

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

1. Name (IN BLOCK LETTERS): MARSH TRIPATHI SANTOSH TRIPATHI
 Name Father's / Husband's Name Surname

2. Date of Birth : 01/07/2001 3. Account No. _____

4. *Sex : MALE/FEMALE; MALE 5. Marital Status _____

6. Address Permanent / Temporary : Daji B.H.U. Lucknow Varanasi
14th Avenue Gaur city 2 Greater Noida.

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.

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.

Harsh
Signature/or thumb impression
of the subscriber

Para 18

[illegible]

I hereby certify that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

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

Name and Address of the nominee	Date of Birth	Relationship with member
Kiran Tripathi & 14th Avenue Gaurcity 2.	19/5/1973	mother.

Date _____

Harsh

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./ Miss _____ 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.

Date : _____

Signature of the employer or other authorised officer of the establishment

Name & address of the Factory /Establishment

Place :

Date :