

FORM 2 (Revised)

Emp.Code No.

**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)

Name (in Block letters) C ROOPA .

Father's/Husband's Name C SREENIVASULU

Date of Birth 12/01/1994

Sex Female

Marital Status Single


Account No. HR/5572/

Permanent Address C/O : , DOOR#896, SRIVARI NILAYAM, 5TH MAIN,
,TULASI THEATER RD, MARATHAHALLI,BANGALORE,BANGALORE,
Karnataka,India,
560037, Telephone No :

Temporary Address ,DOOR#896, SRIVARI NILAYAM, 5TH MAIN,TULASI THEATER RD,
MARATHAHALLI,BANGALORE,BANGALORE

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 Nominee	Nominee's relationship with the Employee	Date of Birth	Total amount of share of Accumulations 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
C SREENIVASULU	4-12, CHINTHA KUPPAM, RAMAKUPPAM, CHITT OOR DIST517401	Father	12-Jan-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 or thumb impression of the Employee

*Strike out whichever is not applicable.