

FORM 2 (REVISED)

(For Unexempted/Exempted Establishment)

NOMINATION & DECLARATION FORM
Declaration and Nomination Form under the Employees' Provident Funds & Employees' Pension Scheme

(Paragraph 33 & 61 (1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995)

1. Name (in block letter) : Poornesh C K
2. Father's/Husband's Name : T. Kutty Krishnan
3. Date of Birth : 22-05-2002
4. Sex : Male
5. Marital Status : Single
6. Account No. :
7. Address Permanent : Sabari Giri Nilayam
Cheriyarth.house
Vadakkethara.
Plassana p.o
Palakkad District
Kerala
Pin 678505
- Temporary : Ap.431,29th street, 6 th sector, k.k.nagar,chennai-60078
8. Date of Joining Company : 15-12-2023

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/nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulations in Provident Fund to be paid to each nominee	If the nominee is a minor, name relationship & address of the guardian who may receive the amount during the minority of nominee
Kutty Krishnan	Ap.431,29th street, 6 th sector, k.k.nagar,ch	Father	18-08-1960	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 cancelled

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

(Poornesh C K)

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:

Sl. No	Name of the family members	Address	Date of Birth	Relationship with the member
--------	----------------------------	---------	---------------	------------------------------

PART-C (EPS)

** 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) &(ii) in event of my death without leaving any eligible family member for receiving pension)

Name & Address of the Nominee	Date of Birth	Relationship with the member
-------------------------------	---------------	------------------------------

Kutty Krishnan & Ap.431,29th street, 6 th sector,
k.k.nagar,chennai-60078

18-08-1960

Dependent Father



Date : 04-01-2024

(Poornesh C K)

** strike out whichever 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 Sri/Smt./Kum Poornesh C K employed in my establishment after he/she read the entries have been read over to him/her by me and got confirmed by him/her

Place :

Signature of the employer or other authorised
Officers of the establishment

Dated the : 04-01-2024

Designation

Name & Address of the Factory/Establishment
or Rubber Stamp thereof