## 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		AM KUMAR	Father's	/ Husband's Name BACHHC	SINGH Surname
2. Date of Birth: 17	7 - 1 0 - 1 9 9 6	3. Account No. 7	21801501219_		
4. *Sex : MALE/FEMALE: MALE 5. Marital Status UNMARRIED					
6. Address Permanen	nt / Temporary : 27/2	6 A NALA KAZI PAR	A AGRA 28200	1 UTTRA PRADESH	
		PA	RT – A (EPF)		
•	1 (/			ly and nominate the person(s d, in the event of my death.	s) mentioned below
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 A NALA KAZI PARA AGRA 282001 UTTRA PRADESH	Mother	01/01/1966	100 %	NA
PRIYA SINGH	27/26 A NALA KAZI PARA AGRA 282001 UTTRA PRADESH	SISTER	01/01/2000	100^%	NA
1 *Certified acquire a	that I have no far family hereafter the	nily as defined in pa above nomination sh	ara 2 (g) of the nould be deeme	e Employees Provident Funded as cancelled.	1 Scheme 1952 and should I

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)

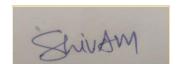
	1	I		

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
the nominee 27/26 A NALA KAZI PARA AGRA UTTAR PRADESH	01/01/1966	Mother

Date 31-03-2021\_\_\_\_\_



Signature or thumb impression of the subscriber

CERTIFIC	CATE BY EMPLOYER
Certified that the above declaration and nomin	ation 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 b	y me and got confirmed by him/her.
Date :	Signature of the employer or other authorised officer of the establishment
	M
Name & address of the Factory /Establishment	Place:
•	Date: