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): _ Faloa	n Nava	U	Verire
Name	Father's / Hus	shand's Name	Surname
2. Date of Birth: 09/01/199/ 3.	Account No. 9200100	70823886	
4. Ser. MALETEMALE: Male	5. Marital Status	Maried	1 m 2)
2. Date of Birth: O9 01 199 3. 4. *Sex . MALL/TEMALE: Male 6. Address Permanent / Temporary: A 7	post Bhayaic	ind, Berty	(17):1.7
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PART - A (EPF)

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

ave 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
Nidhika	AT POST	. Wite	24/05/		
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- *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. 2.

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)	Nidhika AT post Bhayaradi, Betul (M.)	(3) 24	121te.
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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		
Nidhika verman AT poot Bhayawadi Betul (M.P)	24/05/1998	wife.		

Date 27/02/23

Signature or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER								
Miss						een signed / thumb employ employ t confirmed by him/h	yed in my establishn	ne by Shri / Smt./ nent after he/she has
read the	e entries / the en	ntries have been read	over to m	miner by m	e and go	ot confirmed by nim/h	er.	
Date:						Signature of the emestablishment	ployer or other auth	orised officer of the
Name &	address of the	Factory /Establishm	ent			Place :		

