PR-02-A (Revised)

Employees Old Age Benefits Institution

Employers Name_____ Registration No._____ Sub-code_____

Statement of Employees for the Financial Year (July to June) _____

S.No.	I P's Registration Number	CNIC Number	NIC Number	Token No.	Name of Insured Person	Father/Husband's Name	Relationship Code (F= Father; H= Husband)	Gender (M=Male; F=Female)	Date of Birth	Date of Entry into Service	Date of Exit (If any)	Days Worked	Wages Paid	Employer's Contribution	Employees' Contribution	Total Contribution	Remarks
Total																	

Employer's Signature and Seal