FORM 2 (Revised)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/ EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme

(Paragraphs 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension scheme, 1995)

ASPAR FAROOD BHAT

FAROOR ANHAD BHAT

: 28-03-1999

: Male : Single

Name (in Block letters)

Father's/Husband's Name

Date of Birth

Sex
 Marital Status

Х

Account No.	;			. 0		1 & Washing
7. Address	;	Permanent : Min	ther Shee	ri B	atamulla,	James & Kasaman
		Temporary : 15v	ins Rosid	way,	Mathillore	Jamura & Kaghmir I L, Bangarlove Sta
8. DOJ	:	22-08-	2022	7		,
		1	PART – A (E	:PF)		
I her to receive the amo	reby nominate the pe unt standing to my c	erson(s) /cancel the nomin redit in the Employees' Pr	ation made by me ovident Fund in th	previously e event of	and nominate the pemy death:	rson(s) mentioned below
Name of nominee/ nominees	Address	Nominee's relation- ship with the member	Date of Birth	Accumu	nount of share of alations in Provi- nd to be paid to minee	If the nominee is a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4		5	6
FAROOD ASHAD BSIAT	Misher Eleeri Barondh	Father	01-04-19	70	50%	
BE GOH SKAMEENA	Mishor, Share Barans	Motter	15-06	-M81	50%	
1 *	Certified that I have reactive acquire a Family he	no family as defined in pa reafter, the above nomina	ra 2(g) of the Emp	loyees' Pro	ovident Fund Scheme ancelled.	e, 1952 and should
		er/mother is/are depende				

and pul

Signature or thumb impression of the subscriber

*Strike	out	whichever	is	not	applicable
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Dated the :

Part B (EPS) (Para 18)

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.

1 2 3 4 5 6 *** 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 and Address of the Nominee Date of Birth Relationship with the member 1 2 3 1. FAFOOR AX HAD 61-04-HAO FAT HECK 2. BHAT 61-04-HAO FAT HECK 3. Signature or thumb improf the sub: **Strike out whichever is not applicable. CERTIFICATE BY EMPLOYER CERTIFICATE BY EMPLOYER	
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1. FAROOD AN MAD 2. BHAT 3. 4. Date: 22-08-2022 Place: Bangalore "Strike out whichever is not applicable. CERTIFICATE BY EMPLOYER	
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Place: Surgifice of the substitute of the substi	
**Strike out whichever is not applicable. CERTIFICATE BY EMPLOYER	
CERTIFICATE BY EMPLOYER	ssion criber
Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum. ASRAR FAR	3 poc
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.	
Place :	

Signature of the employer or other Authoried Officers of the Establishment. Name & Address of the Factory/ Establishment or Rubber Stamp Thereon