

(FORM 2 REVISED)

**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): SUMANTH VOWDA S SHIVARAJU M.R  
Name Father's / Husband's Name Surname  
2. Date of Birth : 31/07/1999 3. Account No. ✓  
4. \*Sex : MALE/FEMALE: MALE 5. Marital Status SINGLE  
6. Address Permanent / Temporary : S/O Shivaraju MR #191 Marinakere Post  
Dabbeghatta Hobali Tumakere Marinakere Tumkur  
Karnataka-572221

**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  |
| Shivaraju MR            | #191 Marinakere Post Dabbeghatta Hobali Tumkur | Father                                 | 24/9/1969     | 50   |  |
| Shashikala N.S          | #191 Marinakere Post Dabbeghatta Hobali Tumkur | Mother                                 | 2/01/1973     | 50   |  |

1. \*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

Sumanth S  
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)                          |
| 1      | Shivaraju M.R<br>#191 Marinakere Post Dabbeghatta Hobali Tumkur  | 53  | Father                       |
| 2      | Shashikala N.S<br>#191 Marinakere Post Dabbeghatta Hobali Tumkur | 49  | Mother                       |

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.

I hereby 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 |
|--|---------------|--------------------------|
| 1) Shivaraju M.R<br>#191 marinakere post Dabbegh<br>hatta Hobali Tururukere<br>marinakere Tumkur<br>Karnataka - 572221               | 24/09/1969    | Father                   |
| 2) Shashikala N.S<br>W/O Shivaraju M.R<br>marinakere post Dabbegh<br>tta Hobali Tururukere<br>marinakere Tumkur Karnataka<br>-572221 | 2/01/1973     | Mother                   |

Date 23/09/2022

Sumth S.

Signature or thumb impression  
of the subscriber

#### CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri / Smt./ Miss \_\_\_\_\_ employed in my establishment after he/she has read the entries / the entries have been read over to him/her by me and got confirmed by him/her.

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

Signature of the employer or other authorised officer of the  
establishment

Name & address of the Factory /Establishment

Place :

Date :