

Global ID (4 digit) :  
Employee ID (7 digit) :

## FORM 2 (REVISED)

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

Group No : \_\_\_\_\_  
Office : \_\_\_\_\_

Declaration and Nomination Form under the Employees' Provident Funds  
and Employees' Pension Scheme  
(Paragraph 33 and 61 (1) of the Employees' Provident Fund Scheme, 1952 and  
Paragraph 18 of the Employees' Pension Scheme, 1995).

1. Name : RISHABH MANOJ CHAUHAN  
(IN BLOCK LETTERS) FATHER'S/ HUSBAND'S NAME SURNAME

2. Date of Birth: 18/01/1998 3. PF Account No. with Current Employer:-

4. Sex: Male / Female: male 5. Marital Status: Married/ Unmarried/ Widow/Widower unmarried

6. Permanent address: Haridasnagar nagar, Station road, mainpuri,  
uttarpradesh

7. Temporary Address: -

#### 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 & Address of the Nominee (s)	Nominee's relationship with the member	Date of Birth	Total amount or Share of accumulations in PF to be paid to each nominee	If the nominee is minor, name relationship & address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)
<u>Susukha</u>	<u>Mother</u>	<u>15/7/1976</u>	<u>100%</u>	

1. \* Certified that I have no family as defined in para 2 (g) of the Employees' Provident Funds Scheme, 1952 and should I acquire a family thereafter the above nomination should be deemed as cancelled.
2. \* Certified that my father/ mother is/are dependent upon me,

(\*) strike out whichever is not applicable.

Rishabh  
X Signature or thumb impression of the subscriber  
P. T.O.

**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.

Sr. No.	Name and Address of the Family member/s	Date of Birth	Relationship with the member
(1)	(2)	(3)	(4)

\*\* Certified that I have no family, as defined para 2 (vii) of the Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension [ admissible under para 16 (2) (i) & (ii) in the event of my death without leaving any eligible family member / s for receiving pension.

Sr. No.	Name & Address of the Nominee	Date of Birth	Relationship with member
(1)	(2)	(3)	(4)
1	Surukha (Hassidashan Nagar, Station Road Mainpuri, Uttar Pradesh)	15/7/1976	Mother

Date: 02/July/2020

\*\* Strike out which is not applicable

P. Bhatnagar  
X 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 **Shri/Smt/Miss** \_\_\_\_\_ employed in our establishment after he/she has read the entries have been read over to him/her by me and got confirmed by him/her.

Place : Mumbai

Date :

FOR
Authorized Signatory