

**PF Nomination Form has to be printed on the same page i.e. Front and Backside  
of the same page**

1. USE CAPITAL LETTERS
2. IF THE NOMINEE IS MINOR GIVE NAME & ADDRESS OF THE GUARDIAN WHO MAY RECEIVE THE AMOUNT DURING THE MINORITY OF THE NOMINEE.

PF No. \_\_\_\_\_

Inter Com No. \_\_\_\_\_

Emp.No. \_\_\_\_\_

Mob. No. \_\_\_\_\_

Place of posting \_\_\_\_\_

FORM 'B'  
DECLARATION AND NOMINATION FORM  
(Referred to in Rule 6 (i) to (iv) of the Fund)  
**rites CONTRIBUTORY PROVIDENT FUND**

1. Name of Employee : \_\_\_\_\_

(in Block Letters)

2. Designation : \_\_\_\_\_

3. Sex : \_\_\_\_\_

4. Religion : \_\_\_\_\_

5. Father / Husband's Name : \_\_\_\_\_

6. Marital Status : \_\_\_\_\_

(Whether unmarried / married / widower)

7. Date of Birth : Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

8. Permanent Address : \_\_\_\_\_

\_\_\_\_\_

I hereby nominate the person(s) mentioned below to received the amount that may stand to my credit in the Provident Fund. Amount of Gratuity in the event of my death before that amount become payable or, having become payable, has not been paid and direct that the said amount shall be distributed amongst the said persons(s) in the manner show against their names:

SNo	Name & address of the Nominee(s)	Nominee's relationship with the Employee	Age of Nominee	Amount of Share of accelerations in the PF amount to be paid to each Nominee
1				
2				
3				
4				

Photograph  
of nominee

Photograph of  
nominee

Photograph  
of nominee

Photograph  
of nominee

Signature or thumb

Impression of nominee(s) \_\_\_\_\_

1. Certified that I have no family and should I acquire family hereinafter, the above nomination should be deemed as cancelled.
2. Certified that my father / mother / sister(s) and minor brother(s) is / are dependent upon me.

Dated \_\_\_\_\_

Signature \_\_\_\_\_

Place \_\_\_\_\_

Name \_\_\_\_\_

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 entire. The entries have been read over to him/her by me and got confirmed by him/her.

\_\_\_\_\_  
(Signature of the Controlling Officer)

Name & Designation

Date \_\_\_\_\_

Place \_\_\_\_\_