

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) : **JAGILETI HARIHARANANDANA GOUD**

2. Date of Birth : 03-JUL-1990 3. Account No. _____

4. *Sex : MALE/FEMALE: MALE 5. Marital Status SINGLE

6. Address Permanent / Temporary 8/57, OLD TOWN ,MAIN ROAD PATTIKONDA AP 518380

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.

[illegible]

- 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.

Stairway

Strike out whichever is not applicable

Signature/or thumb impression
of the subscriber

Joining Spoc Signature