CS ld : 10104287 Payroll ld : 22664586



FORM - 2 (Revised)

NOMINATION AND DECLARATION FORM

FOR EXEMPTED / UNEXEMPTED ESTABLISHMENTS

Declaration and Nomination Form Under the Employee's Provident Fund & Employee's Pension Scheme

(Paragraph 33 & 61 (1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees's Pension Scheme, 1995

1 Name (In Block Letters) : SUDIPTO SAHA

2 Father's / Husband's Name : SUBRATA KUMAR SAHA

3 Date of Birth : 04-02-1996

4 Sex : Male

5 Marital Status : Un Married

6 Account Number (UAN) : 101443311553

7 Address Permanent : KALPATARU ABASAN - 139/3, NAGENDRA NATH ROAD, KOLKATA

- 700028

Temporary : KALPATARU ABASAN - 139/3, NAGENDRA NATH ROAD, KOLKATA

- 700028

8 Date of Joining : 22-06-2022

PART - A (EPF)

I hereby nominate the person(s) / cancel the nomination made by me previously and 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/ Nominees	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulation in provident fund to be paid to each nominee	if the nominee is minor name & address & relationship of the guardian who may receive the amount
1	2	3	4	5
SUSMITA SAHA KALPATARU ABASAN - 139/3, NAGENDRA NATH ROAD, KOLKATA - 700028	Mother	24/05/1965	100	

¹ Certified that I have no family as defined in para 2 (g) of the Employee's 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 depended upon me.

Note: A Fresh nomination shall be made by the member on his/her marriage and any nomination made before such marriage shall be deemed to be invalid

Signature or thumb impression of the Subscriber

S.No	Name of the Family Members	Address	Date of Birth	Relationship	
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Certified that I have no family as defined in para 2 (vii) of the Employee's Pension Scheme 1995 and should I acquire a family hereafter the above nomination should be deemed as cancelled and i shall furnish particulars there on in the above form.

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

Name & Address of the Nominee	Date of Birth	Relationship with the member	
SUSMITA SAHA	24/05/1965	Mother	

Date: 10-05-2024

Signature / Thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

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

Place: Bengaluru

Date: 10-May-2024



Signature of the employer/ other authourised officers of the establishment

Designation: SENIOR MANAGER PEOPLE SHARED SERVICES

Name & Address of the Establishment

TLG India Pvt Ltd

15th Floor, Urmi Estate, Tower A, 95 Ganpat Rao Kadam Marg, Lower Parel (W), Mumbai - 400013 India

Nomination submitted electronically on 06-Jan-2023 at 13:02:40