



Form No-2(revised)

**EMPLOYEES' PROVIDENT FUND ORGANISATION  
NOMINATION AND DECLARATION FORM  
FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS**

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 (in Block Letters) Emp id _____	PRATIK RAJENDRA VALVI	8	<b>Permanent Address</b> 368 B Veena Karan, Near Vijaya General Stores, Sadar Bazar, Satara, Maharashtra 415001
2	Father's/Husband's Name (in case of married Women)	Rajendra Pratap Valvi		
3	Date of Birth	23/05/1994		
4	Sex	Male	9	<b>Present Address</b> Flat No F-10, First Floor, CPR Residency, Chikkanayakanahalli, Choodasandra, Bengaluru, Karnataka 560035
5	Marital Status	Married		
6	Account No	445 2021 2000 5984		
7	Nationality	Indian		

**PART - A EPF (EMPLOYEES PROVIDENT FUND)**

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s), mentioned below receive the amount standing to my credit in the Employees, Provident Fund, in the event of my death:

Name of the Nominee/ Nominee's	Address	Date of birth	Nominee's Relationship With the Member	Total amount or share of accumulation in Provident Fund to be paid to each nominee	If the nominee is a minor, name and address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6
Karishma Pratik Valvi	Bangalore	21/08/1995	Spouse	100%	

- \*Certified that I have no family as defined in para2(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.

\*Strike out whichever is not applicable.

Signature/or thumb impression of the subscriber

**FOR OFFICE USE ONLY**

Dt. of Joining E.P.F.	/	/	20
Past Service	Year		
Dt. of Joining E.P.S.	/	/	20

ENTRIES VERIFIED		
D.A.	S.S.	A.A.O.

### **PART - B - EPS (EMPLOYEES' PENSION SCHEME)**

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children Pension in event of my death.

Sl No:	Name & address of the family member	Address	Date of birth	Relationship with member
1	2	3	4	5
1	Karishma Pratik Valvi	Bangalore	21/08/1995	Spouse
2				
3				

1. \*\*Certified that I have no family, as defined in para 2(iv) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.
2. I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2(a) (i) & (ii) the 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
Karishma Pratik Valvi, Bangalore	21/08/1995	Spouse

Date :

\*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 Shri/Smt./Kum **Name of Employee** employed in the establishment after he/she has read the entries/entries have been read over to him/her by me and got confirmed by him/her.

Date : Signature of the Employer or other authorized Officers of the Establishment

Designation

Place : Name & Address of the Factory/Establishment or Rubber stamp thereof.

