District

State/Union Territory

County

8. Nationality of Applicant (Please darken the corresponding circle, as applicable) Indian Other

If other, please give name of the country of origin

9. Have you ever been known by any other name? (Please darken the corresponding circle, as applicable) Yes No

If yes, please give other name in full (Married ladies MUST give their maiden name here. No. nick names)

First Name

Middle Name(s)

Last Name