

## FORM - 2

Applicant ID: 2216361

**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) : **SAJOY PAUL**

2. Father's /Husband's Name : **Sudeb Paul**

3. Date of Birth : **28/06/2002**

4. Male/Female : **Male**

5. Marital Status : **Single**

6. PF Account Number : **MH/BAN/48475/\_\_\_\_\_**

7. Address:

Permanent : **5095 Sanjay Nagar Adhartal Jabalpur Madhya Pradesh 482004**

Temporary : **5095 Sanjay Nagar Adhartal Jabalpur Madhya Pradesh 482004**

8. (a)Date of joining EPF Scheme,1952 : **22/08/2024**

(b)Date of joining E.P.Scheme,1995 : **22/08/2024**

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### 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
Shilpi Paul	5095, Sanjay Nagar, Adhartal, Jabalpur-482004, Madhya Pradesh, India	Mother	14-Jan-1979	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 of the subscriber/member

**PART B (EPS)****(Para 18)**

<b>Serial No</b>	<b>Name of the Family member</b>	<b>Address of the Family member</b>	<b>Date of Birth</b>	<b>Relationship with the member</b>

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.

<b>Name of the nominee</b>	<b>Address of the nominee</b>	<b>Date of Birth</b>	<b>Relationship with the member</b>
Ms. Shilpi Paul	5095, Sanjay Nagar, Adhartal, Jabalpur- 482004, Madhya Pradesh, India	14-Jan-1979	Mother

Date: \_\_\_\_\_ Signature of the subscriber/member

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signed before me by Shri/ Smt./Kumari SAJOY PAUL 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