



*The Employees' Pension Scheme,*  
FORM 2  
EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952  
[Paragraphs 33 AND 61(1)]  
EMPLOYEES' PENSION SCHEME, 1995  
[Paragraphs 18]



**DECLARATION AND NOMINATION FORM UNDER THE EMPLOYEES' PROVIDENT FUNDS  
SCHEME AND EMPLOYEES' PENSION SCHEME**

1. UAN : 101764330708  
2. Name (in block letters) : CHARANA M  
3. Father's / Husband's Name : MANJANNA  
4. Date of Birth : 30/05/1999  
5. Gender : MALE  
6. Marital Status : UN-MARRIED  
7. Address (Permanent) : 4, Ankanayakanahalli , Kaval, ARAKALGUD, HASSAN, KARNATAKA, 573102  
8. Address (Temporary) : 4, Ankanayakanahalli , Kaval, ARAKALGUD, HASSAN, KARNATAKA, 573102  
9. (A) Date of Joining of EPF Scheme, : 28/12/2021  
(B) Date of Joining of FPS Scheme, : --  
(C) Date of Joining of EPS Scheme, : 28/12/2021



**PART A (EPF)**

I hereby nominate 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

Name of the Nominee / Nominees (1)	Address (2)	Nominees's relationship with the Member (3)	Date of Birth (4)	Total amount or share of accumulations in Provident Fund to be paid to each nominee (5)	If the Nominee is minor, name and relationship and address of the guardian who may receive the amount during the minority of nominee (6)
 MANJANNA AADHAAR: XXXX XXXX 2261 Bank A/c: NOT AVAILABLE	4, Ankanayakanahalli , Kaval, ARAKALGUD, HASSAN, KARNATAKA, 573102	Dependent Father	01/01/1966	50%	--
 INDIRA AADHAAR: XXXX XXXX 8907 Bank A/c: NOT AVAILABLE	4, Ankanayakanahalli , Kaval, ARAKALGUD, HASSAN, KARNATAKA, 573102	Dependent Mother	01/01/1978	50%	--

\*Certified that I have no family as defined in Para 2(g) of the Employees' Provident Funds 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 dependant upon me.

(Signature is not required as the document is to be digitally signed)

*The Employees' Pension Scheme,*


**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
(1)	(2)	(3)	(4)	(5)
1	 --	--	--	--

\*Certified that I have no family as defined in Para 2(vii) of the 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) and (ii) in the event of my death without leaving any eligible family member for receiving

Name and Address of the Nominee	Date of Birth	Relationship with the member
 MANJANNA AADHAAR: XXXX XXXX 2261 Bank A/c: NOT AVAILABLE	01/01/1966	FATHER

Date : 23-Feb-2023

(Signature is not required as the document is to be digitally signed)