(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) : ROSHANI DEVI W/. DHARAMPAL
   Name / Father's / Husband's Name / Surname

2. Date of Birth : 02/07/1956 3. Account No. 80/703 00051788

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

6. Address Permanent / Temporary : VILL- SAINIPURA, TE-HANSI, DIST- HISAR STATE- HARYANA

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
ROSHANI DEVI	Hansi	MOTHER	02/07/1956		

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

Pawan
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)
	ROSHANI DEVI	60	MOTHER
	PAWAN KUMAR	33	SELF
	SANDEEP KUMAR	29	BROTHER

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
ROSHANI DEVI VILL-SAINIPURA, TEH-HANSI, DIST- HISAR STATE-HARYANA PIN- 125033	02/07/1956	MOTHER

Date 23/06/23

Pawan

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 :