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

	Per	usion scheme 199.	")	A A A I TO A	A MARKET A
1, Name (IN BLOCK LETTERS):	43H13	HEK	KUMAR/	SHOLIM	KUMAR
	Name	Father's /	Husband's Name	St	ırname
2. Date of Birth : 20/08	12002 Account No	4722	0100009	D	
2. Date of Bittir.	3,71000	Control State of the State of t		12.11	
4. *Sex : MALE/FEMALE:	MALE 5.	Marital Status	UM MAK	RIED	
	INUIR	-RLOCK	TAP KES	SIDEIXCY	MEAR
6. Address Permanent / Temporary	MANDOAR	HATTH	13 6 5 10 6	= COUNTER	A PALACE
-	HEMUN	AUTAR	BILASP	OR	
	j	PART - A (EPF)			
71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	wast the comingtion ma	de by me previous	ly and nominate the nerse	on(s) mentioned below	

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
GEETADE	1 BILASPU	R MOTHER	V1/197	50%	
SANDAY	BILASPUR	FATHER	1/1/197	4 500%	
ROPURE					

- *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)
	il .		

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

Signature or thumb impression of the subscriber

CERTIFIC	CATE BY EMPLOYER	
Certified that the above declaration and nomin	nation has been signed / thumb impressed before me by Shri /	
Miss	employed in my establishment after he/s.	he 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 establishment	of the
	Place:	
Name & address of the Factory /Establishment	D	
	Date:	