

**Andhra Pradesh State Civil Supplies Corporation Ltd.**

**(A State Government Undertaking)**

**Regd.Office: 6-3-655/1/A, Civil Supplies Bhavan, Somajiguda, HYDERABAD –500 082.**

**REMINDER**

No CSC/HO/EPF Trust/2013-14.

Dt.29.06.2013

Sub : APSCSCL – EPF Trust – Settlement of claims under EPF & MP  
Act – Furnishing of Nomination forms in Form 2 (Revised)-  
Circular issued – Reminder - Reg.

Ref :1).Circular No.2, No.CSC/HO/EPF Trust/2011-12,Dt:14.11.2011.

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According to rule under paragraph 33 & 61(1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employee's Pension Scheme 1995, upon becoming a member of the APSCSCL EPF Trust, each member shall send in writing to the Board of Trustees a nomination/declaration in Form 2 conferring on one or more persons the right to receive the amount that may stand to his credit in the Fund in the event of members demise before the amount has become payable or having become payable has not been paid to him. Provided that in the case of a member having a family a nomination shall be made in favour of one or more persons belonging to his family.

If the member has no family on the date of his becoming a member of the Fund, the nomination may be made in favour of any person or persons, if the member subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the member shall make a fresh nomination in favour of one or more persons belonging to his family. A nomination shall not be partly in favour of the members family and partly in favour of the others outside his family.

In the light of above instructions of the Scheme, nomination forms are to be submitted by the member of EPF Trust of APSCSCL. On verification of record of EPF Trust, it is observed that some members have not submitted the nomination forms duly filled in with the details of family members which are required as per EPF Trust rules.

Hence all the District Managers and Zonal Managers are requested to circulate the above instructions among the employees working under their control and obtain nomination forms in Form 2 (Revised) in triplicate from all the employees/hamalies working in the Districts and furnish the same to H.O for settlement of PF claims, within 15 days positively.

Encl : Proforma Form – 2(Revised)

Secretary (Board of Trustees)  
APSCSCL, EPF TRUST

To  
All the District Managers & Zonal Managers,  
AP State Civil Supplies Corporation Ltd.

Copy to GM(Finance), Head Office,  
APSCSCL, Hyderabad.

Copy submitted to the VC & MD APSCSCL, Hyd for favour of kind information.

**NOMINATION AND DECLARATION FORM VAT 226A**  
**FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS.**  
Declaration and Nomination Form under the Employees' Provident Fund &  
Employees " Pension Scheme, 1995)

(Paragraph 33 & 61(1) of the Employees' Provident Fund Scheme, 1952 and  
Paragraph 18 of the Employees' Pension Scheme, 1995).

1.	Name (IN BLOCK LETTERS)	:	
2.	Father's Name / Husband's Name	:	
3.	Date of Birth	:	
4.	Sex	:	
5.	Marital Status	:	
6.	Account No.	:	
7.	Address: Permanent	:	
	Temporary:	:	
		:	
8.	Date of Joining in Service	:	

**PART – A (EPF)**

I here by 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.

Name of the nominee/ nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Fund to be paid to each nominee	If the Nominee is a minor, name & relationship & Address of the guardian who may receive the amount during the minority of nominee
1.	2.	3.	4.	5.	6.

- \* 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 here after the above nomination should be deemed as cancelled.
- \* Certified that my father / mother is / are dependent upon me.

**Signature or thumb impression**  
of the subscriber.

- Strike out whichever is not applicable.

**PART – B (EPS)**  
(Para 18)

I here by furnish below particulars of the members of my family who would be eligible to receive widow / children pension in the event of my death.

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Sl. No.	Name & Address of the family		Date of Birth	Relationship with member
	Name	Address		
1.	2.	3.	4.	5.
1.				
2.				
3.				

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

I nominate the following person for receiving the monthly widow pension (admissible under Para 16 2(a)) 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 the member

Date:

Signature or thumb impression  
of the subscriber

\*\*Strike out whichever is not applicable

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signed /thumb impressed \_\_\_\_\_ before \_\_\_\_\_ me \_\_\_\_\_ by Sri/Smt/Kum \_\_\_\_\_

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

Place:	<b>Signature of the employer or other</b> authorized Officers of the establishment.
Dated the:	
	Designation:
	Name & Address of the Factory/Establishment or Rubber Stamp there of