

D O J \_\_\_\_\_

**FORM 2 (REVISED)**  
**NOMINATION AND DECLARATION FORM**  
**FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS**

Emp ID \_\_\_\_\_

**Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme**

( 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 LETTERS)                      NAME                      FATHER'S/ HUSBAND'S NAME                      SURNAME

2. Date of Birth \_\_\_\_\_ 3. Account No. \_\_\_\_\_

4. Sex : Male / Female : \_\_\_\_\_ 5. Marital Status: Married/ Unmarried/ Widow/Widower

6. Permanent Address: \_\_\_\_\_

7. Temporary Address : \_\_\_\_\_

**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 & Address of the Nominee (s) | Nominee's relationship with the member | Date of Birth | Total amount or Share of accumulations in P.F. to be paid to each nominee | If the nominee is minor, name relationship & address of the guardian who may receive the amount during the minority of nominee |
|-----------------------------------|--|---------------|---|--|
| 1                                 | 2                                      | 3             | 4   | 5  |
|                                   |  |               |   |  |
|                                   |  |               |   |  |
|                                   |  |               |   |  |
|                                   |  |               |   |  |

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

\* strike out which is not applicable.

**X** Signature or thumb impression of the subscriber

**P.T.O.**

**PART –B (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 death.

| Sr. No. | Name and Address of the Family member | Date of Birth | Relationship with member |
|---------|---------------------------------------|---------------|--------------------------|
|         |                                       |               |                          |
|         |                                       |               |                          |
|         |                                       |               |                          |
|         |                                       |               |                          |
|         |                                       |               |                          |
|         |                                       |               |                          |

.. Certified that I have no family, as defined para 2 (vii) of the Employees' 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) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

| Sr. NO. | Name & Address of the Nominee | Date of Birth | Relationship with the member |
|---------|-------------------------------|---------------|------------------------------|
| (1)     | (2)                           | (3)           | (4)                          |
|         |                               |               |                              |
|         |                               |               |                              |
|         |                               |               |                              |
|         |                               |               |                              |
|         |                               |               |                              |

Date : \_\_\_\_\_

.. Strike out which is not applicable

**X Signature or thumb impression of the subscriber**

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination 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 by me and got confirmed by him /her.

Name & Address of the Factory / Establishment  
Or Rubber Stamp thereof

Place : \_\_\_\_\_

Date : \_\_\_\_\_

**X** Signature of the employer or other authorised officer of the establishment