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 1952 and Paragraph 18 of the Employees								
1. Name (IN BLOCK	(LETTERS): AS	HISH RANJA	in s	HAMBHU PRACA	AD SINGH			
2. Date of Birth: 09-01-2002 3. Account No								
4. *Sex : MALE/FEN	MALE: MA	5. M	larital Status	SINICIE				
6. Address Permanent / Temporary: K-164, Honumon Nagar Kankorhagh Patna, Near K-Sector Pack								
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			
Shambhu	ALITUR	father	1961	50%				
Amit	Patria	Brother	1989	SO'				
*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.

. No	Name & Address of the Family Member	Age	Relationship with the member	
(1)	(2)	(3)	(4)	
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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 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
· · · · · · · · · · · · · · · · · · ·		
Date		
		Signature or thumb impressio of the subscriber
CER	TIFICATE BY EMPLOYER	
Certified that the above declaration and		
Miss read the entries / the entries have been read over to hir		ployed in my establishment after he/she ha m/her.
Date :	Signature of the establishment	e employer or other authorised officer of th
	Place:	
Name & address of the Factory /Establishment	Date:	

Date: