

1. Name (IN BLOCK LETTERS): AMIT HARKIT Surname
Name Father's / Husband's Name

2. Date of Birth : 30/12/1995 3. Account No. _____

4. *Sex : MALE/FEMALE: MALE 5. Marital Status Single

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6. Address Permanent / Temporary : AT- KISNIPATTI PO+PS- PHULPARAS
DIST- MADHUBANI (BIHAR) 847409

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.

No.	Name of the nominee	Relationship	Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If the nominee is a minor, the address of the parent or guardian should be given.

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) 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
HARIT	VILL-KISWA	FATHER		yes 100000	
YADAV	-PADA ROAD				
	PHULPARAS				
	MADHUBARE				

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.

Signature/ or thumb impression
of the subscriber

Para 18

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.

[illegible]

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
HARKIT YADAV	11/1/1966	FATHER

Date 25/02/2022

Amit Rana
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

Place :

Name & address of the Factory /Establishment

Date :