

**FORM - 2**

**DEATH-CUM-RETIRMENT BENEFIT SCHEME, 1981  
THE W.B. RECOGNISED NON-GOVT. EDL, INSTITUTION EMPLOYEES**

**DECLARATION FORM**

( In reference to paragraph 13 of the Employee's Family Pension Scheme, 1971 )

1. Name ..... Surname .....  
( In Block capitals )
2. Sex.....
3. Nationality.....
4. Father's/Husband's Name .....
5. Marital Status.....  
( Whether married, unmarried, widow or widower )
6. Date of Birth ..... Day ..... Month ..... year ( Where exact particulars are not available, approximate age may be indicated in consultation with the Medical Officer of the establishment )
7. Permanent address :  
Village..... Thana .....  
Tehsil / Sub-Division.....  
Post Office..... District.....  
State.....
8. (i) I declare that I have not Previously been a member of the Employees' Family Pension Fund  
(ii) I hereby furnish below Particulars of the members of my family who would be eligible to receive Family Pension in the event of my premature death in service :

Sl. No.	Name and address of the Family	Age	Relationship with the member
1.			
2.			
3.			
4.			

\*(iii) I certify that I have no family as defined in Para 56 (2) of the scheme and should I acquire a family hereafter I shall furnish particulars thereof in the above form.

Signature or Left / Right hand  
thumb-impression of the member

\*[ Delete if not necessary ]

[ To be completed by the employer ]

Certified that the above declaration has been signed / thump-impression by Shri / Shrimati.....  
.....employer in ..... school  
before me after he / she has read the entries / the entries have been read over to him / her by me and got confirmed by  
him / her.

Signature of the employer or other authorised  
officer of his establishment Designation .....

Name and address of the establishment .....

Place .....

Date .....

Office Seal / Stamp .....