(FORM 2 REVISED)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes (Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees Pension Scheme 1995)

. Name (IN BLOCK LETTERS):	LETTERS): AVINASH SINGH					
	Name	Father's / Husband's Name	Surname			
2. Date of Birth :12/08/2000	3. Account No	50382474202				
I. *Sex : MALE/FEMALE: _MAL	_ E 5. Ma	arital StatusUNMARRIED				
5. Address Permanent / Temporary : S/O: SURESH KUMAR SINGH, VILLAGE AND POST KATAIYA, TEHSIL LALGAN, PRATAPGARH (230137)						
_	PRATAPGART (230137)				

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 (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
RAJESHWARI		MOTHER	20/08/1979	50%	
SINGH	W/O: SURES	H KUMAR SING	H, VILLAGE	AND POST KATAIYA,	TEHSIL LALGANJ
	PRATAPGAR	H (230137)			
SURESH KUMAR		FATHER	01/02/1975	50%	
SINGH			LLAGE AN	D POST KATAIYA, TEH	SIL LALGANJ
	PRATAPGAR	H (230137)			

- *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.

Strike out whichever is not applicable

Signature/or thumb impression of the subscriber

PART - (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 premature death in service.

Sr. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)
1	RAJESHWARI SINGH	45	
	W/O: SURESH KUMAR SINGH, VIL	LAGE AND	POST KATAIYA, TEHSIL LALGANJ
	PRATAPGARH (230137)		
2	SURESH KUMAR SINGH	49	
	S/O: RAM UJAGIR SINGH, VILLAG	E AND POS	T KATAIYA, TEHSIL LALGANJ
	PRATAPGARH (230137)		

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

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

Name and Address of	Date of Birth	Relationship with member			
the nominee					
Date 12/08/2000	•				
Date12/08/2000					
		Signature or thumb impression of the subscriber			
		01 110 3403911001			
CERTII	FICATE BY EMPLOYER				
Certified that the above declaration and nor	mination has been signed / thu	umb impressed before me by Shri / Smt /			
	Miss employed in my establishment after he/she has				
read the entries / the entries have been read over to him/he	read the entries / the entries have been read over to him/her by me and got confirmed by him/her.				
Date :		e employer or other authorised officer of the			
	establishment				
Name & address of the Festowy /Fetablishment	Place:				

Date:

Name & address of the Factory /Establishment