EMPLOYEES' OLD-AGE BENEFITS INSTITUTION

PR-02 A
(For Normal Scheme)

Employes's Name _____ Regn No. | | | | | | | | | | Sub code | | | | | | | Month | | Year | | | | |

S. No		1. Insured Person Registration No. / 2. Name / F-H Name	3. Old N.I.C. / 4. New N.I.C. Nadra	5. Family Code / 6. Date Of Birth	7.Sex	Date Entry In Ins.Employ / Date Exit	No of days / Amount of wages	Employer contrbution / I.P.Contribution	Total Contribution
				d d m m y y	y y	d d m m y y y y			
1	1		X X - - -				X X		
	2		- - - - - - -						
2	1		X X - - -				X X		
	2		- - - - - - -						
3	1		X X - - -				X X		
	2		- - - - - - -						
4	1		X X - - -				X X		
	2		- - - - - - -						
5	1		X X - - -				X X		
	2		- - - - - - -						
6	1		X X - - -				X X		
	2		- - - - - - -						
7	1		X X - - -				X X		
	2		- - - - - - -						
8	1		X X - - -				X X		
	2		- - - - - - -						
9	1		X X - - -				X X		
	2		- - - - - - -						