

## FORM-2(REVISED)

Pension Number : MH/BAN/48475/\_\_\_\_\_

## NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Fund and Employees Pension Scheme (Rule 25 of the Tata Consultancy Services Employees Provident Fund Rules & Paragraph 18 of the Employees Pension Scheme, 1995)

1. **Name in CAPITALS :** IRSHAD,MR. SALMAN
2. **Father's/Husband's Name :** Mr. Irshad A
3. **Date Of Birth:** 06/04/1993
4. **Male/Female :** Male
5. **Marital Status :** Single
6. **PF Account Number :** MH/BAN/48475/.....
7. **Address : Permanent :** 15-3186, sankarayagunta,chittoor, chittoor, Andhra Pradesh, India - 517002
- Temporary :** 15-3186, sankarayagunta,chittoor, chittoor, Andhra Pradesh, India - 517002

## 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 Nominee / Nominees	Address of the Nominees	Nominee's relationship with the member	Date of Birth	Total Amount of share of accumulations in Provident Fund to be paid to each nominee	If the Nominee is minor, name, relationship and address of the guardian who may receive the amount during the minority of nominee
Mr. Irshad A	near nutrine factory, Sankarayagunta chittoor near noorani masjid, Chittoor, Chittoor, Andhra Pradesh, India - 517002	Father	01/01/1965	100	, ,

- ☐ 1. 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.
- ☒ 2. Certified that my father/ mother is / are dependent upon me.

Signature of the Member/Subscriber

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.

Serial No.	Name of the Family Member	Address of the Family Member	Date of Birth	Relationship with the Member
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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) of the Employees Pension Scheme, 1995 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
Mr. Irshad A near nutrine factory, Sankarayagunta chittoor near noorani masjid, Chittoor, Chittoor, Andhra Pradesh, India - 517002	01 / 01 / 1965	Father
Ms. safoora Irshad sankarayagunata chittoor, sankarayagunata chittoor, Chittoor, Chittoor, Andhra Pradesh, India - 517002	01 / 01 / 1977	Mother

Date:\_\_\_\_\_

Signature of the Member/Subscriber

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signed before me by Shri/ Smt./Kumari .....(Employee Number:.....)  
employed in my establishment after he/she has read the entries have been read over to him/her by me and got confirmed by him/her.

Date:\_\_\_\_\_

Signature of the Employer or  
Other Authorized Officer of the Establishment