

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED ESTABLISHMENT**Declaration and Nomination Form under the Employees Provident Funds and 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(In block Letters) : DINESH VALJIBHAI RATHOD
 2. Fathers/Husbands Name : VALJIBHAI
 3. Date Of Birth : 28/04/1971
 4. Sex : Male
 5. Marital Status : MARRIED
 6. Account No. : 619

7. Date Of Joining in E.P.F.'52' : 01/07/1994
 8. Date Of Joining in F.P.F. '71/E.P.S. '95 : 01/07/1994
 9. Address:
 Permenant :
 Temporary :

PART - A (E.P.F)

I hereby nominate the persons/candle the nomination made by me previously and nominate the personss,mentioned below to receive the amount standing to my credit in the Employees Provident Fund, in the event of my death.

Sr No.	Name of the Nominee/ Nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulations in provident Fund to be paid to each nominee	If the nominee is a minor,name&realationship&address of the guardian who may recieve the amount during the minority of the nominee
1	2	3	4	5	6	7
1						

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 depended upon me.

Strike out whichever is not applicable.

Signature/or thumb impression of the subscriber

PART-B(EPS)

I hereby furnish below particulars of the members of my family who would be eligible to receive window/children pension in the event of my death

Sr. No.	Name and address of the family member Name		Date Of Birth	Relationship with member
	Name	Address		
1	2	3	4	5
1				Spouse

* Certified that i have no family,as defined in para 2 (vii) of the Employee's Pension Scheme,1995 and should i acquire a family hereafter i shall furnish particulars thereon in the above form

I here by nominate the following person for receiving the monthly widow pension (admissible under para 16 2(a) (1)&(2) in the event of my death without leaving any eligible family member for receiving pension)

Sr. No.	Name and address of the family member Name		Date Of Birth	Relationship with member
	Name	Address		
1	2	3	4	5
1				

Date :

***Strike out whichever is not applicable.**

**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./Kum. DINESH VALJIBHAI RATHOD 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.

For Chattary Ajwan Infotech Pvt. Ltd.

Authorised Signatory

Place :

Signature of the Employer or other authorised officer of the establishment

Designation:

Dated :

Name & Address of the Factory/Etsblishment or Rubber Stamp Thereof

Chattary Ajwan Infotech Pvt. Ltd.

Navrangpura, AHMEDABAD, Gujarat