



**THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952**  
(Paragraph 34)

**THE EMPLOYEES' FAMILY PENSION SCHEME, 1971**  
(Paragraph 19)

FORM - 11

THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952  
( Paragraph 34)  
THE EMPLOYEES' FAMILY PENSION SCHEME, 1971  
( Paragraph 19)

Declaration by a person taking up employment in an establishment in which Employee's Provident Fund and Family Pension Scheme are in force.

\_\_\_\_\_ Son/Wife/ Daughter of \_\_\_\_\_  
(Name)

hereby solemnly declare that

(Strike out whichever is not applicable)

(a) I was last employed in \_\_\_\_\_  
Name & full address of the establishment)

left the service on \_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)  
(Date) (Date)

(b) I was a member of \_\_\_\_\_ Provident Fund and also/ but not of the Family Pension Fund from \_\_\_\_\_ to \_\_\_\_\_ and my account number (s) was/ were \_\_\_\_\_

(c) I have/ have not withdrawn the amount of any Provident Fund/ Family Pension Scheme.

(d) I have/ have not drawn any Superannuation benefits in respect of my past service from any employer.

(e) I have never been a member of any Provident Fund and/ or Pension Scheme.

**Signature of employee**

Date: \_\_\_\_\_



FORM - F

GRATUITY NOMINATION FORM

1. I, Dr/ Mr/Ms \_\_\_\_\_  
(name in full here)  
whose particulars are given in the statement below, hereby nominate the person (s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before the amount has become payable or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name (s) of the nominee (s).
2. I hereby certify that the person (s) mentioned is / are a member (s) of my family within the meaning of clause (L) of section 2 of the Payment of Gratuity Act, 1972.  
(Strike out whichever is not applicable)
3. I hereby declare that I have no family within the meaning of Clause (L) of section 2 of the said Act.
4. (a) my father/ mother/parents is/ are not dependent on me.  
(b) my husband's father/ mother/ patents is/ are not dependent on my husband.
5. I have included my husband from my family by a notice dated the \_\_\_\_\_ to the controlling authority in terms of the provision to clause (L) of section 2 of the said Act.
6. Nomination made here invalidates my previous nomination.

**NOMINEE (S)**

Name in full with full address of nominee (s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared

**STATEMENT**

1. Name of employee in full : \_\_\_\_\_
2. Sex : \_\_\_\_\_
3. Religion : \_\_\_\_\_
4. Whether unmarried/ married/ widow/ widower : \_\_\_\_\_
5. Department/ Section where employed : \_\_\_\_\_
6. Designation : \_\_\_\_\_
7. Date of appointment : \_\_\_\_\_
8. Permanent Address : \_\_\_\_\_
9. Present Address : \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_ (Signature of employee)

Declaration by Witnesses

- |  |                      |
|--|----------------------|
| Nomination signed before me (name in full & address) | Signature of witness |
| 1. _____   | 1. _____             |
| 2. _____   | 2. _____             |

Date: \_\_\_\_\_

Place: \_\_\_\_\_

(To be filled by employee who is drawing monthly salary of Rs.10,000/- or less than Rs.10,000/-)

DECLARATION FORM		Regulations – 11 & 12		Form-1	
(To be filled in only if the employee has not insured earlier) (Serial No. in return of declaration Form No.3)					
Insurance No		Marital Status	Employer's Code No		
Sex					
Name in block (Capital)			Year of Birth		
Father's/ Husband's Name			Date of Appointment		
Present Address			Local Office		
Permanent Home Address in full			Dispensary		
			Age		

(State whether Bachelor, Spinster Married, widow or widower)

Particulars of family:

SL No	Name	Date of Birth	Relationship with insured person	Whether residing with him/ her or not

(ESIC TIC Valid for 13 weeks from the date of appointment)

Insurance No.		Date of Appointment	
Name		Local Office	
Name, Address & Code No. of the employer		Dispensary	

Receipt of the Identity Card

Signature of the insured person

Received the Identity Card bearing Insurance No. as above.

Signature of the insured person

Family means the spouse & minor legitimate adopted children dependent on the insured person & his dependent parents (See Para (ii) of the ESI Act 1948 "A")

Particulars of employment	Whether employed directly/ through contractor		
	Department		Nature of work
Nomination us 50 (2) for females only & 71 of the ESI Act for payment of any benefit that may be due in the event of death			
Name of nominee		Age/Year	
Father's/ Husband's name		Address:	
Relationship of the nominee with insured person			

I affirm that I have not been previously insured under the Act & no identity card has been issued to me. I hereby declare that the above particulars have been given by me & are correct to the best of my knowledge & belief. I also undertake to intimate the corporation any change in the membership of my family within 15 days of such change having occurred.

Place: \_\_\_\_\_

Signature/ thumb impression of the Employee

Date of signing the form \_\_\_\_\_

Name & Address of Employer

**Jubilant Life Sciences Limited**

**Jubilant Life Sciences Limited**

Name:

Designation: **Authorised Signatory**

Particulars of family:

SL No	Name	Date of Birth	Relationship with insured person	Whether residing with him/ her or not