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 I	ETTERS) SA	NJIV KUN	OAR	SRIPALSINGH	
		ame		s / Husband's Name	Surname
2. Date of Birth:	107/1983	3. Account No.			
4. *Sex : MALE/FEM	ALE: MA	LE 5.M	arital Status _	MARRIED	
6. Address Permanent	/Temporary:	98, Wills	ege-Pa	l, Past-Ahir	rwq, Teh-BHOGAO
	1_	MAM -TZ/C	IPVRI	U.P. 2050	001
		PA	RT – A (EPF	")	
I hereby nominate the to receive the amount	person(s)/cancel t standing to my cr	the nomination made ledit in the Employees	by me previou Provident Fu	usly and nominate the person(s nd, in the event of my death.	1992
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
0.1	2	3	4	5	6

- *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

BHARTI

Signature/or thumb impression of the subscriber

100 1

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)
0	PARIDHI STNOH	12	Duaghter
	98, Killage-Pal, Ahirura		
	majupui U.P. 205001	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(2)	VANSH KUMAK STANGH	8	SON
	90,000, Alirera mainpuri UiP		
3)	ISIDDHARTH KUMAR SINGH	5	SON
	190, Pal, Alirwa majupusu		
-	UP. 20500		

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.

BHARTI 98, Village-Pal, Post-Ahirwa Teh-Bhogaen Dist-Mainpuri U.P. 205001 WIFE	Date of Birth	Relationship with member
Teh - Bhogaon Dist - Mainpuri	20/00/1991	WIFE
Teh - Bhogaon Dist - Mainpuri		
U.P. 205001		

Date 27/06/2025

Signature or thumb impression of the subscriber

Certified that the above declaration and nomination has been signed / thumb impressed before a	me by Shri / Smt /
Continue and are are	me of biller, biller
Miss employed in my establish	ment after he/she has
read the entries / the entries have been read over to him/her by me and got confirmed by him/her.	
그는 사람이 많아 보다 맞다는 것이 하나 하는 사람들은 사람이 많아 가장이 걸었다. 중인 회	
원이다. 회사 보고 이번째 살아가 하다 보고 있다. 그 보고 하겠었다고 그는 경에 보고 했다. 이번에	
Date: Signature of the employer or other aut establishment	thoused officer of the
본 보기로 시작하다 개최도 보고 마셨다고 보고 개가 하는 건 없다고 되었다.	
원일하는 항 최고를 이 이렇게 되고 있는 가겠었다. 이렇지를 내는 그리얼이 모르게 살았다.	
Place:	
Name & address of the Factory /Establishment Date:	
대학생 보고 이 개를 내내내가 내용한 남성을 내려 보고 있다. 이 살 때 가는 모든 사용을 받는	