

FORM - 2 (Revised)
NOMINATION AND DECLARATION FORM
 FOR EXEMPTED / UNEXEMPTED ESTABLISHMENTS

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

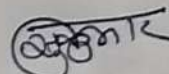
1 Name (In Block Letters)	:	NAVIN MAURYA
2 Father's / Spouse's Name	:	Surendra Maurya
3 Date of Birth	:	10-Aug-2000
4 Sex	:	Female
5 Marital Status	:	Single
6 Account Number	:	
7 Address Permanent	:	Bhiti handia prayagraj, Ramnathi road (Tarapar)
Temporary	:	
8 Date of Joining	:	28-May-2025

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 of share of accumulation in provident fund to be paid to each nominee	if the nominee is minor name & address & relationship of the guardian who may receive the amount
1	2	3	4	5	6
Surendra Maurya	Bhiti, Handia, Prayagraj - 221502	Father	01-01-1971	100%	

- *Certified that I have no family as defined in para 2 (g) of the Employee's 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 depended upon me.



Signature or thumb impression of the Subscriber

(D) Family Particulars of Insured person

Sl. No.	Name	Date of Birth / Age as on date of filling form	Relationship with the Employee	Whether residing with him/her.		If No, state Place of Residence	
				Yes	No	Town	State
1							
2							
3							
4							
5							
6							
7							

ESI Corporation Temporary Identity Card

(Valid for 3 month from the date of appointment)

Name	Navin Maurya
Insurance Number	
Date of appointment	28-5-2025
Branch Office	
Dispensary	
Employer's Code No. & Address	

(Space for photograph)

Validity

Dated

Signature/T.I. of I.P.

Signature of B.M. with seal



Shot on OnePlus

Navin

INSTRUCTIONS

- 1 Submission of Form-I is governed by regulation 11 & 12 of ESI (General) Regulations, 1950
- 2 Family means all or any of the following relatives of an Insured Person namely:-
(i) a spouse (ii) a minor legitimate or adopted child dependent upon the I.P.; (iii) a child who is wholly dependent on the earnings of the I.P. and who is (a) receiving education, till he or she attains the age of 21 years (b) an unmarried daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependent on the earnings of the I.P. so long as the infirmity continues; (v) dependent parents (Please see Section 2 clause 11 of the ESI Act 1948 for details).
- 3 Identity Card is Non-Transferable.
- 4 Loss of Identity Card be reported to Employer/Branch Manager immediately.
- 5 Submission of false information attracts penal action Under Section 84 of ESI Act. 1948.
- 6 This form duly filled in must reach the concerned Branch Office within 10 days of appointment of an Employee. Delay attracts penal action under Section 85 of the Act, against employer.
- 7 As an insured person you and your dependent family members are entitled to full medical care. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disablement benefit (3) Permanent disablement Benefit (4) Dependents benefit and (5) Maternity Benefit (in case of woman employees) subject of fulfillment of contributory conditions.
- 8 For more details please contact website of ESIC at www.esic.org.in or contact Regional Office or Branch Office.

For Branch Office Use only

1. Date of allotment of Ins. No. : _____
2. Date of Issue of T.I.C. : _____
3. Name /No. of Dispensary : _____
4. Whether reciprocal Medical arrangements involved. if yes, please indicate : _____

Signature of Branch Manager

Sl. No.	Name	Date of Birth / Age as on date of filling form	Relationship with the Employee	Whether residing with him/her.		If No, state Place of Residence	
				Yes	No	Town	State
1							
2							
3							
4							
5							
6							
7							



Shot on OnePlus

Handwritten signature