(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) : AMAN JHA (Name) MR. SURENDRA (Father's/Husband's Name) JHA (Surname)

2. Date of Birth : 29/04/1999 3. Account No. :

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

6. Address Permanent/Temporary : BHANSHIPURA, IN FRONT OF TAIL MELE MORAR, GWALIOR 474006

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
KULDEEP JHA	BHANSHIPURA TALE MELE MORAR GWALIOR	BROTHER	24/08/2001	100%	

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.

Aman

Signature/or thumb impression of the subscriber

*Strike out whichever is not applicable

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

Sl. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)
1.	MR. SURENDRA JHA	52	FATHER
2.	MRS KRISHNA JHA	47	MOTHER
3.	KULDEEP JHA	21	BROTHER

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and hereby I exercise the family hereafter I shall furnish Particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly widow pension (with arrears if any) 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
KULDEEP JHA	24/08/2001	BROTHER

Date _____

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 :