

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) MR. SANDEEP
 2. Father's Name MR. SANJAY CHOWDHURY
 3. Date of birth 25-Sep-1990
 4. Sex Male
 5. Marital Status Single
 6. Account No.

7. Address (Permanent):

Address (Temporary):

Madan Mohan Kharagpur Local Kharagpur
 (M) Changual Paschim M West Bengal West
 Bengal India West Midnapore West
 Midnapore India 721301

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	Date of birth	Nominee's relationship with the member	Total amount of share of accumulation in Provident Fund to be paid to each nominee in %	If the nominee is a minor, name & address of he guardian who may receive the amount during the minority of the nominee
Sanjay Chowdhury	MADAN MOHAN, KHARAGPUR LOCAL, KHARAGPUR (M),	12-Apr-1957	FATHER	50	
Nandita Chowdhury	MADAN MOHAN, KHARAGPUR LOCAL, KHARAGPUR (M), CHANGUAL, PASCH	25-Apr-1958	MOTHER	50	

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 on me.

* Strike out whichever is not applicable

Signature / Thumb impression of the subscriber

Part 'B' EPS

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

Name & Address of the Family Member				
SI	Name	Address	Date of Birth	Relationship with member
(1)	(2)	(3)	(4)	(5)
1				
2				
3				
4				
5				

** 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 amount

Name & Address of the Family Member				
SI	Name	Address	Date of Birth	Relationship with member
(1)	(2)	(3)	(4)	(5)
1				
2				
3				
4				
5				

* 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

MR. SANDEEP

employee in the establishment after he / she has read the entry/entries have been read over to him / her by me and got confirmed by him / her

Signature of the Employer or other authorized Officers of the establishment
Designation

Place: RBIN-PS Nashik

Date: 02-May-2024

Name & Address of the Factory / Establishment or Rubber stamp thereof.

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Part 'B' EPS

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(1)	(2)	(3)	(4)	(5)
1				
2				
3				
4				
5				

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Name & Address of the Family Member				
SI	Name	Address	Date of Birth	Relationship with member
(1)	(2)	(3)	(4)	(5)
1				
2				
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