

FORM 2 (REVISED)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS

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

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

For Office use only

Inward No. _____

Group No. _____

Office At _____

1. Name (In Block letters) RUSHIKESH VITTHALRAO TUMMAD

2. Father's / Husband's Name VITTHAL KISHTAYYA TUMMAD

3. Date of Birth : 07/04/1999 4. Sex : Male
(Male / Female)

5. Marital Status : unmarried 6. Account No. _____
(married / unmarried / widow / widower)

7. Address :
Permanent 06, Ayodhya Nagar, Malegaon Road, Tanada Kh.
Malegaon Road, Nanded

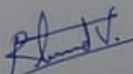
Temporary _____

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 :

Name of the Nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumula- tions in Provident Fund to be paid to each nominee	If the nominee is a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6
Vitthal Tummad	06 Ayodhya Nagar, Malegaon road, Nanded	Father	6/15/68	100	
Anita Tummad	06, Ayodhya Nagar, Malegaon road, Nanded	Mother	6/21/78	100	

- * Certified that I have no family as defined in para 2(g) of the Employee's 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.



Signature or thumb impression of the subscriber
(P.T.O.)

* Strike out whichever is not applicable

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.

Sr. No. 1	Name & Address of the family member		Date of Birth 4	Relationship with member 5
	Name 2	Address 3		

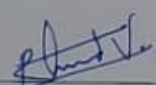
* Certified that I have no family, as defined in para 2 (vii) of the Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

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

Name & Address of the nominee 1		Date of Birth 2	Relationship with the member 3

Date 9/07/24

* 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. _____
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 Authorised
Officer of the establishment

Designation _____

Name & Address of the Factory / Establishment or Rubber Stamp thereof.