

FORM 2 (Revised)**Emp. Code No. 51755428****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)

1. Name (in Block Letters) : HARISH GUMUDAVELLY

2. Father's/Husband's Name : Bixpathi .G

3. Date Of Birth : 04-Apr-1981

4. Sex : MALE

5. Marital Status : Marr.

6. Account No. : GN/GGN/5572/452423

7. Address : **Permanent :** Plot No-51, Mahalaxmi
Castle, Flat No-
101Laxmi Nagar
Colony, Miyapur
Hyderabad-
500049 Hyderabad Tel
angana

Temporary : Plot No 51 Mahalaxmi
Castle Near Divya
Dental ClinicFlat No
101 Laxmi Nagar
Miyapur
Hyderabad-
500049 Rangareddy Te
langana

6. Date of joining. : 06-Apr-2018

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.

Nominee Name	Address	Relationship with the employee	Date of Birth	Total amount of share of Accumulations in Provident Fund to be paid to each nominee	Relation of Guardian	If the nominee is a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee

* 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.

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

Signature or thumb impression of the subscriber

*Strike out whichever is not applicable.

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.

S.No	Nominee Name	Address	Relationship with the employee	Date of Birth
1				
2				
3				
4				

** 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.

S.No	Nominee Name	Address	Relationship with the employee	Date of Birth
1				
2				
3				
4				

Signature or thumb impression of the subscriber

Date: _____

*Strike out whichever is not applicable.

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