# Date Of Appointment: 02-JULY-2001 **FORM 2 (REVISED)**

**NOMINATION AND DECLARATION FORM**

**FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS**

**Declaration and Nomination Form under the Employees' Provident Fund**

**and Employees' Pension Scheme.**

**(Paragraph 33 and 61 (1) of the Employees' Provident Fund Scheme, 1952 and**

**Paragraph 18 of the Employees' Pension Scheme, 1995)**

1. Name: VINAY NARAYAN MAHAJAN

(IN BLOCK LETTERS) NAME FATHER’S/HUSBAND’S NAME SURNAME

2. Date of Birth: 30-AUG-1978 3. PFAccount No: **AP/HY/63838/2**

4*.* EPS Account No: **AP/HY/63838/2** 5. Sex: Male/~~Female~~

6. Marital Status: Married/~~Unmarried/Widow/Widower~~

7. Permanent address: C3/805 Lok Everest, Jata Shankar Dosa Road, Mulund (West),

Maharashtra, 400081, India

1. Temporary address: Plot no. 33, Megha hills, Sri Harshita, Ayyppa Society, Madhapur, Hyderabad, AP 500081, India.

**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 in the event of my death.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & address of the Nominee(s) | Nominee’s relationship with the member | Date of Birth | Total amount or share of accumulations in P.F. to be paid to each nominee | If the nominee is minor, name, relationship & address of the guardian who may receive the amount during the minority of nominee |
| (1) | (2) | (3) | (4) | (5) |
| VYOM VINAY MAHAJAN | SON | 05-DEC-2007 | Total amount | VARSHA VINAY MAHAJAN, WIFE  : C3/805 Lok Everest, Jata Shankar Dosa Road, Mulund (West), Maharashtra, 400081, India |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. \* Certified that I have no family as defined in the Rules and should I acquire a family hereafter the above nomination should be deemed as cancel.

2. \* Certified that my father / mother is / are dependent upon me.

\* Strike out which is not applicable.

**X**

Signature or thumb

impression of the subscriber

Employee Number: 10322

(P.T.O)

**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.

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Name and address of the Family member/s | Date of Birth | Relationship with member |
| (1) | (2) | (3) | (4) |
|  | VARSHA VINAY MAHAJAN  C3/805 Lok Everest, Jata Shankar Dosa Road, Mulund (West), Maharashtra, 400081, India | 06-JAN-1979 | WIFE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\*\** Certified that I have no family, as defined in para 2 (vii) of the 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) & (ii)] in the event of my death without leaving any eligible family member/ s for receiving pension.

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Name & Address of the Nominee | Date of Birth | Relationship with the member |
| (1) | (2) | (3) | (4) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**X**

\*\* Strike out which is not applicable. 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 VINAY NARAYAN MAHAJAN 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.

For Novartis Healthcare Private Limited

**Authorised Signatory**

Place: **HYDERABAD\_\_**

Date: 4th May 2010