EMPLOYEES'
OLD AGE BENEFITS
INSTITUTION

PR-02
(For Self-Assessment Scheme)

Employer's Name _____ Regn No. [ ][ ][ ]-[ ][ ][ ][ ][ ] Sub Code. [ ][ ] [ ][ ] Month [ ][ ] Year [ ][ ][ ]

S. No	Insured Person Registration No.	N.I.C. No. Old	N.I.C. No. New (Nadra) Number	N.I.C. No. New (Nadra) Family Code	Name of Insured persons with Father's Name	SEX M/F	Date of Birth Day	Date of Birth Month	Date of Birth Year	Date Entry into Insurable Employment Day	Date Entry into Insurable Employment Month	Date Entry into Insurable Employment Year	Date of Exit (If Applicable) Day	Date of Exit (If Applicable) Month	Date of Exit (If Applicable) Year

Employer's Contribution _____

Employees' Contribution _____

Total

Signature Of Employer With Seal