## NOM NATION AND DECLARATION FORM FOR UNEXEM PTED EXEM PTED ESTABLISHMENTS

Declaration and N cm ination Form under the Employees Provident Funds and Employees Pension Schemes (Pawgraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Pawgraph 18 of the Employees Pension Scheme 1995)

RAJKUMAR Father's /H usband's N am e	Sunane
io. Single	
Kishanpun Dist	Saharanputt
1	Father's / Husband's Name  o

PART - A (EPF)

Thereby nom mate the person (s) cancel the nom mation made by me previously and nom mate the person (s) mentioned below

Name of the Naminee (s)	Address	Non inee's relationship with the member	Date of Birth	Total an ount or share of accum whatbons in Provident Funds to be paid to each nom inee	If the nom inee 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
RASKUMAR	Dubhan Kisha	father	02/08/A80		

- \*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.
- \* C extified that m y father/m other is/are dependent upon m e.

Strike out whichever is not applicable

Signature for thum b impression of the subscriber

PART - (EPS)

Para 18

I hereby firmish below particulars of the members of my family who would be eligible to receive Wildow Children Pension in the event of my premature death in service.

SLNo	Name & Address of the Family Member	A ge	Relationship with themember
(a)	2)	(3)	(4)
	Ray Kuman	45	father

Contified 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 hermafter I shall furnish Particulars there on in the above form.

Theseby nom inste the following person for seceiving the monthly widow pension (admissable under para 16.2 (a) (i) in the event of my death without leaving any eligible family member for seceiving pension.

Name and Address of the nominee	Date of Birth	Relationship with member
Ray Kumar	02/8/1980	father

Date 17/8/28

Signature or thum b impression of the subscriber

7	CERTIFI	CATE BY EM PLOYER
	Certified that the above declaration and nomin	nation has been signed / thumb impressed before me by Shri. / Smt./
M iss		em ployed in my establishm entafferhe/she has
mad the	e entries / the entries have been read over to him ther	by me and got confirmed by him ther.
Date:_		Signature of the employer or other authorised officer of the establishment
		Place:
ame & ac	ddress of the Factory Æstablishment	
		Date: