

FORM - 2

Applicant ID: 1656750

Pension Number : MH/BAN/48475/_____

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Fund and Employees Pension Scheme (Rule 25 of the Tata Consultancy Services Employees Provident Fund Rules & Paragraph & Paragraph 18 of the Employees Pension Scheme, 1995)

1. Name(In Block Letters) : **TEJASWINI VIRUPANNA PARAPPANAVAR**2. Father's /Husband's Name : **Virupanna Ishwarappa Parappanavar**3. Date of Birth : **14/10/1999**4. Male/Female : **Female**5. Marital Status : **Single**6. PF Account Number : **MH/BAN/48475/_____**

7. Address:

Permanent : **541 Middle Street Kurtakoti Tq:Di:Gadag Gadag Karnataka 582205**Temporary : **541 Middle Street Kurtakoti Tq:Di:Gadag Gadag Karnataka 582205**8. (a)Date of joining EPF Scheme,1952 : **20/01/2022**(b)Date of joining E.P.Scheme,1995 : **20/01/2022****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 of the Nominees	Nominee's Relationship with the member	Date of Birth	Total Amount of share of accumulations in Provident Fund to be paid to each nominee.	If the Nominee is minor, name, relationship and address of the guardian who may receive the amount during the minority of nominee
Virupanna Ishwarappa Parappanavar	541, Middle Street, Kurtakoti Tq:Di:Gadag, Gadag- 582205, Karnataka, India	Father	12-Jan-1972	100	

☐ 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 upon me.

Signature of the subscriber/member

PART B (EPS)

(Para 18)

Serial No	Name of the Family member	Address of the Family member	Date of Birth	Relationship with the member

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 monthly widow pension (admissible under Para 16 (2)(a)(i) and (ii) of the Employees Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving pension.

Name of the nominee	Address of the nominee	Date of Birth	Relationship with the member
Mr. Virupanna Ishwarappa Parappanavar	541, Middle Street, Kurtakoti Tq:Di:Gadag, Gadag- 582205, Karnataka, India	12-Jan-1972	Father

Date:

Signature of the subscriber/member

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed before me by Shri/ Smt./Kumari TEJASWINI VIRUPANNA PARAPPANAVAR in my establishment after he/she has read the entries have been read over to him/her by me and got confirmed by him/her.

Date:

Signature of the employer or
Other authorized Officer of the establishment