**(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)

1. Name (IN BLOCK LETTERS) : Name Father’s / Husband’s Name Surname
2. Date of Birth : 3. Account No.

4. \*Sex : MALE/FEMALE: 5. Marital Status

6. Address Permanent / Temporary :

**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 |
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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.

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) |
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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 the nominee | Date of Birth | Relationship with member |
|  |  |  |

Date

Signature or thumb impression of the subscriber

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signed / thumb 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/her by me and got confirmed by him/her.

Date :

Name & address of the Factory /Establishment

Signature of the employer or other authorised officer of the establishment

Place : Date :

#### FORM ‘F’

{See sub – rule (3) of Rule 6}

#### Fresh Nomination

To

Wissen Infotech, 176,4th Floor, Adarsh Eco Place,

KIADB EPIP 2nd phase, Whitefield, Bengaluru, Karnataka 560066

I, Shri / Shrimathi………………………………………… whose particulars are given in the statement below, have acquired a family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act 1972 with effect from the…….……… in the manner indicated below and therefore nominate afresh 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).

1. I hereby certify that the person(s) nominated is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the said Act.
2. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.
3. (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.

1. I have excluded my Husband from my family by a notice dated to the Controlling

Authority in terms of the provision to clause (h) of Section 2 of the said Act.

1. 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 |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4.  so on |  |  |  |

#### Manner of acquiring a “family”

*(Here give details as to how a family was acquired, i.e., whether by marriage or parents being rendered dependent or through other process like adoption).*

#### Statement

* 1. Name of Employee in full:
  2. Sex:
  3. Religion:
  4. Whether unmarried / married/widow/ widower:
  5. Department / Branch / Section where employed:
  6. Post held with Ticket No. or Serial No., if any:
  7. Date of appointment:
  8. Permanent Address:

Village: …………………… Thana: …………………. Sub–division: ……………..

Post office: .………………. District: ………………… State: ………………………

Place:

Date: Signature of the Employee

#### Declaration by witnesses

Fresh 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:

Date:

Signature of the Employer / Officer authorized

Designation

Name and address of the Establishment

#### 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

# Payment of Wages (Nomination) Rules, 2009

## FORM – I

### Nomination and Declaration Form (See Rule 3)

* + 1. Name of Person making nomination (in block letters)
    2. Father’s/Husband’s name
    3. Date of Birth
    4. Sex
    5. Marital Status
    6. Address

Permanent Temporary

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event of my death.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Nominee/ nominees | Address | Nominee’s relationship with the member | Date of Birth | Total amount of share of accumulations in credit to be paid to each nominee | If the nominee is a minor, name and address of the guardian who may receive the  amount during the minority of the nominee |
| 1 | 2 | 3 | 4 | 5 | 6 |
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1. Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.
2. \*Certified that my father/mother is/are dependent on me.
3. \*Strike out whichever is not applicable.

Signature or thumb impression of the employed person

CERTIFIED 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 entry/entries have been read over to him/her by me and got confirmed by him/her.

Signature of the employer or other authorised Officer of the establishment and

Designation

Place:

Date:

Name and Address of the Factory/ Establishment and rubber stamp thereof

# NOMINATION FORM GROUP TERM LIFE POLICY

### Name of Employee :-

Employee ID :- Emergency Contact No. :-

### Key Points:-

* 1. All previous nominations shall be automatically cancelled on the execution of this document and the nomination last received or declared with the company

### If the nomination is in favor of minor, an appointee who is major must also be named with them

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Nominee** | **DOB of Nominee** | **Relationship of**  **Nominee with Employee** | **Nomination Share** | **Communication Address of Nominee** |
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I as an employee of **Wissen Group** nominates the above mentioned persons, to whom the money secured by the policy shall be paid in event of my death.

### (Signature)

Disclaimer:

The given nomination forms part of legal documentation. Any change to the above information has to be notified to the insurer, else the said declaration will be considered as final nomine for disbursement of payment in case of claim

Undertaking by the Employee

**UNDERTAKING BY THE EMPLOYEE**

I, [Name]**,** residing at [Address],

have been selected by **Wissen Infotech,** for employment as ,vide Offer Letter dated , subject to the terms and conditions mentioned therein and subsequent acceptance of the offer letter by me and the submission of the BGC documents to **Wissen Infotech.**

I am providing this undertaking to the company as a part of its Background Check Process as there is a time gap between the completion of my **UG/PG** degree course and the date of joining **Wissen Infotech.**

**I HEREBY SUBMIT THE FOLLOWING UNDERTAKING:**

1. I am not involved in any civil / criminal / case / proceedings / charges / enquiry prior to joining

**Wissen Infotech.**

1. I am not involved in any disciplinary / malpractices and / or any other charges / proceedings / enquiry / case pending against me in any University or any other educational authority / institution prior to joining **Wissen Infotech.**
2. The information furnished with regard to my residential address and the educational qualifications are correct. For any discrepancy that might arise later, I shall be liable for any action taken by **Wissen Infotech.**
3. I was not employed gainfully and / or honorary in any Organization, including Private / Public / Government / Educational Institution etc., prior to joining **Wissen Infotech.**

OR

1. I was employed gainfully and / or honorary with , prior to joining **Wissen Infotech.**

The particulars of my employment and reasons for leaving are as follows.

**.** The formal release letter from my said employer is attached hereto.

**Enclosures:**

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Undertaking by the Employee

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No** | **Period from & To in (MM-YYYY**  **form)** | **Break in Education/**  **Employment** | **Reason** |
|  |  |  |  |
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**Location: Signature:**

**Date:**

**Name of the Employee: Employee Id:**

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Description: Description: Description: Description: Description: Wissen-Logo.png

|  |  |
| --- | --- |
| **Data of Employee Relatives / Family members Working In Wissen Location** | **<Location >** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | Employee Id | Employee Name | Employee ID of Relative / Family Member | Relative / Family Member Employee Name | Relationship as mentioned in comment | Location |
| 1 | 9999 | Rakesh K | 9901 | Anusha K | Sister | Wissen HYD/BLR |
| 2 | 9901 | Anusha K | 9999 | Rakesh K | Brother | Wissen HYD/BLR |
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