

## Data Sheet

**Employee No.**

### Details of employees-

**DOJ:- .....**

**Name-**

**Mobile -**

Photo

**Father's full name-**

**Contact no of father-**

**Date of Birth-**

**Qualification-**

**Marital Status**

**Nominee Name -**

**Relationship with employee**

**Permanent Address-**

**Nearest**

**Police Station\*..... Nearest Railway Station\*.....**

**Local Address---**

**Land Mark\***

**Complete address of last school/ college-**

**Complete address of technical institute-**

**Mother's Full Name**

**Details of dependents-**

**Wife's Name---**

**Kid's Name---**

**Existing Bank Details**  
**NAME AS IN BANK:-**

**A/C No.-**

**Bank Name.....**

**Branch Address-**

**IFSC Code.....**

**Previous employer ESIC No-**

**Aadhar No.-**

**Previous employer PF No. No-**

**Previous employer UAN. No-**

**I hereby declare that I don't have aadhar card & I will submit as soon as possible.**

**Signature**

**References\***

**1. Name-**

**Relation with you.....**

**Address-**

**Contact no.**

**2. Name-**

**Relation with you.....**

**Address-**

**Contact No.....**

**Documents Attached ( self-attested )-**

- 1. Educational Certificates**
- 2. Previous Employer Certificate**
- 3. Photo ID**
- 4. Address Proof**

**Signature--- Hindi**

**& English**

**FORM NO. 2 (Revised)**

**NOMINATION AND DECLARATION FORM**

(For Unexempted/Exempted Establishment)

Declaration and Nomination Form under the Employees Provident Fund & Employees Pension Scheme  
(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme, 1952 &  
Paragraph 18 of the Employees Pension Scheme, 1995)

1. Name \_\_\_\_\_  
(In capital letters)

2. S/o, W/o, D/o Name \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ 4. Sex \_\_\_\_\_ 5. Date of Joining \_\_\_\_\_

6. Marital Status \_\_\_\_\_ 7. P.F. Account No. \_\_\_\_\_

8. (A) Address Permanent \_\_\_\_\_

(B) Address Temporary \_\_\_\_\_

**PART A (EPF)**

Name of the Nominee/Nominees	Address	Nominees relation with the member	Date of Birth	Total amount of share of Accumulation in PF to be paid to each Nominee	If the Nominee is a minor, Name & Relationship & Address of the guardian who may receive the amount during minority of nominee
1	2	3	4	5	6

1. \*Certified that I have no family as defined in para 2(g) of the Employee's 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 or thumb impression of the subscriber

## 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.

Name and Address of the Family member(s)				
Sl. No.	Name	Address	Date of Birth	Relationship with member
1	2	3	4	5
1				
2				
3				
4				
5				

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

Sl. No.	Name & address of the Nominee	Date of birth	Relationship with the member.
1	2	3	4
1			
2			
3			
4			
5			
6			

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

\_\_\_\_\_  
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 \_\_\_\_\_ employed in my establishment after he/she has read the entries have read over to him/her by me and got confirmed by him/her.

Signature of the employer or other  
Authorized officers of the establishment :- \_\_\_\_\_

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

Designation :- \_\_\_\_\_

Dated :- \_\_\_\_\_

Name and address of the factory  
Establishment or rubber stamp there of : \_\_\_\_\_



# घोषणा पत्र DECLARATION FORM

फार्म-1/Form-1

घोषणा पत्र कर्मचारी द्वारा भरा जाएगा। फार्म के साथ पोस्टकार्ड आकार के दो फोटोग्राफ भी लगाए जाने चाहिए। फार्म भरने से पहले पीठ पृष्ठ पर दी गई हिदायतों को भली-भांति पढ़ लेना चाहिए। यह फार्म नि:शुल्क है।

To be filled by employee after reading instruction overleaf. Two Postcard Size photographs to be attached with the form. This form is free of cost.

(क) बीमाकृत व्यक्ति के विवरण

(A) INSURED PERSON'S PARTICULARS

1. बीमा संख्या/Insurance No.					
2. नाम (स्पष्ट अक्षरों में) Name in block letters					
3. पिता/पति का नाम Father's/Husband's Name					
4. जन्म की तिथि Date of Birth		दिन Day	महीना Month	वर्ष Year	5. वैवाहिक प्रास्थिति Marital Status
					6. लिंग/Sex
					पु.म./M.F.
7. वर्तमान पता/Present Address			8. स्थायी पता/Permanent Address		
पिन कोड Pin Code			पिन कोड Pin Code		
टेलीफोन नम्बर/ई-मेल पता/ Branch Office			टेलीफोन नम्बर/ई-मेल पता/ Dispensary		

(ख) नियोजक के विवरण

(B) EMPLOYER'S PARTICULARS

9. नियोजक की कूट संख्या Employer's Code No.			
10. नियुक्ति की तारीख Date of Appointment	दिन Day	महीना Month	वर्ष Year
11. नियोजक का नाम और पता/Name & Address of the Employer			
12. यदि पहले नियोजन में रहे हैं तो कृपया निम्नलिखित ब्यौरे दीजिए In case of any previous employment please fill up the details as under.			
(क) पिछली बीमा संख्या (a) Previous Ins. No.			
(ख) नियोजक कूट संख्या (b) Employer's Code No.			
(ग) नियोजक का नाम व पता (c) Name & Address of the Employer			
टेलीफोन नम्बर/ई-मेल पता/e-mail address			

(क) मृत्यु की स्थिति में नकद हितलाभ के भुगतान के लिए क.रा.बी. अधिनियम, 1948 की धारा 71/क.रा.बी. (केन्द्रीय) नियम, 1950 के नियम 56(2) के अंतर्गत नामित के ब्यौरे।  
(c) Details of Nominee u/s 71 of ESI Act 1948/Rule-56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death.

नाम/Name	नातेदारी/Relationship	पता/Address

मैं एतद्वारा घोषणा करता/करती हूँ कि मेरे द्वारा प्रस्तुत किए गए विवरण मेरी जानकारी और विश्वास के अनुसार सही है। मैं अपने परिवार के सदस्यों में हुए परिवर्तन की सूचना 15 दिन के भीतर प्रस्तुत करने का वचन भी देता हूँ/देती हूँ।

I hereby decalare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the corporation any changes in the membership of my family within 15 days of such change.

नियोजक के प्रतिहस्ताक्षर  
Counter signature by the employer

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठा निशान  
Signature /T.I.of IP.

सील सहित हस्ताक्षर  
Signature with seal

(घ) बीमाकृत व्यक्ति के परिजनों का विवरण  
(D) Family Particulars of Insured person

क्र.सं. Sl. No.	नाम Name	फार्म भरने की तारीख को आयु/जन्म-तारीख Date of Birth/Age as on date of filling form	कर्मचारी के साथ नातेदारी Relationship with the Employee	क्या उनके साथ रह रहे हैं? बताएं Whether residing with him/her.		यदि नहीं तो आवास का स्थान दर्शाएं If No' state Place of Residence	
				हाँ/Yes	नहीं/No	कस्बा/Town	राज्य/State

क.रा.बी. निगम अस्थायी पहचान पत्र  
ESI Corporation Temporary Identity Card

(नियुक्ति की तारीख से 3 महीने तक वैध)  
(Valid for 3 month from the date of appointment)

नाम/Name	
बीमा संख्या/Ins. No.	नियुक्ति की तारीख/Date of appointment
शाखा कार्यालय Branch Office	औषधालय Dispensary
नियोजक की कूट संख्या व पता Employer's Code No. & Address	

फोटो के लिए स्थान  
(Space for photograph)

वैधता  
Validity

तारीख  
Dated

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठे का निशान  
Signature/T.I. of I.P.

सील सहित शाखा प्रबंधक के हस्ताक्षर  
Signature of B.M. with seal



**FORM 'F'**

See sub-rule (1) of Rule 6

**Nomination**

To,

(Give here name or description of the establishment with full address)

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I, Shri/Shrimati/Kumari \_\_\_\_\_

(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 that 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 (h) of Section 2 of the Payment of Gratuity Act, 1972.
- 3. I hereby declare that I have no family within the meaning of clause (h) 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/parents is/are not dependent on my husband.
- 5. I have excluded my husband from my family by a notice dated the \_\_\_\_\_ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
- 6. Nomination made herein 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
(1)		(2)	(3)	(4)
1.				
2.				
3.				
So on.				

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**Statement**

- 1. Name of employee in full \_\_\_\_\_
- 2. Sex \_\_\_\_\_
- 3. Religion \_\_\_\_\_
- 4. Whether unmarried/married/widow/widower \_\_\_\_\_
- 5. Department/Branch/Section where employed \_\_\_\_\_
- 6. Post held with Ticket No. or Serial No., if any \_\_\_\_\_

7. Date of appointment \_\_\_\_\_

8. Permanent address:

Village \_\_\_\_\_ Thana \_\_\_\_\_ Sub-division \_\_\_\_\_

Post Office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

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

Signature/Thumb-impression of the  
Employee

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

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### Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

1. \_\_\_\_\_

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

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

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

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### Certificate by the Employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any \_\_\_\_\_

Signature of the employer/Officer authorised  
Designation

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

rubber stamp thereof.

Name and address of the establishment or

\_\_\_\_\_

\_\_\_\_\_

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### Acknowledgement by the Employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

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

Signature of the Employee

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**Note.**—Strike out the words/paragraphs not applicable.



**EMPLOYEES' PROVIDENT FUND ORGANISATION**

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1.	Name of the member	
2.	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	
3.	Date of Birth: ( DD / MM / YYYY )	
4.	Gender: (Male/Female/Transgender)	
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	
6.	(a) Email ID: (b) Mobile No.:	
7.	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No
8.	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No
9.	<b>Previous employment details: [if Yes to 7 AND/OR 8 above]</b> a) Universal Account Number:	
	b) Previous PF Account Number:	
	c) Date of exit from previous employment: (DD/MM/YYYY)	
	d) Scheme Certificate No. (if issued)	
	e) Pension Payment Order (PPO) No. (if issued)	
10.	a) International Worker:	Yes / No
	b) If yes, state country of origin (India/Name of other country)	
	c) Passport No.	
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	
11.	<b>KYC Details:</b> (attach self attested copies of following KYCs)	
	a) Bank Account No. & IFS Code	
	b) AADHAR Number	
	c) Permanent Account Number (PAN), if available	

**UNDERTAKING**

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/eKYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account. (The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date:

Place:

Signature of Member

**DECLARATION BY PRESENT EMPLOYER**

- A. The member Mr./Ms./Mrs. .... has joined on ..... and has been allotted PF Number .....
- 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 PF Account number/UAN 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

# शपथ पत्र

में \_\_\_\_\_ पुत्रश्री \_\_\_\_\_

यह बयान करता हूँ / करती हूँ कि मैं अपने जो भी दस्तावेज आपको संलग्न कर रहा / रही हूँ । वह मेरी जानकारी के अनुसार पूर्ण रूप से सही है । ब मेरे खिलाफ किसी भी थाने ब कोर्ट में किसी भी तरह का कोई केस पेन्डिंग नहीं है । अगर मेरे द्वारा दी गयी जानकारी में कुछ भी गलत पाया जाता है तो आप मेरे खिलाफ कानूनी कार्यवाही कर सकते हैं व नौकरी से बरखास्त कर सकते हैं।

मैं घोषणा करता हूँ / करती हूँ कि भविष्य में मेरा वर्तमान / स्थायी पता अगर बदला जाता है तो मैं उसकी लिखित सूचना अपने नयोक्ता को दूंगा /दूंगी

संलग्न दस्तावेज़ -----

१-

२-

३-

४-

५-

हस्ताक्षर अभ्यर्थी

नाम & हस्ताक्षर जांचकर्ता