

(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) : SHIVAM KUMAR _____
Name Father's / Husband's Name BACHHO SINGH Surname

2. Date of Birth : 17-10-1996 _____ 3. Account No. 721801501219 _____

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

6. Address Permanent / Temporary : 27/26 ANALA KAZI PARA AGRA 282001 UTTRA PRADESH _____

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
VIMLA DEVI	27/26 ANALA KAZI PARA AGRA 282001 UTTRA PRADESH	Mother	01/01/1966	100 %	NA
PRIYA SINGH	27/26 ANALA KAZI PARA AGRA 282001 UTTRA PRADESH	SISTER	01/01/2000	100^%	NA

- 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

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)

[illegible]

