



## Form 2 (Revised)

9.

### PART B (EPS)

I hereby furnish below the particulars of members of my family who would be eligible to receive Widow/Children & Life Assurance benefits in the event of my premature death while in service.

Sl No	Name & address of the family members		Age	Relationship with member
	Name	Address		
1				
2				
3				
4				

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

10. I hereby nominate the following person for receiving the monthly Pension (admissible under Paragraph 16 2(a) (I) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

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

(Strike out whichever is not applicable)

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

Signature of the Employee: \_\_\_\_\_

11.

### CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed before me by Shri / Smt \_\_\_\_\_  
\_\_\_\_\_ employed in the establishment after he / she has read the  
entries and got confirmed by him / her.

Place: BANGALORE

Date:

Authorised Signatory