

Employee ID: H509053

FORM 2 (REVISED)

SUBMITTED ON

(For Unexempted/Exempted Establishment)

NOMINATION & DECLARATION FORM

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

(Paragraph 33 & 61 (1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995)

1. Name (inblockletter) : PRACHI GULIHAR
2. Father's/Husband'sName : VINAY GERA
3. DateofBirth : 05- OCT - 94
4. Sex : FEMALE
5. MaritalStatus : MARRIED
6. AccountNo. :
7. AddressPermanent : 3H-13, NIT FARIDABAD, HARYANA - 121001.
Temporary : SAME AS PERMANENT
8. Date ofJoiningCompany : 25 - APRIL - 2022
9. PFDeductionDate : 25 - APRIL - 2022

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/nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulation s inProvident Fund to be paid toeach nominee	If the nominee is a minor, name relationship & address of the guardian who may receive the amount during the minority of nominee
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VINAY
GERA

3H-13, NIT,
FARIDABAD,
HARYANA -
121001

HUSBAND 03-FEB-93 100%.

NA

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 cancelled
2. *Certified that my father/mother is/are dependent upon me.
*strike out whichever is not applicable

Prachi Gulihar

Signature or thumb impression of the subscriber

Employee ID: H509053

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:

Sl. No	Name of the family members	Address	Date of Birth	Relationship with the member
	VINAY GERA	3H-13, NIT FARIDABAD, HARYANA - 121001	03-FEB-93	HUSBAND

~~PART-C (EPS)~~

NA

** 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) &(ii) in event of my death without leaving any eligible family member for receiving pension)

Name & Address of the Nominee	Date of Birth	Relationship with the member

Date: 5-MAY-2022

Prachi
Patel

** 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 Sri/Smt./Kum _____ employed in my establishment after he/she read the entries have been read over to him/her by me and got confirmed by him/her

Place:

Signature of the employer or other authorised
Officers of the establishment

Dated the:

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