

PF NOMINATION FORM



**FORM 2 (Revised)**

(For Unexempted/Exempted Establishments)

**PF NOMINATION AND DECLARATION FORM**

(Declaration and Nomination Form under the Employees Provident Funds and Employees' Pension Scheme)

(Paragraphs 33 & 61(1) of the Employees' Provident Funds Scheme, 1952 and paragraph 18 of the Employees' Pension Scheme, 1995)

Name	GNANASEKAR H
* Father's Name	S Harikrishnan
Husband's Name	
Date of birth	10/07/1984
Sex	Male
Marital Status	Married
Account No. (PF or EPS No.)	
Permanent Address	No: 43 , Gnanasekar
Temporary Address	

**PART A (EPF) #**

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 & address of the Nominee/s	Nominee's Relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Fund to be paid to each nominee(%)	If the nominee is a minor, name and relationship and address of the guardian who may receive the amount during the minority of the nominee
* Pervallur, Chennai 600082	* Spouse	* 06/19/1984	* 100	
	--Select--			
	--Select--			
	--Select--			

1. Certified that I have no family as defined in para 2(g) of the Employees' Provident Funds 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

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

**Part B (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 death

Sl.No.	Name and address of the family member	Date of Birth	Relationship with the member
1.			--Select--
2.			--Select--
3.			--Select--
4.			--Select--

Dated the : 06-06-2012

Signature of the subscriber

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Shrimati  
GNANASEKAR H 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.

Place :-----

Date : 06-06-2012

Signature of the Employer or other authorised Officer of the establishment

Designation: Assistance Manager - HR  
Name and address of the Factory/ Establishment or rubber stamp thereof