



कर्मचारी भविष्य निधि संगठन

Employees' Provident Fund Organisation

श्रम एवं रोजगार मंत्रालय भारत सरकार

Ministry of Labour & Employment, Govt. Of India

मुख्यकार्यालय/Head Office

भविष्य निधि भवन, 14-भीकाजी कामा प्लेस, नई दिल्ली -110066

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No. R-I/P-20/UAN/2014/Vol.II

Date: 03.11.2015

To,

476
29073

05 NOV 2015

All Additional P.F. Commissioners (Political States)
All Regional P.F. Commissioners (Officer-in-charge),
Regional Office/Sub-Regional Offices.

Subject: UAN based On-line nomination forms-reg.

Sir/Madam,

On the subject cited above, a facility has been provided to EPFO members to file online nomination forms. The online nomination forms, after due approval by the employers, are being made available to field offices.

2. In this regard, it is informed that the EPF members can file online nomination details through UAN member portal. The detailed process has been explained on EPFO website through the link homepage >> UAN Services >> For Members >> Process flow for filing online nomination form. Similarly, a facility has already been provided to the employers to approve the online nomination form submitted by the member using their registered digital signatures on receipt of its duly signed copy from the member. The detailed process flow has been explained on EPFO website through the link homepage >> UAN Services >> For Members >> Process flow for approval of online nomination form. The employer is not required to submit the physical copy of nomination form to the field office.

3. The online nomination forms, duly approved by the employer, have now been made available to field offices through OTCP Admin Portal. The detailed process flow for download of file containing online nomination forms for the use of EPFO field offices is placed at "Annexure A".

4. All the field offices are requested to go through the process flow and download the online nomination forms to a secure folder, to be named "Online Nomination Forms", in the computer system by OTCP Admin for record and further use. The nomination form may be requisitioned and obtained by the Accounts Section from the OTCP Admin on need basis.

Yours faithfully,


(V. Ranganath)
Regional PF Commissioner-I (IS)

Copy to:

1. P.S. to CPFC
2. P.S. to FA & CAO
3. P.S. to Chief Vigilance Officer, HQrs
4. P.S. to All Additional Central P.F. Commissioner, Head Office
5. RPFC- II (NDC): For webupload please.

Process flow for download of file containing On-line nomination forms by EPFO offices

After the Online nomination form of the member is approved by the employer, it is received in the respective field office in a .zip file format for record and necessary action.

The .zip file is available to the field office through the OTCP – Admin Portal login.

Transfer Claim Admin Login

Username	AGRA_CLAIMS
Password	<input type="password"/>
submit	

[Login for Nodal Officer Data Entry and verify physical claim](#)

On log-in, the following screen would appear.

Employees' Provident Fund Organisation, India
(A statutory body under Ministry of Labour & Employment, Government of India)

HOME | UPLOAD FILES | **DOWNLOAD FILES** | REQUEST ANX-K | CREATE USER | CHANGE PASSWORD | LOGOUT | WELCOME AGRA

DOWNLOAD FILES dropdown menu:

- DOWNLOAD CLAIM FILES
- DOWNLOAD XI MPD DANK K FILES
- DOWNLOAD NOMINATION PDF
- DOWNLOAD NOMINATION ZIP

Claim Transfer Portal Admin Home


Choose an appropriate task from the menu.

This Portal can be best viewed in IE (7.0 and above), Firefox, Chrome and Opera browsers. ©2013. System powered by TCIL and VSR.

employeebenefit.epfo.gov.in/admin/nomination_gdt_zip_form.php

Please click on "Download Nomination zip" under the menu option of "Download File" as shown in the above screen shot.

All the nomination zip files will be displayed on creation date basis. The local EPFO office can download the file.



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HOME

UPLOAD FILES

DOWNLOAD FILES

REQUEST AXX-K



CREATE USER

CHANGE PASSWORD

LOGOUT

WELCOME AXX-K

Download Nomination Zip Files

S.No.	File Name	Creation Date	Download
1	AGRA_24092015_nominations.zip	24-09-2015	
2	AGRA_18092015_nominations.zip	18-09-2015	

The downloaded file has all the approved nomination forms in .pdf file format.

Compressed Folder Tools

Downloads

Home

Share

View

Extract

AGRA_24092015_nominations.zip - WinRAR (evaluation copy)

File Commands Tools Favorites Options Help

Add

Extract To

Test

View

Delete

Find

Wizard

Info

VirusScan

Comment

SFX

AGRA_24092015_nominations.zip - ZIP archive, unpacked size 116,002 bytes

Name	Size	Packed	Type
100299558833_nominee_details_1443004597.pdf	19,486	13,932	Folder
100221437211_nominee_details_1443005987.pdf	19,492	13,935	Adobe
100160704012_nominee_details_1443004965.pdf	18,181	13,353	Adobe
100091452135_nominee_details_1443007726.pdf	19,537	13,971	Adobe
100058381163_nominee_details_1443006875.pdf	19,747	14,179	Adobe
100054892966_nominee_details_1443006556.pdf	19,559	13,994	Adobe

Total 116,002 bytes in 6 files

The pdf file has the details of nomination filed by the member and approved by the employer.

Online Nomination Form (Form 2/53)
Reference ID : 100058381163_1443005975
(Submitted through Member Login)
Date of Submission (By Member) : 30-11-2021

Employees' Provident Fund Organization
THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952(PARAGRAPH-33 & 51(1))
&
THE EMPLOYEES' PENSION SCHEME(PARAGRAPH-18)
NOMINATION BY MEMBER OF EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1955
(This form has been printed on the basis of details available entered by member in his login of UAN based member portal for submission to his employer.)

A. DETAILS OF THE MEMBER

1) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PRESENT PF MEMBER ID IS AS FOLLOWS :
UAN : 100058381163
PF MEMBER ID FOR PRESENT EMPLOYMENT : MFAGR00255110000000163

2) NAME(MR./MRS./MS.) : ASHOK BEHERA
3) FATHER'S/HUSBAND'S NAME(MR.) : SHRI MAYADHAR BEHERA
4) RELATIONSHIP IN RESPECT OF (3) ABOVE : FATHER
5) DATE OF BIRTH(dd/mm/yyyy) : 26/06/1962
6) GENDER : MALE
7) MARITAL STATUS : Married
8) DATE OF JOINING THE FUND(dd/mm/yyyy) : 01/04/2014
9) PERMANENT ADDRESS : RAZA SINGH MARG, NEW DELHI
10) PRESENT ADDRESS : RAZA SINGH MARG, NEW DELHI

B. NOMINATION DETAILS

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.

PF/EDLI NOMINEE DETAILS

Name & Address	Gender (Male/ Female/ Trans gender)	Relationship with member	Date of birth (dd/mm/yyyy)	Total amount or share of accumulations in provident fund to be paid to each nominee	Disabled/ Lunatic/ Minor	Name and address of the guardian & relationship if nominee is Disabled/ Lunatic/ Minor
RAM RAZA SINGH MARG	FEMALE	WIFE	02/05/2002	100	N/A	N/A

Part -B(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 DEATH.

MEMBER FAMILY DETAILS

Name	Gender (Male/ Female/ Trans gender)	Relationship with member	Date of birth (dd/mm/yyyy)	Address	KYC	Document Number/IF 5 Code/Expiry Date (dd/mm/yyyy)
RAM	FEMALE	WIFE	02/05/2002	RAZA SINGH MARG	Bank Account Number / IFSC	1234567890123 (BIN000777)

I CERTIFIED THAT I HAVE NO FAMILY AS DEFINED IN PARA 2(VI) OF THE EMPLOYEES' PENSION SCHEME, 1955 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 PENSION ADMISSIBLE UNDER PARA 18 2(A) (i) & (ii) IN THE EVENT OF MY DEATH WITHOUT LEAVING ANY ELIGIBLE FAMILY MEMBER FOR RECEIVING PENSION.

PENSION NOMINEE DETAILS
This is active to be filled only when the member has ticked the above box.

Name of Nominee	Gender (Male/ Female/ Transgender)	Relationship with member	Date of birth (dd/mm/yyyy)	Address

Date : _____

C. FOR MEMBER COPY

NOTE : MEMBER SHOULD TAKE A PRINTOUT OF THIS FORM AND SIGN IT AT THE TIME OF SUBMISSION TO HIS EMPLOYER OF THE ESTABLISHMENT M/S ROHILKHAND ENGINEERS & MACHINES (P) LIMITED.

PLACE : _____ SIGNATURE OF THE EMPLOYER OR OTHER AUTHORIZED OFFICERS OF THE ESTABLISHMENT
DATE : _____ DESIGNATION : _____