

NOMINATION AND DECLARATION FORM
(For Un-exempted/ Exempted Establishments)

Nomination & Declaration Form under the Employees' Provident Funds & Employees' Pension Scheme

(Paragraph 33 and 61 (1) of the Employees' Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension Scheme, 1995)

1. Name: _____
2. Father's/ Husband's Name: _____
3. Date of Birth: _____ Sex: _____ Marital Status: _____
4. Account No. _____
5. Permanent Address: _____

6. Present Address: _____

PART A (EPF)

I hereby nominate the person (s)/ cancel the nomination made by me previously and nominate the person (s), mentioned below 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 Fund to be paid to each nominee	If the nominee is a minor, name, relationship & address of the guardian who may receive the amount during the minority of nominee

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.

*Strike out whichever is not applicable

Signature of the Member

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.

Sl No	Name and Address of the family members	Date of Birth	Relationship with member

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

Name & address of the nominee	Date of Birth	Relationship with the member

Date: _____

* * Strike out whichever is not applicable

Signature of the Member

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed before me by Shri/ Smt/

Km: _____ employed in my establishment after he/ she has read

the entries and confirmed the same.

For Jubilant Life Sciences Limited

Signature of the employer or other
 Authorised Officer of the establishment:
 Designation:

: **Authorized signatory**

Name and address of the Factory/ :
 Establishment or Rubber Stamp thereof :