PART – (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 premature death in service.

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No | Name & Address of the Family Member | Age | Relationship with the member |
|  |  | **53** | **FATHER** |
|  |  | **48** | **MOTHER** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Certified that I have no family as defined in para 2 (vii) of the Employees's Family 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 (a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

|  |  |  |
| --- | --- | --- |
| Name and Address of  the nominee | Date of Birth | Relationship with member |
|  | **01-MAR-1970** | **FATHER** |
|  | **01-MAY-1975** | **MOTHER** |

Date **01-DEC-2023**

Signasignature 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 my establishment after he/she has read the entries / the entries have been read over to him/her by me and got confirmed by him/her.

Date : **01-DEC-2023**

Name & address of the Factory /Establishment

Signature of the employer or other authorised officer of the establishment

Place : **HYDERABAD**

Date : **01-DEC-2023**