NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes (Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees Pension Scheme 1995)

1. Name (IN BLOCK LETTERS):	VINAY	NAVIN CHANDRA	PANDEY
	Name	Father's / Husband's Name	Surname
2. Date of Birth: 25/06/19	91 3. Account	No.	
4. *Sex : MALE/FEMALE:M	ALE	5. Marital Status UNMARRIED	
6. Address Permanent / Temporary	: Ward no.	4 Shanti Duoro' no. 4, Khamidingh Nageon, Uttorakhand 26	a Block no.4
	Udham S	ingh Nageon, Uttorakhand 21	33148

PART - A (EPF)

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, in the event of my death.

Name of the Nominee (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
KAMLESH	Khamia Block	MOTHER	07/04/1969	100 %	
PANDEY	no, 4, Whan				
	Singh Nager				
	Utteoralkand				

- *Certified that I have no family as defined in para 2 (g) of the Employees Provident Fund Scheme 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
- 2. * Certified that my father/mother is/are dependent upon me.

Strike out whichever is not applicable

Signature/or thumb impression of the subscriber

PART – (EPS) Para 18

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow/Children Pension in the event of my premature death in service.

Sr. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

Thereby nominate the following person for receiving the monthly widow pension (admissible under para 16.2 (a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension

Name and Address of the nominee	Date of Birth	Relationship with member

Date						
			Signature or thumb impression of the subscriber			
	CERTIFICATE BY EMPLOYER					
Missread the	Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri / Smt.					
Date:		Signature of t establishment	he employer or other authorised officer of the			
	& address of the Factory/Establishment	Place : Date :				