

FORM NO. 2 (Revised)

NOMINATION AND DECLARATION FORM

(For Unexempted/Exempted Establishment)

Declaration and Nomination Form under the Employees Provident Fund & Employees Pension Scheme
(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme, 1952 &
Paragraph 18 of the Employees Pension Scheme, 1995)

1. Name _____
(In capital letters)

2. S/o, W/o, D/o Name _____

3. Date of Birth _____ 4. Sex _____ 5. Date of Joining _____

6. Marital Status _____ 7. P.F. Account No. _____

8. (A) Address Permanent _____

(B) Address Temporary _____

PART A (EPF)

Name of the Nominee/Nominees	Address	Nominees relation with the member	Date of Birth	Total amount of share of Accumulation in PF to be paid to each Nominee	If the Nominee is a minor, Name & Relationship & Address of the guardian who may receive the amount during minority of nominee
1	2	3	4	5	6

- *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.
- *Certified that my father/mother is/are dependent upon me.

*Strike out whichever is not applicable

Signature or thumb impression of the subscriber

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.

Name and Address of the Family member(s)				
Sl. No.	Name	Address	Date of Birth	Relationship with member
1	2	3	4	5
1				
2				
3				
4				
5				

** 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 pension (admissible under Para 16 2(a) (i) & (ii) in event of my death without leaving any eligible family member for receiving pension.

Sl. No.	Name & address of the Nominee	Date of birth	Relationship with the member.
1	2	3	4
1			
2			
3			
4			
5			
6			

Date : - _____

Signature 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./Kum _____ employed in my establishment after he/she has read the entries have read over to him/her by me and got confirmed by him/her.

Signature of the employer or other
Authorized officers of the establishment :- _____

Place : _____

Designation :- _____

Dated :- _____

Name and address of the factory
Establishment or rubber stamp there of : _____