

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

1. Name (IN BLOCK LETTERS)	ANKIT	RANJAY KUMAR	SINGH
	Name	Father's / Husband's Name	Surname

4 *Sex MALE FEMALE MALE 5 Marital Status Unmarried

6 Address Permanent Temporary Ward 5, Paganangan, Hata, Kushinagar, Uttar Pradesh, 274203.

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

to receive the amount standing to his 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
Ranjay Kumar Singh	Word S, Pagaranagar Mata Kusina -gar, U.P	Father	10/07/1979	Total	

- Aufit Single

Signature or thumb impression
of the subscriber

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

[illegible]

Certified that I have no family as defined in para 2 (vi) 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

Date 17/06/24

Ankit Singh

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