

EMPLOYEE No.	EMPLOYEE NAME	DESIGNATION	DATE OF JOINING	DATE OF BIRTH	FATHER'S NAME	GENDER
XXX	XXX	XXX	XXXXX	XXX	XXX	XXX

PAN No.	COMPANY E-MAIL ID	BANK ACCOUNT No.	BANK NAME	IFSC CODE
XX	XX	XXX	XX	XXXXX

Medical Insurance Data for Self + Family(spouse, 2 children)+ 2 parents
 Family covered Premium to be paid by Employee
 Employee+Spouse+Up to 2 kids Premium born by Dover India
 Employee+Spouse+Up to 2 kids+1 parent 3,500 INR/Annum(subsidised)
 Employee+Spouse+Up to 2 kids+2 parents 7,000 INR/Annum(subsidised)

Sr No.	EmpNo	Relation	Name	Gender	Date Of Birth
	XX	XX	XX	XXX	XXX

- * At the time of joining who opted their parents in insurance these only have to mention in the column.
- * And also Spouse details can mention

A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

X UAN

X	X	X	X	X	X	X	X	X	X	X	X
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OR

PREVIOUS PF MEMBER ID

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER
X	X	X	X	X

X 11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
X	X	X	X	X	X	X	X

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER:

(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER:

B. OTHER DETAILS

X 13) INTERNATIONAL WORKER (PLEASE TICK)

YES	NO

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):

13(A) COUNTRY OF ORIGIN (Please Tick)

INDIA	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)

13(B) PASSPORT NUMBER

X 13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y

To

D	D	M	M	Y	Y	Y	Y

X 14) EDUCATIONAL QUALIFICATION (PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/PROFESSIONAL

X 15) MARITAL STATUS (PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE

X 16) SPECIALLY ABLED (PLEASE TICK)

YES	NO

IF YES, TICK THE CATEGORY

LOCOMOTIVE	VISUAL	HEARING

*first 3 is mandatory.

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1* <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	IFSC CODE* <input checked="" type="checkbox"/>
NPR/AADHAAR <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
PERMANENT ACCOUNT NUMBER (PAN) <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD			
ESIC CARD			

* Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCS TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995:
- (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.
- (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIBLE ONLY IF THE IDENTIFIED KYC DETAILS APPROVED BY PREVIOUS EMPLOYER HAS BEEN VERIFIED BY PRESENT EMPLOYER USING HIS DIGITAL SIGNATURE CERTIFICATE).
- (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE:
PLACE:



SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs. HAS JOINED ON AND HAS BEEN ALLOTTED PF MEMBER ID
- B. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
(POST ALLOTMENT OF UAN) THE UAN ALLOTTED FOR THE MEMBER IS
PLEASE TICK THE APPROPRIATE OPTION:
THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE
☐ HAVE NOT BEEN UPLOADED
☐ HAVE BEEN UPLOADED BUT NOT APPROVED
☐ HAVE BEEN UPLOADED AND APPROVED WITH DSC
- C. IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
THE ABOVE MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN TAGGED WITH HIS/HER UAN/PREVIOUS MEMBER ID AS DECLARED BY MEMBER.
PLEASE TICK THE APPROPRIATE OPTION:-
☐ THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED WITH DIGITAL SIGNATURE CERTIFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ON PORTAL.
☐ AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPFO, THE MEMBER HAS BEEN INFORMED TO FILE PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

DATE:

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT

Form 2 (Revised)

Form - 2

NOMINATION AND DECLARATION FORM FOR UN-EXEMPTED ESTABLISHMENT

Nomination and Declaration Form under the Employees' Provident Fund & Pension Scheme
(Paragraph 33 and 61(1) of the Employees' Provident Fund Scheme, 1952, and Paragraph 13 of the Employees' Pension Scheme, 1995)

1. Name (in block letters) : xxx
 2. Father's / Husband's Name : xxx
 3. Date of Birth : xxx
 4. Sex : xxx
 5. Marital Status : xxx
 6. Account Number :
 7. Address : Permanent Address

PART A (EPF)

I hereby nominate the person(s) / cancel the nomination made by me previously and 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(s)	Address	Nominee's relationship with the member	Age of nominee(s)	Total amount share of accumulation in PF to be paid to each nominee	If the nominee is a minor, name & address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>	

- a. Certified that I have no family as defined in Paragraph 2(g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter, the above nomination should be deemed cancelled
- b. Certified that my father / mother is / are dependent upon me
(Strike out whichever is not applicable)

(x)

Signature of the Employee

Form 2 (Revised)

9.

PART B (EPS)

I hereby furnish below the particulars of members of my family who would be eligible to receive Widow/Children & Life Assurance benefits in the event of my premature death while in service.

Sl No	Name & address of the family members		Age	Relationship with member
	Name	Address		
1	X	X	X	X
2				
3				

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

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

Name & address of the nominee	Date of birth	Relationship with member
X	X	X

(Strike out whichever is not applicable)

Date : _____

Signature of the Employee: _____

11.

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed before me by Shri / Smt _____ employed in the establishment after he / she has read the entries and got confirmed by him / her.

Place :

Date :

For Dover India Pvt. Ltd.

Authorized Signatory

FORM 'F'

[See sub-rule (1) of rule 6]

Nomination

To,
Dover India Pvt Ltd
Bagmane Laurel, Block - C,
Level 02, Bagmane Tech Park,
C V Raman Nagar,
Bangalore-93

1. I Shrimati /Shri XXXXX whose particulars are given in the statement below,

hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.

4.

(a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the to the Controlling Authority in terms of the proviso to clause (h) of section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
<u>XXX</u>	<u>XXX</u>	<u>XX</u>	<u>X</u>

Statement


- Name of employee in full. XXXX
- Sex. XXXX
- Religion. XX
- Whether unmarried/married/widow/widower. - XXX
- Department/Branch/Section where employed. Dover India Pvt Ltd
- Post held with Ticket or Serial No., if any.
- Date of appointment. DOJ
- Permanent address. XXXXXX

C/o Village XXXX Thana Sub-division Post Office

District Bangalore

State Karnataka

Place Bangalore
Date


Signature/Thumb impression
of the employee

Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full
address of witnesses.

Signature of witnesses.

1.

1.

2.

2.

Place

Date

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Signature of the employer/
officer authorised

Designation

Date

Name and address of the
establishment or rubber stamp
thereof.

Acknowledgement by the employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date



Signature of the employee