

SATLUJ JAL VIDYUT NIGAM LIMITED

PART-B(FPS) Annexure VI

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children Pension in the even of my death.

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

*Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon 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 & Address of the nominee	Date of Birth	Relationship with the member
1.		
2.		
3.		

Date *****Strike out whichever is not applicable**

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

Place.....

Signature of the employer or other authorised Officers of the establishment
Designation

Dated

Name & Address of the Factory/Establishment or Rubber Stamp thereof