### The Employees' Pension Scheme, 1995



## 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 : 102237862782

2. Name (in block letters) : P S SAI GAGAN

3. Father's / Husband's Name : P SESHU KUMAR

4. Date of Birth : 02/03/2004

5. Gender : MALE

6. Marital Status : UN-MARRIED

7. Address (Permanent) : 19-08-40, 2nd line, Sathyanarayana peta, Hindupur, SRI SATHYA SAI,

ANDHRA PRADESH, 515201

8. Address (Temporary) : 19-08-40, 2nd line, Sathyanarayana peta, Hindupur, SRI SATHYA SAI,

ANDHRA PRADESH, 515201

9. (A) Date of Joining of EPF : 20/08/2025

(B) Date of Joining of FPS : --

(C) Date of Joining of EPS : 20/08/2025

#### 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

Name of the Nominee / Nominees	Address	Nominees'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 minor, name and relationship and address of the guardian who may receive the amont during the minority of
(1)	(2)	(3)	(4)	(5)	(6)
V S LAKSHMI AADHAAR: XXXX XXXX 2921 Bank A/c: NOT AVAILABLE	19-08-40, 2nd line, Sathyanarayana peta, Hindupur, SRI SATHYA SAI, ANDHRA PRADESH, 515201	Dependent Mother	01/06/1971	100%	

- 1. \*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
- 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, 1995

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:

SI. No.	Name of the Family members	Address	Date of Birth	Relationship with the
(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

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

Name and Address of the Nomine	Date of Birth	Relationship with the member
V S LAKSHMI AADHAAR: XXXX XXXX 2921 Bank A/c: NOT AVAILABLE	01/06/1971	MOTHER

Date 02-Sep-2025

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