EMPLOYEES' OLD-AGE BENEFITS INSTITUTION

PR-02B
(For new entrants/Exit)
PR03 Serial No----------
Date----------
Total amount No. of IPs----------

Name of establishment_____

Registration No._____Sub Code_____

LAST MONTH AGAINST WHICH PRO2 WAS SUBMITTED_____LAST MONTH CHANGES REPORTED_____

S.NO		EOBI NO. /OLD NIC #	NEW NIC	SEX	NAME OF IP WITH FATHER'S NAME	DATE OF BIRTH	DATE ENTRY IN INSURE - ABLE EMPLOYMEN T	DATE OF EXIT
	NIC	- -	FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					
	NIC		FAMILY CODE					
	EOBI		No - -					