

EMPLOYEES' PROVIDENT FUND ORGANISATION
NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

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 Letters)	Sanat Solanki	7	Permanent Address	Shaligram Niwas Chitraguptanagar Ward no.30 Saharsa, Bihar-852201
2	Father's/Husband's Name (in case of married Women)	Sanjay Kumar Singh			
3	Date of Birth	26/09/1991			
4	Sex	Male	8	Temporary Address	Sri Sai Ganesh PG For Gents #86/87, 1 st Main, 3 rd Cross, BTM 2 nd stage, N.S. Palya Bangalore, Karnataka-560076
5	Marital Status	Single			
6	Account No KN/	581010310000093			

PART - AEPF (EMPLOYEES PROVIDENT FUND)

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s), mentioned below receive the amount standing to my credit in the Employees' Provident Fund, in the event of my death:

Name of the Nominee/ Nominee's	Address	Date of Birth	Nominee's Relationship With the member	Total amount or share of accumulation in Provident Fund to be paid to Each nominee	If the nominee is a minor, name & address of the guardian whom may receive the amount during the minority of the nominee
1	2	3	4	5	6
Pranav Solanki	Shaligram Niwas Chitraguptanagar Ward no.30 Saharsa, Bihar-852201	26/11/1990	Brother	50%	

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.

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

out whichever is not applicable.

Signature or thumb impression of the subscriber

PART-B-EPS(EMPLOYEES'PENSIONSCHEME)

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children Pension in event of my death.

Sl.No.	Name&addressofthefamily member	Address	DateofBirth	Relationshipwithmember
1.	Pranav Solanki	Shaligram Niwas Chitraguptanagar Ward no.30 Saharsa Bihar-852201	26/11/1990	Brother
2.				
3.				
4.				
5.				

****Certified that I have no family, as defined in para 2(iv) 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 162(a) (i)&(ii) the event of my death without leaving any eligible family member for receiving pension.

Name&Addressofthenominee	DateofBirth	Relationshipwiththemember
Shaligram Niwas Chitraguptanagar Ward no.30 Saharsa Bihar-852201	26/11/1990	Brother

Date: 26/07/2024

sanat solanki

Signature/ or thumb impression of the subscriber.

*Strike out whichever is not applicable.

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum
..... employed in the establishment after he/she has read the entries/entries
have been read over to him/her by me and got confirmed by him/her.

Date.

Signature of the Employer or other authorized Officers of the Establishment

Designation

Place...

Name&AddressoftheFactory/Establishment or Rubber-stamp thereof.