

Part B (EPS) (PARA18)

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.

Name	Address	Date of Birth	Relationship with member

** 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 of the Nominee	Address of the Nominee	Date of Birth	Relationship with member
C SREENIVASULU	4-12, CHINTHA KUPPAM, RAMAKUPPAM,CHITTOOR DIST517401	12-Jan-1965	Father
			<i>C. Roopa</i>

Date: 01-Aug-2022

Signature or thumb impression of the subscriber

** 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. **C ROOPA** . 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.

Shilpa Agarwal

place : _____

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

Designation _____

Dated the : _____

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