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) : _	VAISHAKH	MUE	PALEEDHAR	AN
			Father's / Husband's Name	
2. Date of Birth : 02 01 2				
4. *Sex : MALE/FEMALE:	OALE5. Marit	al Status	SINGLE	
6. Address Permanent / Temporary :	Vallyadhue	Mayo	Venmoney	P.O (689509)
	PART	- A (EPF)		
I hereby nominate the person(s)/cand to receive the amount standing to my	cel the nomination made by n	ne previously a wident Fund, in	and nominate the person(s) in the event of my death.	mentioned below
to receive me		COLUMN DESIGNATION OF THE PERSON OF THE PERS	THE RESERVE OF THE PERSON NAMED IN	To the manifest in asimos

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

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)	(2)	(3)	(4)

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	
	Signature or thumb impression of the subscriber
	of the sunscriper

CERTIFICATE BY EMPLOYER

	Certified that the above declaration and nomination has been	signed / thuml	b impressed	before me by	Shri / Smt./
Miss_	VAISHAKHO M	empl	loyed in my	establishment a	ifter he/she has
read the	entries / the entries have been read over to him/her by me and got co	onfirmed by him	/her.		

Date: 11 02 2025

Signature of the employer or other authorised officer of the establishment

Name & address of the Factory /Establishment

Place: Toivandour