



SHRI MATA VAISHNO DEVI UNIVERSITY

NOMINATION AND DECLARATION FORM

Declaration and Nomination Form under the SMVDU Employees Provident Fund Regulations 2008.

1. Name (IN BLOCK LETTERS) : _____
Name Middle Name Surname
2. Father's Name / Husband's Name : _____
3. Date of Birth : _____ 4. Saving Account No. _____
5. Sex : MALE/FEMALE: _____ 6. Marital Status _____
7. Address Permanent : _____

8. Address Correspondence : _____

PART – A (EPF)

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 Employees Provident Fund, in the event of my death, before that amount has become payable, or having become payable, has not been paid:

Name of the Nominee (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6

1. * Certified that my father/mother is/are dependent upon me.

Strike out whichever is not applicable

Signature and thumb impression of the subscriber

Name:

Designation:

Department:

Date:

Place:

PART – B

I hereby nominate the person (s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, in the event of the nominee predeceasing the subscriber:

Name of the Nominee (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee
1	2	3	4	5

Two Witness to Signature:

1. Name & Signature

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2. Name & Signature

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Signature and thumb impression of the subscriber

Name:

Designation:

Department:

Date:

Place:

CERTIFICATE BY EMPLOYER

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

Date : _____

Signature of the employer or other authorised officer of the University

Seal:

Name & address of the University : SHRI MATA VAISHNO DEVI UNIVERSITY, KAKRYAL, KATRA-182320, J&K.

Place :

Date :
