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## कर्मचारी भविष्य निधि संगठन

(श्रम एवं रोजगार मंत्रालय, भारत सरकार)

Employees' Provident Fund Organisation  
(Ministry of Labour & Employment, Govt. Of India)

मुख्य कार्यालय/ Head Office

भविष्य निधि भवन, 14-भीकाजी कामा प्लेस, नई दिल्ली-110066

Bhavishya Nidhi Bhawan, 14-Bhikaji Cama Place, New Delhi-110066

Website: www.epfindia.gov.in

No. Pen/2/4/Clarifi/2010/Vol.V

Dated 15 DEC 2011

To,

All Addl. Central P.F. Commissioners  
All Regional Provident Fund Commissioners,  
All Officers-in-Charge, ROs/SROs.

**Sub: Grant of Monthly Children Pension to disabled children under EPS, 1995 - Criteria for deciding eligibility.**

Sir,

Attention is invited to HO Circular No. Pension/Misc./2005/Vol.V/16045-180 dated 25-05-2006 in which the instructions were issued for grant of pension to mentally disabled children under Para 16(3)(e) of EPS, 1995. It was clarified that mentally disabled children may be considered for grant of pension under Para 16(3)(e) provided the Medical Board certifies that the mental disability is permanent and irreversible in nature.

However, references were received from field offices/claimants that, the existing Performa circulated vide Circular No. Pen/2/4/Clarifi/96/B/Vol.II dated 08-09-2006 is meant only for disabled members of Employees' Pension Scheme, 1995, but not the disabled children of the members.

Accordingly, Formats prepared specifically meant for grant of disablement pension for children under EPS, 1995 i.e. **CDP-I for Physical Disability** and **CDP-II for Mental Disability** are enclosed, alongwith format for issuing authority letter to the concerned Central Government / State Government / ESIC / any other local authority Hospital / Institution competent to constitute board.

All references on this subject be treated decided as above.

It is requested that efforts be made to ensure that eligible children get the due benefit without any delay.

Encl: As above.

Yours faithfully,

(APRAJITA JAGGI)

REGIONAL P.F. COMMISSIONER-II (PENSION)

Copy to:

1. FA & CAO.
2. Chief Vigilance Officer.
3. Director NATRSS.
4. RPFC (NDC)/ (NRPO) with a request to upload on the website.
5. All ZAPs/All ZTIs/Sub ZTI.
6. All Officers in the Head Office.
7. Hindi Section for Hindi Version.

Employees' Provident Fund Organisation  
(Ministry of Labour – Government of India)  
R.O./S.R.O. \_\_\_\_\_

No.

Date:

To

Name of the Hospital / Institution  
(should be of Central Govt. or State Govt. or  
ESIC or any other local authority).

Sir,

Sub: Issue of Medical Certificate for claiming the Disabled Children Pension under  
Employees' Pension Scheme, 1995.

Shri/Kumari/Smt. \_\_\_\_\_ S/o / D/o / W/o \_\_\_\_\_  
aged \_\_\_\_\_ years is to be medically examined for considering his application for payment of  
Disabled Children Pension under Employees' Pension Scheme, 1995 on the ground that he/she is  
disabled.

It is requested that a Medical Board may be constituted to examine him/her and issue a  
Medical Certificate in the enclosed format. The Certificate may please be forwarded directly to the  
undersigned.

A slip containing photograph and identification marks of the child is enclosed.

The date and time for medical examination may be intimated to person whose address is given  
below, who shall bear the cost of the medical examination.

Encl: As above.

ASSTT. PROVIDENT FUND COMMISSIONER  
(Pension)

Copy forwarded to :

Shri/Smt. \_\_\_\_\_ ( Full address )  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On receipt of intimation from the Hospital authorities, he/she ensure that the child appears before the  
Medical Board on the date and time indicated in their letter.

**PROFORMA - I**  
**CDP - I**

MEDICAL CERTIFICATE ISSUED FOR CLAIMING THE MONTHLY  
**CHILDREN DISABILITY PENSION** UNDER THE EMPLOYEES'  
PENSION SCHEME, 1995 ON ACCOUNT OF **PHYSICAL DISABILITY**.

Certified that Shri/Kumari/Smt. \_\_\_\_\_  
aged \_\_\_\_\_ years S/o / D/o / W/o \_\_\_\_\_  
appeared before us on (date) \_\_\_\_\_ .

We have carefully examined him/her and certify that he/she has a  
**physical disability which is total and permanent.**

Details of total and permanent physical disability are as follows :-

\_\_\_\_\_  
\_\_\_\_\_

Place:

Signature  
(Chairman & Member of the Medical Board)

Date:

Seal

**PROFORMA-II**  
**CDP-II**

**MEDICAL CERTIFICATE ISSUED FOR CLAIMING THE MONTHLY CHILDREN DISABILITY PENSION UNDER THE EMPLOYEES' PENSION SCHEME, 1995 ON ACCOUNT OF MENTAL DISABILITY.**

Certified that Shri/Kumari/Smt. \_\_\_\_\_  
aged \_\_\_\_\_ years S/o / D/o / W/o \_\_\_\_\_  
appeared before us on (date) \_\_\_\_\_ .

We have carefully examined him/her and certify that he/she has a  
**mental disability which is permanent and irreversible.**

Details of permanent and irreversible mental disability are as follows :-

\_\_\_\_\_

\_\_\_\_\_

Place :

Signature  
(Chairman & Member of the Medical Board)

Date :

Seal