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)

				on Scheme 19				
1. Name (IN	BLOCK	LETTERS): SAC	HIN KUHAR	YOG Father's	ENDRA PRAS Husband's Name	AD STUGH		
2. Date of B	Birth :	2/05/5001	3. Account No					
4. *Sex : M	IALE/FEM	ALE: MAL	- t 5. M	arital Status_	STNULE			
6. Address I	Permanent	/ Temporary :	Sharda N Bihar	lagor,	near bus slar	d, Purnia 8543		
			PAI	RT – A (EPF)			
					isly and nominate the person(s nd, in the event of my death.	s) mentioned below		
Name o Nomine	of the	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		
			unity as defined in page above nomination sh			I Scheme 1952 and should I		
2.	* Certified	that my father/me	other is/are dependent	upon me.				
Strike out v	Strike out whichever is not applicable Signature/or thumb impression of the subscriber							
		w particulars of t e death in service.	he members of my fa	ART – (EPS) Para 18 mily who wo	uld be eligible to receive Wi	dow/Children Pension in the		
Sr. No	Name & Address of the Family Member			Age	Relationshi	p with the member		
(1)	(2)		(3)		(4)			
A SECURITION OF THE PARTY OF TH				COLUMN TWO IS NOT THE OWNER, THE	THE RESIDENCE OF THE PARTY OF T			

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 bereafter I shall family Pension 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	01/01/1974	father
Sharda Nagar, near bus stand, Purnia 854301, Bihar		

Date 18 12 2024

So direct Education Signature or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomini	ation has been signed / thumb impressed before me by Shri / Smt./ employed in my establishment after he/she has
read the entries / the entries have been read over to him/her b	
Date:	Signature of the employer or other authorised officer of the establishment
Name & address of the Factory /Establishment	Place:
The second secon	Date: