

## Form F

### Nomination

To,

(Give name or description of the establishment with full address)

1. I, Shri / Shrimati / Kumari \_\_\_\_\_ whose particulars are given in the statement below, hereby nominate the person's mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before the amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).
2. I hereby certify that the person(s) mentioned is a / are member of my family within the meaning of clause (h) of section 2 of the Payment of Gratuity Act, 1972.
3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
4. My father/ mother/ parents is / are not dependent on me.
5. My husband's father/ mother/ parents is / are not dependent on my husband.
6. I have excluded my husband from my family by a notice dated \_\_\_\_\_ to the controlling authority in terms of the provision to clause (h) of section 2 of the said Act.
7. Nomination made here in invalidates my previous nomination.

I hereby consent to Company disclosing the personal information of my nominee and myself with the vendor by name Life Insurance Corporation of India for payment of gratuity.

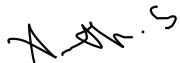
Name in full with full Address of Nominees	Relationship with the Employee	Age of Nominee	Proportion by which the gratuity will be shared
1	2	3	4
ADDRESS:			
ADDRESS:			

### Statement

1	Name of employee in full	
2	Sex	
3	Religion	
4	Whether unmarried / married / widow / widower	
5	Department / branch / Section where employed	
6	Post held with Ticket or Serial No., if any	
7	Date of appointment	
8	Permanent address	

Village ..... Thana ..... Sub - division .....  
 Post Office ..... District ..... State .....

Date:

  
 Signature / Thumb impression  
 of the employee

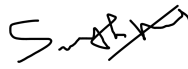
**Declaration by Witnesses**

Nomination signed / thumb impression before me.

Name in full and address of witness

Signature of witnesses

1. Senthil Kumar and  
 2/87A, Andipalayam, Kinathukkadavu,  
 Coimbatore-642120
- 2.

1. 
- 2.

**Certificate by the Employer**

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's reference No., if any

Signature of the employer /  
 Officer authorized

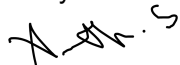
Date:

Designation:

**Acknowledgment by the Employee**

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date:

  
 Signature of the employee

FORM-I

NOMINATION AND DECLARATION FORM  
(See rule 3)

1	Name of person making nomination (in block letters)	
2	Father's/Husband's Name	
3	Date of Birth	
4	Sex	
5	Marital Status	
6	Permanent Address	
7	Temporary Address	

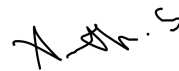
I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event to my death.

Name of the nominee/nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulations in credit to be paid to each nominee	If the nominee is minor, name, relationship and address of the guardian who may receive the amount during the minority of nominee.
(1)	(2)	(3)	(4)	(5)	(6)

1 Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.

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

3 \*Strike out whichever is not applicable.



Signature or the thumb impression of the employed person

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signed/thumb impressed before me by  
Shri/Smt./Kum\_\_\_\_\_ employed in my establishment after he/she has read the entry/entries  
have  
been read over to him/her by me and got confirmed by him / her.

Signature of the employer or other authorised  
officer of the establishment and Designation

Place:  
Date :

Name and Address of the Factory/Establishment  
and  
rubber stamp thereof.

**Definition for Family**

**(h) "Family" in relation to an employee, shall be deemed to consist of –**

**(i) In the case of a male employee, himself.his wife.his children.whether married or unmarried  
His dependent parents [and the dependent parents of his wife and the widow] and  
Children, of his predeceased son, if any**

**(ii) In the case of a female employee, herself husband, her children, whether married  
Or**

Unmarried, her dependent parents and the dependent parents of her husband and the  
Widow and  
Children of her predeceased son, if any,

**[ 1, Substiuted for the words" and the widow" by Act No, 22 of 1987, s.2 (ii)  
(a).w.e.f. 1-10-1978**

## FORM 2 (Revised)

## NOMINATION AND DECLARATION FORM

## (For Unexempted / Exempted Establishments)

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) : 2 Father's / Husband's Name :  
 3 Date of Birth : 4 Sex :  
 5 Marital Status : 6 Account No :  
 7 Employees ID No : 8 Date of Joining :  
 9 Address:

Permanent Address:

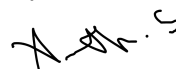
Temporary Address:

## PART A (EPF)

I hereby nominate the person(s) / cancel the nomination made by me previously and nominate the person(s), mentioned below receive the amount standing to my credit in the Employees' Provident Fund, in the event of my death.

Name of the Nominee/ Nominee's	Address	Nominee's Relationship with the Member	Date of Birth	Total amount or share of accumulation in Provident Fund to be paid to each nominee	If the nominee is a minor, name relationship and address of the guardian who may receive the amount during the minority of nominee
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.
- \*Certified that my father / mother is / are dependent upon me.



Signature or Thumb Impression of the Subscriber

**PART B (EPS) (Para 18)**

I hereby furnish below particulars of the members of my family who would be eligible to received widow/ children pension in the event of my death.

Sl.No	Name and Address of the Family Member		Date of Birth	Relationship with member
	Name	Address		
1	2	3	4	5

- \*\*Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.
- I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2 (a) (i) and (ii) in event of my death without leaving any eligible family member for receiving pension.

Name and Address of the Nominee	Date of Birth	Relationship with the Member

Date

  
Signature or thumb impression of the subscriber

**CERTIFICATE BY EMPLOYER**

Certified that above declaration and nomination has been signed / thumb impressed before me by Shri / Smt. / Kum \_\_\_\_\_ employed in my establishment after he / she has read the entries have been read over to him / her by me and got confirmed by him / her.

Signature of the Employer or other \_\_\_\_\_

Authorised Officers of the Establishment:

Designation: \_\_\_\_\_

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

Name and Address of Factory / Establishment or

Rubber Stamp thereof: \_\_\_\_\_

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**GUIDANCE FOR FILLING THE FORM No - 2****Employee's Provident Fund Scheme, 1952:-****(E P F)****Para 33:-Declaration by persons already employed at the time of institution of the fund:-**

Every person who is required or entitled to become a member of the Fund shall be asked forthwith by his employer to furnish and shall, on such demand, furnish to him, for communication to the Commissioner, particulars concerning himself and his nominee required for the declaration form in Form 2. Such employer shall enter the particulars in the declaration form and obtain the signature or thumb impression of the person concerned.

**Para 61: Nomination**

1. Each member shall make in his declaration in Form 2, a nomination conferring the right to receive the amount that may stand to his credit in the Fund in the event of his death before the amount standing to his credit has become payable, or where the amount has become payable before payment has been made.
2. A member may in this nomination distribute the amount that may stand to his credit in the Fund amongst his nominees at his own discretion.
3. If a member has a family at the time of making a nomination, the nomination shall be in favour of one or more persons belonging to his family. Any nomination made by such member in favour of a person not belonging to his family shall be invalid.

**Provided that a fresh nomination shall be made by the member on his marriage and any nomination made before such marriage shall be deemed to be invalid.**

4. If at the time of making a nomination the member has no family, the nomination may be in favour of any person or persons but if the member subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the member shall make a fresh nomination in favour of one or more persons belonging to his family.
- 4A. Where the nomination is wholly or partly in favour of a minor, the member may, for the purposes of this scheme appoint a major person of his family, as defined in clause (g) of paragraph 2, to be the guardian of the minor nominee in the event of the member predeceasing the nominee and the guardian so appointed.

Provided that where there is no major person in the family, the member may, at his discretion, appoint any other person to be a guardian of the minor nominee.

5. A nomination made under sub-paragraph(1) may at any time be modified by a member after giving a written notice of his intention of doing so in form 2. If the nominee predeceases the member, the interest of the nominee shall revert to the member who may make a fresh nomination in respect of such interest.
6. A nomination or its modification shall take effect to the extent that it is valid on the date on which it is received by the commissioner.



**Para 2(g): Family Means:-**

- (i) in the case of a male member, his wife, his children, whether married or unmarried, his dependent parents and his deceased son's widow and children;

**Provided that if a member proves that his wife has ceased, under the personal law governing him or the customary law of the community to which the spouses belong, to be entitled to maintenance she shall no longer be deemed to be a part of the member's family for the purpose of this scheme, unless the member subsequently intimates by express notice in writing to the commissioner that she shall continue to be so regarded; and**

- (ii) In the case of a female member, her husband, her children, whether married or unmarried, her dependent parents, her husband's, dependent parents, her deceased son's widow and children;

**Provided that** if a member by notice in writing to the commissioner expresses her desire to exclude her husband from the family, the husband and his dependent parents shall no longer be deemed to be a part of the member's family for the purpose of this scheme, unless the member subsequently cancels in writing any such notice.

**Explanation:** - In either of the above two cases, if the child of a member [or as the case may be, the child of a deceased son of the member] has been adopted by another person and if, under the personal law of the adopter, adoption is legally recognized, such a child shall be considered as excluded from the family of the member.

**EMPLOYEES PENSION SCHEME, 1995****(E P S)**

Para 18: Particulars to be supplied by the Employees already employed at the time of commencement of the Employees Pension Scheme.

Every person who is entitled to become a member of the Employees Pension Fund shall be asked forthwith by his employer to furnish and that person shall, on such demand, furnish to him for communication to the Commissioner particulars concerning himself and his family in the form prescribed by the Central Provident Fund Commissioner.

**Para 2(vii):-Family means:-**

- (i) Wife in the case of male member of the Employees' Pension Fund;
- (ii) Husband in the case of a female member of the Employees' Pension fund; and
- (iii) Sons and daughters of a member of the Employees Pension fund;

**Explanation** – The expression “Sons” and “daughters” shall include children [Legally adopted by the member]

**NOTE:** Members can nominate a person to receive benefits under the Employees' Pension Scheme 1995 where a member is unmarried or does not have any family. Such nominee shall be paid pension equal to widow pension in case of death of member.



**THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (Paragraph 34)  
AND  
THE EMPLOYEES' FAMILY AND PENSION SCHEME, 1971 (Paragraph 19)**

**Declaration by a person taking up employment in an establishment in which the Employees' Provident Funds & Family Pension Fund Scheme enforce**

I..... **(NAME OF EMPLOYEE)** S/o/W/o/Daughter of.....  
**(FATHERS NAME)** do hereby solemnly declare that:-

(a) I was employed M/s.....  
**(NAME AND FULL ADDRESS OF THE ESTABLISHMENT)** And left service on (DOL)..... prior to that, I was employed in

.....  
**(NAME AND FULL ADDRESS OF THE ESTABLISHMENT)** from (DOJ)..... to (DOL).....

(b) .I was member of ( Name of Trust or R. P. F. C.) ..... Provident Fund and also/but not of the Pension Fund from (DOJ) .....to (DOL) ..... And my account Number (s) was/were (PF No.).....

(c) I have/ have not withdrawn the amount of my Provident Fund/Pension Fund.

(d) I have/ have not drawn any superannuation benefits in respect of my past service from any employer.

(e) I have/ have not never been a member of any Provident Fund and/or Pension Fund.

(f) I am drawing/ not drawing Pension under EPS 95.

(g) I am a holder/ not holder of scheme Certificate.

(h) Scheme certificate surrendered/ not surrendered. **[TICK WHICHEVER IS APPLICABLE]**

**Date**.....

  
**Signature or left hand thumb impression  
of the employee.**

(To be filled by the employer only when the person employed had not already been a member of the Employees' Provident Fund)

Shri/Smt.....is appointed as.....  
**(NAME OF EMPLOYEE)** **(DESIGNATION)**

in M/s.....with effect from.....  
**(NAME OF THE FACTORY/ESTABLISHMENT)** **(DATE OF APPOINTMENT)**

**Date**.....

**Signature of the Employer/Manager or Other  
Authorised Officer**

FORM 'Q'  
See Rule 24 (9A)

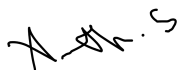
Appointment Order

1. Name and Address of the Establishment	:	
2. Name and Address of the Employer	:	
3. Name of the Employee	:	
4. Employee Postal Address	:	
5. Employee Permanent Address	:	
6. Father's Name	:	
7. Date of Birth	:	
8. Date of Entry in to employment	:	
9. Designation	:	
10. Nature of Work Entrusted	:	
11. Employee Serial number in the Register of Employment ( Muster Roll)	:	
12. Rates of Wages Payable to employee	:	
i) Basic	:	
ii) VDA	:	
iii) Other Allowances if any	:	
TOTAL	:	----- -----

Place:

Date:

Acknowledgement by employee  
With date and signature



Signature of the Employer

Seal of the establishment

**Form No 'N'**

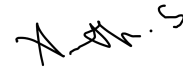
(See Rule 16 of the Tamil Nadu Shops and Establishment Rules 1948)

**Register of Service**

1	Name and address of the establishment	
2	Full name and address of the employer of the establishment	
3	Full name of the person employed	
4	Father's name	
5	Date of entry into service	
6	Designation of the person employed on his entry into service and any subsequent change therein with its date	
7	Rates of wages and any subsequent change therein with the dates of such change	
8	Allowances payable to the person employed on his entry into service (Here enter details of Dearness Allowance, House Rent Allowance and other such Allowances) and any subsequent changes therein with the date/s of such change	NTTDATA Offer letter CTC :
9	Rate of daily batta, if any, payable to the person employed on entry into service (i.e., Dakshina paise or other such payment known by any other name) and any subsequent change therein with the date/s of such change	
10	Details of any other concessions like medical benefits, rent-free quarters, etc, and any subsequent change therein with the date/s of such change	1. Membership for the Medical Reimbursement-15000/- 2. Hospitalization Insurance- 350000/-

Any change in your present address must be intimated in writing to Proprietor/ Manager

Received one Service book


**Signature of the Employer / Manager****Signature of the Employee****Date:**

**EMPLOYEES' PROVIDENT FUND ORGANISATION**

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

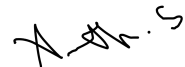
1.	Name of the member	
2.	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	
3.	Date of Birth: ( DD / MM / YYYY )	
4	Gender: (Male/Female/Transgender)	
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	
6	(a) Email ID: (b) Mobile No.:	
7	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes      No
8	Whether earlier a member of Employees' Pension Scheme, 1995	Yes      No
9	<b>Previous employment details: [if Yes to 7 AND/OR 8 above]</b>	
	a) Universal Account Number:	
	b) Previous PF Account Number:	
	c) Date of exit from previous employment: (DD/MM/YYYY)	
	d) Scheme Certificate No. (if issued)	
	e) Pension Payment Order (PPO) No. (if issued)	
10	a) International Worker:	Yes      No
	b) If yes, state country of origin (India/Name of other country)	
	c) Passport No.	
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	To
11	<b>KYC Details:</b> (attach self attested copies of following KYCs)	
	a) Bank Account No. & IFS Code	
	b) AADHAR Number	
	c) Permanent Account Number (PAN), if available	

**UNDERTAKING**

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/eKYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account.  
(The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date:

Place:



Signature of Member

**DECLARATION BY PRESENT EMPLOYER**

- A. The member Mr./Ms./Mrs. .... has joined on ..... and has been allotted PF Number .....
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:
- **(Post allotment of UAN)** The UAN allotted for the member is .....
  - **Please Tick the Appropriate Option:**
    - ☐ The KYC details of the above member in the UAN database
    - ☐ Have not been uploaded
    - ☐ Have been uploaded but not approved
    - ☐ Have been uploaded and approved with DSC
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
- The above PF Account number/UAN of the member as mentioned in (A) above has been tagged with his/her UAN/Previous Member ID as declared by member.
  - **Please Tick the Appropriate Option:-**
    - ☐ The KYC details of the above member in the UAN database have been approved with Digital Signature Certificate and transfer request has been generated on portal.
    - ☐ As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim (Form-13) for transfer of funds from his previous establishment.

Date:

Signature of Employer with Seal of Establishment



घोषणा पत्र DECLARATION FORM

फार्म-1/Form-1

घोषणा पत्र कर्मचारी द्वारा भरा जाएगा। फार्म के साथ पोस्टकार्ड आकार के दो फोटोग्राफ भी लगाए जाने चाहिए। फार्म भरने से पहले पीठ पृष्ठ पर दी गई हिदायतों को भली-भांति पढ़ लेना चाहिए। यह फार्म निःशुल्क है।

To be filled by employee after reading instruction overleaf. Two Postcard Size photographs to be attached with the form. This form is free of cost.

(क) बीमाकृत व्यक्ति के विवरण

(A) INSURED PERSON'S PARTICULARS

1. बीमा संख्या/Insurance No.					
2. नाम (स्पष्ट अक्षरों में) Name in block letters					
3. पिता/पति का नाम Father's/Husband's Name					
4. जन्म की तिथि Date of Birth		दिन Day	महीना Month	वर्ष Year	5. वैवाहिक प्रास्थिति Marital Status
					6.लिंग/Sex
7. वर्तमान पता/Present Address		8. स्थायी पता/Permanent Address			
पिन कोड Pin Code		पिन कोड Pin Code			
टेलीफोन नम्बर/ई-मेल पता/		टेलीफोन नम्बर/ई-मेल पता/			
शाखा कार्यालय Branch Office		औषधालय Dispensary			

(ख) नियोजक के विवरण

(B) EMPLOYER'S PARTICULARS

9. नियोजक की कूट संख्या Employer's Code No.			
10.नियुक्ति की तारीख Date of Appointment	दिन Day	महीना Month	वर्ष Year
11.नियोजक का नाम और पता/Name & Address of the Employer			
12.यदि पहले नियोजन में रहे हैं तो कृपया निम्नलिखित ब्यौरे दीजिए In case of any previous employment please fill up the details as under.			
(क) पिछली बीमा संख्या (a) Previous Ins. No.			
(ख) नियोजक कूट संख्या (b) Employer's Code No.			
(ग) नियोजक का नाम व पता (c) Name & Address of the Employer			
टेलीफोन नम्बर/ई-मेल पता/e-mail address			

(क) मृत्यु की स्थिति में नकद हितलाभ के भुगतान के लिए क.रा.बी. अधिनियम, 1948 की धारा 71/क.रा.बी. (केन्द्रीय) नियम, 1950 के नियम 56(2) के अंतर्गत नामित के ब्यौरे।  
(c) Details of Nominee u/s 71 of ESI Act 1948/Rule-56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death.

नाम/Name	नातेदारी/Relationship	पता/Address

मैं एतद्वारा घोषणा करता/करती हूँ कि मेरे द्वारा प्रस्तुत किए गए विवरण मेरी जानकारी और विश्वास के अनुसार सही है। मैं अपने परिवार के सदस्यों में हुए परिवर्तन की सूचना 15 दिन के भीतर प्रस्तुत करने का वचन भी देता हूँ/देती हूँ।

I hereby decalare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the corporation any changes in the membership of my family within 15 days of such change.

नियोजक के प्रतिहस्ताक्षर  
Counter signature by the employer

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठा निशान  
Signature /T.I.of IP.

सील सहित हस्ताक्षर  
Signature with seal

(घ) बीमाकृत व्यक्ति के परिजनों का विवरण  
(D) Family Particulars of Insured person

क्र.सं. Sl. No.	नाम Name	फार्म भरने की तारीख को आयु/जन्म-तारीख Date of Birth/Age as on date of filling form	कर्मचारी के साथ नातेदारी Relationship with the Employee	क्या उनके साथ रह रहे हैं? बताएं Whether residing with him/her.	यदि नहीं तो आवास का स्थान दर्शाएं If No' state Place of Residence
				हाँ/Yes	नहीं/No

क.रा.बी. निगम अस्थायी पहचान पत्र  
ESI Corporation Temporary Identity Card

(नियुक्ति की तारीख से 3 महीने तक वैध)  
(Valid for 3 month from the date of appointment)

नाम/Name	
बीमा संख्या/Ins. No.	नियुक्ति की तारीख/Date of appointment
शाखा कार्यालय Branch Office	औषधालय Dispensary
नियोजक की कूट संख्या व पता Employer's Code No. & Address	

फोटो के लिए स्थान  
(Space for photograph)

वैधता  
Validity  
तारीख  
Dated

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठा का निशान  
Signature/T.I. of I.P.

सील सहित शाखा प्रबंधक के हस्ताक्षर  
Signature of B.M. with seal

## INSTRUCTIONS

[illegible]