

014

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXAMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employee's Provident Funds & Employee Pension Scheme (Paragraph 33 & 61 (1) of the Employee's Provident Fund Scheme, 1952 & Paragraph 18 of the Employee's Pension Scheme, 1995)

1. Name: **MANEESH SINGH** 7. Account No : _____

2. Father/Husband's Name: **CHANDRA BHUSAN SINGH** 8. Address : _____

3. Date of Birth: **16-Aug-1992** (I). Permanent **KAUNDAR** _____

4. Sex: **MALE** **SURIYAWAN , SRN** _____

5. Marital Status: **UNMARRIED** (II). Temporary: **KAUNDAR** _____

6. Date of Joining: **04-Jun-2018** **SURIYAWAN , SRN** _____

PART-A (EPF)

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person (s) men-tioned below to receive the amount standing to my credit in the Employee's Provident, in the event of death

Name of the nominee/nominees	Address	Nominee's relationship with the member	Date of Birth	Total Amt. of share of accumulation in Provident Fund to bepaid to each	if the Nominee is a minor name & relationship & address of the guardian who may received the amount during the minority
1	2	3	4	5	6
1 CHETANA		Wife	28	50.00 %	
2 LAVISH		Son	3	20.00 %	
3 DIVIJA		Daughter	1	30.00 %	

1. Certified that I have no family as defined in para 2 (g) of the Employee's Provident Fund Scheme 1952 and should 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.

S.No	Name & Address of the family	Address	Date of Birth	Relationship with member
1	2	3	4	5

Certified that I have no family, defined in para 2 (V11) of Employee's Pension Scheme , 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 (2) a (1) & (11) in the event of my death without leaving any eligible family member for receiving person.

Name & Address of the Nominee	Date of Birth	Relationship with member
CHETANA	28	Wife
LAVISH	3	Son
DIVIJA	1	Daughter

Date : 04-Jun-2018

Strike out whichever is not applicable

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./Kum.

MANEESH SINGH 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 employer or other
authorised Officers of the
establishment Designation

Place : BHADOHI

Date : 04-Jun-2018

Name & Address of the Factory/Establishment
or Rubber Stamp thereof.