



FORM - 2 (Revised)

MID: M1095607

NOMINATION AND DECLARATION FORM
FOR EXEMPTED / UNEXEMPTED ESTABLISHMENTS

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

1	Name (In Block Letters)	:	NIKHIL MR
2	Father's / Husband's Name	:	RAMA KRISHNA KUMAR
3	Date of Birth	:	04-09-2000
4	Sex	:	MALE
5	Marital Status	:	UNMARRIED
6	Account Number	:	BG MRD 0024470
7	Address Permanent	:	3-15A2, Moovathumugam, Attoor
	Temporary	:	3-15A2, Moovathumugam, Attoor
8	Date of Joining	:	
	EPF	:	02-09-2022
	EPS	:	02-09-2022

PART - A (EPF)

I here by nominate the person(s) / cancel the nomination made by me previously and 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/ Nominees	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
Ramakrishna Kumar 3-15A2, Moovathumugam Attoor	Father	18/04/1970	100%	

- 1 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
- 2 Certified that my father / mother is / are depended upon me.
- 3 Unmarried members in the absence of dependent parents may nominate any other person to receive the shares

Note: A Fresh nomination shall be made by the member on his/her marriage and any nomination made before such marriage shall be deemed to be invalid

Signature or thumb impression of the Subscriber

Nikhil

PART - B (EPS)

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	Name of the Family Members	Address	Date of Birth	Relationship
1				
2				
3				
4				
5				

Certified that I have no family as defined in para 2 (vii) of the Employee's Pension Scheme 1995 and should I acquire a family hereafter the above nomination should be deemed as cancelled

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16(2) (g) (i) & (ii) in the event of my death with out leaving any eligible family member for receiving pension.

Name & Address of the Nominee	Date of Birth	Relationship with the member
Rama krishna kumar 3-15A2, Moovathumugam, Attur	18/04/1970	Father

Date : 08-09-2022

x Nikhil
Signature / Thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before 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.

Place:

Date :

Signature of the employer

Name & Address of the Establishment