

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

1. Name (IN BLOCK LETTERS): MAYANK ROY. LATE CHANDRIKA PRASAD SINGH.

2. Date of Birth : 23/08/1995. 3. Account No. _____

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

6. Address Permanent / Temporary : S/O, LATE CHANDRIKA PRASAD SINGH, MAYANK ROY,
EAST NANDGOLA BANGLA PAR GHAT KINARE PATNA CITY 800008.

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.

[illegible]

- 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

ਫਰਮਾ ਫੇਰੀ

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.

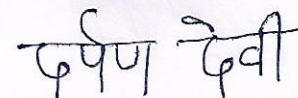
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Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

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

Date 14/12/2023.



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 :