

FORM NO. 2**NOMINATION & DECLARATION FORM FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS****Declaration & Nomination Form Under The Employee's Provident Fund & Employees Pension Scheme**

[Paragraph 33 & 61(1) of the Employees Provident Fund Scheme, 1952 & Paragraph 18 of The Employee's Pension Scheme, 1995]

1 Name (IN BLOCK LETTERS)

Chandrashankar Ravi Chawan

2 Father's / Husband's Name

Ravi Chawan.

3 Date of Birth

DD-MM-YYYY
31-05-2000

4 Gender

MALE / FEMALE

5 Marital Status

6 Account No.

PU-PUN-1309179-000-

7 Address Permanent

Flat no. 06, F block, Amrapali Shree Society, Kalyani Nagar, Pune - 411006

Address Temporary

Flat no. 06, F block, Amrapali Shree Society, Kalyani Nagar, Pune - 411006.

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 Employee's 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 Fund to be paid to each nominee	If the nominee is a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee
Ravi Chawan	Kalyani Nagar Pune - 411006	Father	01-06-1979	50%.	
Lalita Chawan	Kalyani Nagar Pune - 411006	Mother		50%.	

1. Certified that I have no family as defined in para 2 (f) of the Employee's 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.

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 receive widow / children pension in the event of my death.

Sr. No.	Name of the family member	Address	Date of Birth	Relationship with member
1	Ravi Chavan	Kalyani nagar pune	01-06-1979	Father
2	Lalita Ravi Chavan	Kalyani nagar pune		mother

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

Sr. No.	Name of the Nominee	Address	Date of Birth	Relationship with member
1	Ravi Chavan	Kalyani nagar, pune	01-06-1979	Father
2	Lalita Chavan	Kalyani nagar, pune		mother.

Date:

DD-MM-YYYY

15-11-2022

Signature or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impression before me by
Shri / Smt. / Kumari:

employed in my establishment after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her

Place:

PUNE

Date:

DD-MM-YYYY

Name & Address of the
Factory / Establishment or
rubber Stamp thereof

Signature of the employer or other authorised officer of
the establishment

Additional information to be certified by employer

Name:

0

A/c No.

PU-PUN-1309179-000-

Date of membership	EPF Scheme, 1952	EPF Scheme, 1971	Pension Scheme, 1995
	0	0	0

Date:

DD-MM-YYYY

Place:

PUNE

Signature of the employer or other authorised officer of the establishment