

EMPLOYEES' PROVIDENT FUND ORGANISATION
Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1.	Name of the member	Atul Dattateay Nikam.
2.	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	Dattateay Niveetti Nikam.
3.	Date of Birth: (DD / MM / YYYY)	17-07-1997
4.	Gender: (Male/Female/Transgender)	male.
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	Unmarried.
6.	(a) Email ID: (b) Mobile No.:	atulnikam3322@gmail.com 9922011948.
7.	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No <input checked="" type="checkbox"/>
8.	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No <input checked="" type="checkbox"/>
9.	Previous employment details: [If Yes to 7 AND/OR 8 above]	
	a) Universal Account Number:	NA.
	b) Previous PF Account Number:	NA
	c) Date of exit from previous employment: (DD/MM/YYYY)	-
	d) Scheme Certificate No. (if issued)	-
10.	e) Pension Payment Order (PPO) No. (if issued)	-
	a) International Worker:	Yes / No <input checked="" type="checkbox"/>
	b) If yes, state country of origin (India/Name of other country)	-
	c) Passport No.	-
11.	KYC Details: (attach self attested copies of following KYCs)	
	a) Bank Account No. & IFS Code	5135782737 / CBIN0283346
	b) AADHAR Number	915854809694
	c) Permanent Account Number (PAN), if available	BNQPN7607C.

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/eKYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account. (The transfer would be possible only if the Identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

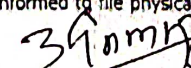
Date: 04/01/2023
Place: Thane


Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms./Mrs. ATUL NIKAM has joined on 5/1/2023 and has been allotted PF Number _____
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:
- (Post allotment of UAN) The UAN allotted for the member is _____
 - Please Tick the Appropriate Option:
The KYC details of the above member in the UAN database
 - Have not been uploaded
 - Have been uploaded but not approved
 - Have been uploaded and approved with DSC
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
- The above PF Account number/UAN of the member as mentioned in (A) above has been tagged with his/her UAN/Previous Member ID as declared by member.
 - Please Tick the Appropriate Option:-
 - The KYC details of the above member in the UAN database have been approved with Digital Signature Certificate and transfer request has been generated on portal.
 - As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim (Form-13) for transfer of funds from his previous establishment.

Date: 04/01/2023


Signature of Employer with Seal of Establishment

(FORM 2 REVISED)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

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

1. Name (IN BLOCK LETTERS): ATUL DATTATRAY NIKAM.
Name Father's / Husband's Name Surname

2. Date of Birth: 17/01/1997 3. Account No. 5135782737 (Central Bank of India)

4. *Sex: MALE/FEMALE: MALE 5. Marital Status UNMARRIED.

6. Address Permanent / Temporary: AT/ POST - DIVA - THANE - MUMBAI
PIN - 400612

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 (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
Dattatray	Ratnagiri	father	15/04/67	50%	-
Chhaya	Ratnagiri	mother	01/06/74	50%	-

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

Strike out whichever is not applicable


Signature/or thumb impression
of the subscriber

PART - (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 premature death in service.

Sr. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)
1.	Dattatray N. Nikam	56	Father
2.	Chhaya D. Nikam	49	mother
3.	Aradhut D. Nikam	30	Brother
4.	Tejashee D. Nikam	27	Sister
5.			

Certified 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
1] Dattatray Niveuti Nikam - At/post - Sawade Tal-chiplun, Dist - Ratnagiri - 415606	15/04/1967	Father
2] Chhaya Dattatray Nikam - At/post - Sawade Tal-chiplun, Dist - Ratnagiri - 415606	01/06/1974	Mother

Date 04/01/2023

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 Atul Dattatray Nikam 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: 04/01/2023

Signature of the employer or other authorised officer of the establishment

Name & address of the Factory / Establishment

Place: Thane

Date: 04/01/2023

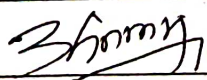
In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.
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I. GENERAL INFORMATION

Employee Name: Nikam Atul Dattateay	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 17/01/1997
Current Address: A/post - Diva - Thane - mumbai - 400612	City: Thane	State: maharashtra
Permanent Address: A/post - sawade - chiplun - Ratnagiri - 415606	City: chiplun	State: maharashtra

Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: Dattateay Niveetti Nikam .	Relationship: father
Phone: 7550763439 .	Address: A/p - sawade - chiplun - ratnagiri
Name: chhaya Dattateay Nikam	Relationship: mother
Phone: 7218178750 .	Address: A/p - sawade - chiplun, ratnagiri
Name: Avadhut Dattateay Nikam	Relationship: brother
Phone: 9067590069	Address: A/p - sawade - chiplun, ratnagiri
Name: Tejashvi Dattateay Nikam	Relationship: sister
Phone: 9689758102 .	Address: A/p - sawade, chiplun, Ratnagiri
Name:	Relationship:
Phone:	Address:
Name:	Relationship:
Phone:	Address:
Name:	Relationship:
Phone:	Address:
Name:	Relationship:
Phone:	Address:

Please provide the details of any of your friends		
Name: Swapnil Vishnu Shigwan	Location: Thane.	Profession: Job.
Home Phone: -	Work Phone: -	Cellular Phone: 7387211824
Name: Rahul Rajendra Challe	Location: Thane	Profession: Job.
Home Phone: -	Work Phone: -	Cellular Phone: 8983016655.
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Swapnil V. Shigwan	Relationship: friend.	
Home Phone: -	Work Phone: -	Cellular Phone: 7387211824
Name: Avalhut D. Nikam	Relationship: Brother	
Home Phone -	Work Phone -	Cellular Phone: 9067590069.
Preferred Hospital:		
Physician's Name	Specialist Name:	Dentist Name:
Phone:	Phone:	Phone:
List all medications that you are taking (prescription and over the counter). If necessary include the reason of medication:		
List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that emergency personal need to be aware of, attach documentation is necessary:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: 		Date Signed: 04/01/2023.