

From without payment  
निःशुल्क फार्म

FORM-2 (REVISED)  
प्रपत्र-2 (संशोधित)

## NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

नामांकन एवं घोषणा प्रपत्र अनुवर्त/मुक्त स्थापनाओं के लिए  
Declaration and Nomination Form under the Employees' Provident Fund & Employees' Pension Scheme  
कर्मचारी भविष्य निधि एवं कर्मचारी पेंशन स्कीम के अन्तर्गत घोषणा एवं नामांकन फार्म  
(Paragraph 33 & 61 (1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995)  
(कर्मचारी भविष्य निधि स्कीम 1952 के पैरा 33 और 61 (1) एवं कर्मचारी पेंशन स्कीम 1995 पैरा 18)

- |   |   |
|---|---|
| 1. Name (in block letters)<br>नाम (स्पष्ट शब्दों में) | 7. Address<br>पता<br>Permanent<br>स्थायी<br>Temporary<br>अस्थायी  |
| 2. Father's/Husband's Name<br>पिता/पति का नाम         | 8. (A) Date of Joining EPF Scheme 1952<br>(क) क.भ.नि. योजना 1952 में सदस्यता की तिथि<br>(B) Date of Joining of EPF Scheme 1971<br>(ख) क.भ.नि. योजना 1971 में सदस्यता की तिथि<br>(C) Date of Joining of EP Scheme 1995<br>(ग) क.भ.नि. योजना 1995 में सदस्यता की तिथि |
| 3. Date of Birth<br>जन्म तिथि                         |   |
| 4. Sex<br>लिंग  |   |
| 5. Marital Status<br>वैवाहिक स्थिति                   |   |
| 6. Account No.<br>खाता संख्या                         |   |

### PART-A (EPF)

#### भाग-क (कर्मचारी भविष्य निधि)

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 employee's Provident Fund, in the event of my death.  
एतद् द्वारा मैं व्यक्ति(यों) को नामित/रद्द करता हूँ और अपनी मृत्यु हो जाने की शर्त में नीचे उल्लिखित व्यक्ति(यों) को अपने खाते में जमा कर्मचारी भविष्य निधि राशि प्राप्त करने के लिए नामित करता हूँ।

Name of the nominee/nominees. नामित/नामितों का नाम	Address पता	Nominee's relationship with the member सदस्य के साथ नामित का सम्बन्ध	Date of Birth जन्म तिथि	Total amt. or share of accumulations in Provident Fund to be paid to each nominee कुल राशि अथवा भविष्य निधि राशि से प्रत्येक नामित को अदा किया जाने वाला भाग	If the Nominee is a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee. यदि नामित छोटा है नाम और सम्बन्ध एवं उसके अभिभावक का पता जो नामित की छोटी आयु के दौरान पैसा प्राप्त करेगा।
1	2	3	4	5	6

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.  
\*प्रमाणित किया जाता है कि कर्मचारी भविष्य निधि स्कीम 1952 में परिभाषित 2 (घ) के अनुसार मेरा कोई परिवार नहीं है और इसके पश्चात यदि मेरा परिवार होता है तो उपरोक्त नामांकन रद्द समझा जाए।
2. \*Certified that my father/mother is/are dependent upon me  
\*प्रमाणित किया जाता है कि मेरे पिता/माता मुझ पर आश्रित हैं।

\*Strike out whichever is not applicable.  
\*जो लागू नहीं है उसे काट दें।

Signature or thumb impression of the subscriber  
अभिज्ञता के हस्ताक्षर अथवा अंगूठे का निशान



**PART-B (EPS)**  
(Part 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.

एतद् द्वारा मैं अपने परिवार के सदस्यों का विवरण प्रेषित कर रहा हूँ जो मेरी मृत्यु होने की दशा में वैधव्य/बालक पेंशन प्राप्त करने के पात्र होंगे।

S.No. क्र.सं.	Name & Address of the family members परिवार के सदस्य का नाम और पता	Address पता	Date of Birth जन्म तिथि	Relationship with member सदस्य के साथ संबंध
1	2	3	4	5
1				
2				
3				

\*\*Certified that I have no family as defined in para 2 (vii) of Employees' Pension Scheme 1995 and should acquire a family hereafter I shall furnish particulars thereon in the above form.

प्रमाणित किया जाता है कि कर्मचारी पेंशन स्कीम 1995 में परिभाषित पैरा 2 (7) के अनुसार मेरा कोई परिवार नहीं है और यदि इसके पश्चात मेरा कोई परिवार होता है मैं उपरोक्त फार्म में उनका विवरण प्रेषित करूँगा।

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.

मैं एतद् द्वारा अपनी मृत्यु होने की दशा में पैरा 16 (2) (क) (i) और (ii) के अधीन देय मासिक परिवार पेंशन देने के लिये नामित करता हूँ इनके अतिरिक्त पेंशन प्राप्त करने वाला परिवार का कोई सदस्य नहीं है।

Name & Address of the nominee नामित का नाम और पता	Date of Birth जन्म तिथि	Relationship with the member सदस्य के साथ सम्बन्ध

Date  
दिनांक

Signature or thumb impression of the subscriber  
अभिदाता के हस्ताक्षर अथवा अंगूठे का निशान

\*\*Strike out whichever is not applicable.  
जो लागू न हो उसे काट दें

**CERTIFICATE BY EMPLOYER (नियोक्ता द्वारा प्रमाण पत्र)**

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

प्रमाणित किया जाता है कि उपरोक्त घोषणा अथवा नामांकन को श्री/श्रीमती/कुमारी..... ने जो मेरी स्थापना में कार्यरत है मेरे समक्ष हस्ताक्षर/अंगूठे का निशान लगाया है। उसने प्रविष्टियों को पढ़ा है। प्रविष्टियाँ उसके समक्ष मेरे द्वारा पढ़ी गयीं और उसने उसकी पुष्टि की है।

Place  
स्थान

Signature of the employer or other  
Authorised Officers of the establishment  
स्थापना के नियोक्ता अथवा प्राधिकृत अधिकारियों के हस्ताक्षर

Designation  
पदनाम

Date  
दिनांक

Name & Address of the Factory/Establishment of Rubber  
Stamp there of  
स्थापना/फैक्ट्री का नाम और पता की स्वर की मोहर



## Declaration Form

(To be retained by the Employer for future reference)

## Employees' Provident Fund Organization

## THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)

**&**

## THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

**DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE.**

**(PLEASE GO THROUGH THE INSTRUCTIONS)**

1) NAME (TITLE)

MR.	MS.	MRS.
-----	-----	------

(PLEASE TICK)

2) DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

3) FATHER'S/  
HUSBAND'S NAME

MR.

[illegible]

#### 4) RELATIONSHIP IN RESPECT OF (3) ABOVE

(PLEASE TICK)

FATHER	HUSBAND

## 5) GENDER

(PLEASE TICK)

MALE	FEMALE	TRANSGENDER

6) MOBILE NUMBER  
(IF ANY)

[illegible]

7) EMAIL ID (IF ANY)

[illegible]

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?

(PLEASE TICK)

<b>YES</b>	<b>NO</b>
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9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?

(PLEASE TICK)

<b>YES</b>	<b>NO</b>
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**IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11&12):**

**A. PREVIOUS EMPLOYMENT DETAILS**

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

**UAN**

--	--	--	--	--	--	--	--	--	--	--	--

OR

**PREVIOUS PF MEMBER ID**

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER

11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER: \_\_\_\_\_  
 (B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER: \_\_\_\_\_

**B. OTHER DETAILS**13) INTERNATIONAL WORKER  
(PLEASE TICK)

YES	NO

**IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):**

13(A) COUNTRY OF ORIGIN (Please Tick)

INDIA	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)

13(B) PASSPORT NUMBER

--

13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y

To

D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL QUALIFICATION  
(PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL

15) MARITAL STATUS  
(PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE

16) SPECIALLY ABLED  
(PLEASE TICK)

YES	NO

IF YES, TICK THE CATEGORY

LOCOMOTIVE	VISUAL	HEARING

## 17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*			IFSC CODE*
NPR/AADHAAR			
PERMANENT ACCOUNT NUMBER (PAN)			
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD			
ESIC CARD			

\* **Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCs TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.**

**C. UNDERTAKING:**

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,**
- (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.**
- (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIBLE ONLY IF THE IDENTIFIED KYC DETAILS APPROVED BY PREVIOUS EMPLOYER HAS BEEN VERIFIED BY PRESENT EMPLOYER USING HIS DIGITAL SIGNATURE CERTIFICATE).**
- (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.**

**DATE:**  
**PLACE:**

**SIGNATURE OF MEMBER****DECLARATION BY PRESENT EMPLOYER**

- A. THE MEMBER Mr./Ms./Mrs. .... HAS JOINED ON ..... AND HAS BEEN ALLOTTED PF MEMBER ID .....**
- B. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:**
- (POST ALLOTMENT OF UAN) THE UAN ALLOTTED FOR THE MEMBER IS .....**
  - PLEASE TICK THE APPROPRIATE OPTION:**

THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE

☐ HAVE NOT BEEN UPLOADED

☐ HAVE BEEN UPLOADED BUT NOT APPROVED

☐ HAVE BEEN UPLOADED AND APPROVED WITH DSC
- C. IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:**
- THE ABOVE MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN TAGGED WITH HIS/HER UAN/PREVIOUS MEMBER ID AS DECLARED BY MEMBER.
  - PLEASE TICK THE APPROPRIATE OPTION:-**

☐ THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED WITH DIGITAL SIGNATURE CERTIFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ON PORTAL.

☐ AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPFO, THE MEMBER HAS BEEN INFORMED TO FILE PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

**DATE:****SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT**