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Code No. : **FORM 9 (Revised)**

S.No	Account No	Name of the Employee (In block letters)	Father's Name / Husband's Name	Age	Sex	Date of Joining the PF	Total period of previous service as on the date of joining the fund	Date of Joining the PS	Initials of S.S	Date & Reason of leaving service	Remarks & Initials on settlement DC/SS/AAO/AC EPF/EPS/DLI
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