

**FORM - 2**

Applicant ID: 1033081

Pension Number : MH/BAN/48475/\_\_\_\_\_

**NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees Provident Fund and Employees Pension Scheme (Rule 25 of the Tata Consultancy Services Employees Provident Fund Rules & Paragraph & Paragraph 18 of the Employees Pension Scheme, 1995)

1. Name(In Block Letters) : **RAMSAI KARTHIK UNNAM**2. Father's /Husband's Name : **Seshachalam Unnam**3. Date of Birth : **03/03/1997**4. Male/Female : **Male**5. Marital Status : **Single**6. PF Account Number : **MH/BAN/48475/**\_\_\_\_\_

7. Address:

Permanent : **Flat No:302 Home Sree Towers Madhavi Nagar Society Near Hanuman Temple, Kukatpally Hyderabad Telangana 500072**Temporary : **Flat No:302 Home Sree Towers Madhavi Nagar Society Near Hanuman Temple, Kukatpally Hyderabad Telangana 500072**8. (a)Date of joining EPF Scheme,1952 : **08/10/2018**(b)Date of joining E.P.Scheme,1995 : **08/10/2018****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.

| Name of the Nominee/ nominees | Address of the Nominees  | 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 minor, name, relationship and address of the guardian who may receive the amount during the minority of nominee |
|-------------------------------|--|--|---------------|--|---|
| Seshachalam Unnam             | Flat No:302 Home Sree Towers, Madhavi Nagar Society, Near Hanuman Temple, Kukatpally, Hyderabad-500072, Telangana, India | Father                                 | 20-Jun-1966   | 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.

Signature of the subscriber/member

## PART B (EPS)

### (Para 18)

| Serial No | Name of the Family member | Address of the Family member | Date of Birth | Relationship with the member |
|-----------|---------------------------|------------------------------|---------------|------------------------------|
|           |                           |                              |               |                              |

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) of the Employees Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving pension.

| Name of the nominee   | Address of the nominee  | Date of Birth | Relationship with the member |
|-----------------------|---|---------------|------------------------------|
| Dr. Seshachalam Unnam | Flat No:302 Home Sree Towers,<br>Madhavi Nagar Society, Near<br>Hanuman Temple, Kukatpally,<br>Hyderabad- 500072, Telangana,<br>India | 20-Jun-1966   | Father                       |

Date:

Signature of the subscriber/member

### CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed before me by Shri/ Smt./Kumari RAMSAI KARTHIK UNNAM in my establishment after he/she has read the entries have been read over to him/her by me and got confirmed by him/her.

Date:

Signature of the employer or  
Other authorized Officer of the establishment