

## NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

1. Name (IN BLOCK LETTERS): SACHIN KUMAR YOGENDRA PRASAD SINGH  
Name Father's / Husband's Name Surname

4. \*Sex : MALE/FEMALE: MALE 5. Marital Status SINGLE

**PART - A (EPF)**

[illegible]

- Strike out whichever is not applicable

PART - (EPS)  
Para 18

[illegible]

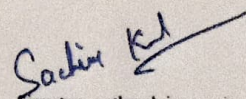


Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

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
Yogendra Prasad Singh  Sharda Nagar, near bus stand, Purnia 854301, Bihar	01/01/1974	father

Date 18/12/2024

  
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 :