



EMPLOYEES' PROVIDENT FUND ORGANISATION  
REGIONAL OFFICE, AHMEDABAD

**SPECIMAN SIGNATURE CARD**

SR/SRT/

[all the information below to be filled in BLOCK LETTERS Only]

Name of the Establishment:

With address:

Name /Name of Authorized Aignatory / Signatories and his/their Status	Specimen Signature
1.  Designation	
2.  Designation	
3.  Designation	

Special Instructions if Any

Date:\_\_\_\_\_

Signature of Employer \_\_\_\_\_

Name of Employer \_\_\_\_\_

Rubber Stamp \_\_\_\_\_

\_\_\_\_\_