

I PART- B (EPS) Para 18 !

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/widower/children Pension in event of my death.

Sl. No.	Name of the family member	Address	Date of Birth	Relationship with member
1.	SUMAYYA SHAHIN	1048, BEHIND BADI MASTID RAHMANIA, RAMGANJ BAZAR, JAIPUR - 30 2003	06 MAR 1990	WIFE
2.				
3.				
4.	ZAAHIDA FAATIMA	- SAME -	23 JAN 2010	DAUGHTER
5.	KHUBAIB FAROOQ	- SAME -	17 FEB 2012	SON

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

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

Name & Address of the nominee	Date of Birth	Relationship with the member
DR. AADIL FAROOQ 1048, BEHIND BADI MASTID RAHMANIA, RAMGANJ BAZAR, JAIPUR - 302003	02 JAN 1972	BROTHER

*Strike out whichever is not applicable.

Signature /or thumb impression of the subscriber.

I 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/ have been read over to him/her by me and got confirmed by him/her.

Signature of the Employer or other authorized Officers of the Establishment

Designation

Date:.....

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

Statutory requirement

Note: For Department