**The Employees’ Deposit Linked-Insurance Scheme, 1976**

FORM 2(IF)

(For exempted establishments only)

(Para 10)

**Return of employees entitled for membership of Insurance Fund**

Name and Address of the Establishment

During the month of 20

Code No. of the Establishment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. No | Account No. as in P.F | Name of Employee(in block capitals) | Father’s name or Husband’s name (in the case of married woman) | Sex | Date of Entitlement of Membership | RemarksPrevious Account No. in Provident Fund Particulars of prev. Employer & amt. of accumulation |
| 1 | 2 | 3 | 4 | 5 | 6 | 6 |
|  |  |  |  |  |  |  |

Date:

Signature of the Employer or

other Authorised Officer

Note: The form should be accompanied by certified copies of the nomination(s) and/or changes therein made by each employee under Provident Fund Rules of the Establishment.

Stamp of the establishment