

FORM 2 (Revised)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/ EXEMPTED ESTABLISHMENTS

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

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

1. Name (in Block letters) : PRASHANT KUMAR RAWAT
2. Father's/Husband's Name : YOGENDRA KUMAR SHARMA
3. Date of Birth : 05/01/2001
4. Sex : MALE
5. Marital Status : UNMARRIED
6. Account No. :
7. Address : Permanent : Village- ANDALA, Post-ANDALA, KHAIR, ALIGARH, UP, 202140
Temporary : Sharavana's Pln for Gents, ITPL Back Gate-3, Whitefield
Bengaluru, Karnataka, 560065

PART - A (EPF)

Name of nominee/ nominees	Address	Nominee's relation- ship with the member	Date of Birth	Total amount of share of Accumulations in Provi- dent Fund to be paid to	If the nominee is a minor, name & relationship & address of the guardian whomay
1	2	3	4	5	6

1) MALTI DEVI	Andala, Khair Aligarh, UP 202140	MOTHER	01/10/1968	100%	NA
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- * 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.
- * Certified that my father/mother is/are dependent upon me.

Prashant

Signature or thumb impression of the subscriber

x

*Strike out whichever is not applicable.

Part B (EPS) (Para 18)

S.No.	Name of the family member	Address	Date of Birth	Relationship with the member
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1				
2	SAME AS ABOVE			
3				
4				
5				
6				

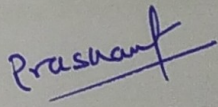
** Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

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

Name and Address of the Nominee	Date of Birth	Relationship with the member
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1	2	3
1.		
2.		
3.		
4.		

Date : 16/08/2023


Signature or thumb impression
of the subscriber

Place : BANGALORE

**Strike out whichever is not applicable.

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum. _____

_____ employed in my establishment after he/she has read the entries/entries have been read over to him/her

by me and got confirmed by him/her.

Place : _____

Signature of the employer or other
Authorized Officers of the Establishment.

Designation

Dated the : _____

Name & Address of the Factory/
Establishment or Rubber Stamp Thereon