

FORM - 2

Applicant ID: 2154214

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 & Paragraph 18 of the Employees Pension Scheme, 1995)

1. Name(In Block Letters) : **RAM LAL SURESH KONE**2. Father's /Husband's Name : **Satti Babu Kone**3. Date of Birth : **30/07/2000**4. Male/Female : **Male**5. Marital Status : **Single**6. PF Account Number : **MH/BAN/48475/_____**

7. Address:

Permanent : **1-34/Ramalayam Street Beside Z.P.P.H School,Pathathungapadu Near High School Near Shivalayam Temple East Godavari Andhra Pradesh 533341**

Temporary : **1-34/Ramalayam Street Beside Z.P.P.H School,Pathathungapadu Near High School Near Shivalayam Temple East Godavari Andhra Pradesh 533341**

8. (a)Date of joining EPF Scheme,1952 : **06/02/2025**(b)Date of joining E.P.Scheme,1995 : **06/02/2025****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 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
Satti Babu Kone	1-34/Ramalayam Street Beside Z.P.P.H School,Pathathungapadu, Near High School, Near Shivalayam Temple, East Godavari-533341, Andhra	Father	01-Feb-1969	50	

Name of the 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
Surya Kumari Kone	1- 34/Ramalayam Street Beside Z.P.P.H School, Pathathu ngapadu, Near High School, Near Shivalayam Temple, East Godavari- 533341, Andhra	Mother	12-Sep-1974	50	

- ☐ 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.

K. Ramlal Suresh
Signature of the subscriber/member

PART B (EPS)
(Para 18)

Serial No	Name of the Family member	Address of the Family member	Date of Birth	Relationship with the 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) of the Employees Pension Scheme, 1995 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 the member
Mr. Satti Babu Kone	1-34/Ramalayam Street Beside Z.P.P.H School, Pathathungapadu, Near High School, Near Shivalayam Temple, East Godavari- 533341, Andhra Pradesh, India	01-Feb-1969	Father
Ms. Surya Kumari Kone	1-34/Ramalayam Street Beside Z.P.P.H School, Pathathungapadu, Near High School, Near Shivalayam Temple, East Godavari- 533341, Andhra Pradesh, India	12-Sep-1974	Mother

Date: 19/01/2025


Signature of the subscriber/member

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed before me by Shri/ Smt./Kumari RAM LAL SURESH KONE 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