

**KERALA SHOPS AND COMMERCIAL ESTABLISHMENT WORKERS
WELFARE FUND SCHEME, 2007**

Form 1

Application for Registration and Nomination
[See Section 26(1)]



1. Name : Syam S Gopal
2. Father's/ Husband's Name : Shibu KM
3. Residential Address with Phone No: Kunneparambil (H), Kolapara P.O., Kudayathoor
685590
- a. Ration Card No. : 1628072617
- b. Voter ID Card No : NA62494193
4. Age & Date of Birth : 20 11/3/2001
5. Marital status : Married/Unmarried/Widow
6. Employee/Self employee : Employee
7. If employee, Nature of employment/: Associative Software Engineer
Designation
8. Name and address of the Institution : PIT Solutions Pvt Ltd, L7 & L8, Floor (-1),
with Telephone No. Thejaswini Building, Technopark Campus,
Kariyavattom, Trivandrum – 695581.
0471-2700915
9. Period of service in the present Institution :
10. Registration No. of the institution as per Kerala Shops & Commercial Establishments Act 1960 : 0112000269
11. Details of family members of applicant :

Sl.No	Name of family member	Relationship with applicant	Age	Occupation	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1	Shibu K M	Father	47	Entrepreneur	
2	Sethulakshmi Shibu	Mother	41	Tailor	
3	Malavika Shibu	Sister	19	Student	

12. Whether applicant is a member of
any other Welfare Scheme : NO

13. If yes

(a) Name of Welfare Fund

(b) Date of admission

(c) Details of Payment

14. I certify that the above particulars are correct.



Signature of Applicant

Signature of Employer
with address and seal

Signature of the Inspector/ District Executive Officer

Nomination

15. I hereby nominate the persons mentioned below to receive the amount of financial assistance in the event of my death.

Sl.No	Name of address of Nominee (s)	Age	Relationship with the applicant	Percentage of financial assistance to be given to each member
1.	Shibu K.M , Kunneparambilla(H), Kolapara P.O , Kadayathoor, Idukki , 685590 Ph: 9961327536	47	Father	100 %.



Signature of Applicant

For official use

Application accepted/rejected

Register No. if accepted

Reason for rejection

Place:

Inspector/ District Executive Officer

Date :