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): ADINATH BHIMRAO KAI	MAC
	rname
2. Date of Birth: 03/10/2000 3. Account No. 0564015 35 256	
4. *Sex : MALE/FEMALE: MALE 5. Marital Status UNMARRIED	
6. Address Permanent/Temporary: Naibal galli, Jaygaon, Ta. Parali Valinath, district: Beed.	
ratination, diethict: Becai	10 m

PART - A (EPF)

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below

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
Aruna	Beed	Mother		100-1-	

- *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.
- * Certified that my father/mother is/are dependent upon me.

Strike out whichever is not applicable

Signature/or thumb impression of the subscriber

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
	(2)	(3)	(4)
(1)	17		
	MANUFACTURE DESCRIPTION OF THE PERSON OF THE		

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
Hadam Kadam		motises
Address: Naibal		
garii, Joygon, Ta.		
Parsali Valin Vaisinath		
vaiscenates i district		
: Beed.		

Date	
	Signature or thumb impression of the subscriber
CERTIFICATE BY	EMPLOYER
Contified that the above declaration and nomination has	s been signed / thumb impressed before me by Shri / Smt./
Miss read the entries / the entries have been read over to him/her by me and	d 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: