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SID: V784608

FORM 2 (REVISED)

NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees' Provident Funds 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 (IN BLOCK LETTERS)	: DEEMKARANJAN SAHOO	Gopinath SAHU	SAHOO
	NAME	FATHER'S/ HUSBAND'S NAME	SURNAME
2. Date of Birth	05/05/1992	3. Account No.	MMH AP/HY/37885/047847
4. Sex : Male / Female :	Male	5. Marital Status:	Married / Unmarried / Widow / Widower
6. Permanent Address:	At - Murthapur, Po - Midhipur, Dist - Khurda, Odisha - 752020		
7. Temporary Address :	Flat No - B32, Sri Rama Apartment, Muzekollu, Bangalore, Karnataka, 560037		

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 & 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
Soumya Priyadarshini	Spouse	11/06/1992	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 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

P.T.O.

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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	Date of Birth	Relationship with member
1	Soumya Rajadassini	11/06/1992	Spouse

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

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

Date : 03/02/2021

* Strike out which is not applicable

X



Signature or thumb impression of the subscriber

Note: Kindly print the form in duplicate and in back to back format

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.

Place : Bangalore

Date : 03/02/2021