## 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 LETTERS):	ASHWITHA	40PAL	AKRISHNA		
	ime	Father's / Hu	sband's Name		Surname
2. Date of Birth : 39/10/2000	3. Account No5	0100551	377841.		
4. *Sex : MALE/FEMALE: Fema	LE 5. Mari	tal Status	UNMARRIES		
6. Address Permanent / Temporary :e	9-95, KALKAR	HOUSE,	SHANTIGODU	POST 9	E VILLAGE
	TTUR, DIK			,	

## 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
1). GOPALAKRISHNA	PUTTUR	FATHER	13/02/1967	50%	-
3)Gayathu	PUTTUR	MOTHER	01/05/1472	50%	-

- \*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.

Sr. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)
1.	GOPALAKRISHNA, SHANTIGODU	55	FATHER
	PUTTUR, DK 574202		
٥.	GAYATHRI ,	50	MOTHER
	SHANTIGODU, PUTTUR D.K		
	574202		