

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees Pension Scheme 1995)

SHARMA _____
Surname

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

6. Address Permanent / Temporary : Flat number 202, garden view apartment, shiv nagar, second Ramnagar Jagatpura Jaipur- 302017__

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.

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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
RENU SHARMA	THANAGAZI, ALWAR- 301022	MOTHER	3/12/ 1978		

2. * Certified that my father/mother is/are dependent upon me.

Signature/or thumb impression
of the subscriber

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.

[illegible]

