

**NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS**

**Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes  
(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): A. YUVARAJ , A. R. JUNAN \_\_\_\_\_  
Name Father's / Husband's Name Surname

2. Date of Birth: 22.4.2000 3. Account No. 923010058627597

4. \*Sex : MALE/FEMALE: MALE 5. Marital Status SINGLE

6. Address Permanent / Temporary : 573, Rama Lakshmi Gounden Koil ITI, ENNAMANGALAM, ERODE, 638 501, TAMIL NADU

## **PART - A (EPP)**

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.

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 dependent upon me. ←

**Strike out whichever is not applicable**

~~Signature or thumb impression  
of the subscriber~~

### PART - (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 premature death in service.

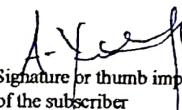
Sr. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)
1)	A.RAJESWARAN	52	FATHER
2)	LAKSHMI	41	MOTHER
3)	SASI KUMAR	25	BROTHER
4)	CHINNADURAI	20	BROTHER

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

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.

Name and Address of the nominee	Date of Birth	Relationship with member
ARUJUNAN	25/07/1972	FATHER

Date 01/04/2024

  
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/ Miss A. YUVARAJ S. Subbali 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.

**CareNow Life Sciences Private Limited**  
#3/272-5-1, Neelambur Road,  
Muthugounden Pudur,  
Coimbatore - 641 402.

Signature of the employer or other authorised officer of  
the establishment

Name & address of the Factory /Establishment

**CareNow Life Sciences Private Limited**  
#3/272-5-1, Neelambur Road,  
Muthugounden Pudur,  
Coimbatore - 641 402.

Place: M. G. Padm

Date: 01/04/2024



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