

ANNEXURE "A"

GRASIM INDUSTRIES LIMITED EMPLOYEES' PROVIDENT FUND

DECLARATION

[See Rule No. 8A]

I, _____ hereby declare that I have read and understood the rules and regulations of GRASIM INDUSTRIES LIMITED EMPLOYEES' PROVIDENT FUND and I hereby subscribe to and agree to be bound thereby.

I have to state that I shall subscribe at the usual rate of ____ % as per rule 10(a).

I further state that I am desirous of subscribing additionally under rule 10(b) at the rate of ____ % over and above the usual rate of subscription as aforesaid.

(1) Name in full: (In BLOCK letters)

T. ELANGUMARAN

(2) Address - Local:

114, Navathappan Kaval street
Kumaragiri Sanyasigund (PO) Salem-15
Tel. No.:
Mobile No.: 8110010073

Permanent:

114, Navathappan Kaval street
Kumaragiri Sanyasigund (PO) Salem-15
Tel. No.:
Mobile No.: 8110010073

(3) Father's / Husband's -

Name: **Thanigasalam. R**

Address: 114, Navathappan Kaval street
Kumaragiri, Sanyasigund (PO) Salem-15

(4) Maiden Name: **Bharathi. T**

(5) Sex: (Male / ~~Female~~)

(6) Marital Status: (Single / ~~married~~ / widow / widower / divorced)

(7) Date and place of birth: **08. 07. 2006, Salem**

(8) Email ID: **elangkumaran8@gmail.com**

(9) PAN No.: **CABPT8495D**

(10) Nature of appointment: (Permanent, temporary, contractual etc.)

- (11) Designation: *Diploma Engineer Trainee*
- (12) Date of joining service with present employer: *10/8/2024*
- (13) Concern in which working: (Factory, branch, unit, establishment etc.)
- (14) Present Salary (Basic + DA, in any)(excluding [✓]all allowances):
- (15a) Whether employed elsewhere prior to this appointment: (Yes / No)
- (15b) If yes, name and address to be given:
- (15c) If yes, whether contributed to any recognized provident fund: (Yes / No) [✓]
- (15d) If so, (a) Name and address of the Fund:
- (b) Account number with the said Fund:
- (15e) P.F. Status through the said previous employer: (Covered/exempted/excluded) [✓]

Dated the _____ day of _____, 200__ at _____

T. F. Sanghvi
Signature of employee

Two witness (with name and address)

1.

2.

Date: *11.8.2024*

Certified that the above declaration has been signed by Mr. / Mrs. / Ms. _____ before me after he/she has read the entries / the entries have been read over to him / her by me.

[Signature of the employer or other authorized officer of the establishment]

Date:
Place:

ANNEXURE "B"

GRASIM INDUSTRIES LIMITED EMPLOYEES' PROVIDENT FUND

NOMINATION AND DECLARATION FORM

[See Rule No. 9]

- (1) Name (in block letters) : T. ELANGUMARAN
- (2) Father's / Husband name : R. THANIGASALAM
- (3) Date of Birth : 08.07.2006
- (4) Sex : male
- (5) Email ID : elangkumaran8@gmail.com
- (6) Marital Status : Single
- (7) Account No. : 095301000025926
- (8a) Address (Permanent) : 114, Nanthappan Kovil Street,
Kumaragiri Sanyasigunda (PO) Salem-15
- (8b) Address (Temporary) : -

PART - A (EMPLOYEE PROVIDENT FUND)

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:

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

1. *Certified that I have no family as defined in para 2(k) of the Rules and should I acquire a family hereafter the above nomination should be deemed as cancelled.
2. *Certified that my father / mother is / are dependent upon me.

*Strike out whichever is not applicable.

Signature / or thumb impression of the subscriber

PART – B (EMPLOYEE PENSION FUND)

I hereby furnish below particulars of the members of my family, who would be eligible to receive Family Pension and Life Assurance benefits in the event of my death:

Sl. No.	Name and address of the family members	Date of Birth	Relationship with the member
(1)	(2)	(3)	(4)

*Certified that I have no family as defined in clause (g) of Para 2 of the Employee's Provident Funds Scheme, 1952 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

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. T. Elangkumaran employed in my establishment 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 authorized
Officer of the establishment

Designation: Diploma Engineer Trainee

Place: Cheyyar
Dated the _____

Corasim Industries Limited

Cheyyar.

Name and address of the
Factory/establishment or rubberstamp thereof

Note: whom you can nominate

- (A) Under the employees' provident fund scheme
- (1) A member of Employees' Provident Fund who is married and / or his father / mother is / are dependent upon him can nominate only one or more persons belonging to his family as defined below:
- (a) In the case of a male member, his wife, his children, his dependent parents and his deceased son's widow and children;
- (b) In the case of a female member, her husband, her children, her dependent parents, her husband's dependent parents, her deceased son's widow and children.
- (2) If the member has got no family, or is a bachelor, nomination may be in favour of any person or persons, whether related to him or not or even to an institution. If the member subsequently acquires a family such nomination shall forthwith become invalid and the member should make a fresh nomination in favour of one or more persons belonging to his family.

(B) Under the family pension scheme

- (1) On the death of a member of the Family Pension Scheme, his family will be entitled to the benefits under the Family Pension Scheme. The family is defined as under:

- (a) Wife in the case of a male member;
- (b) Husband in the case of a female member; and
- (c) Minor sons and unmarried daughters.

Explanation: The expression "sons" and "daughters" shall include children adopted legally before death in service.

- (2) If the member has got no family, the monthly family pension, on the death of the member, will not be paid. However, Life Assurance Benefit will be paid to the person or persons entitled to receive his provident fund accumulations.

-X-X-X-X-

ANNEXURE "C"

GRASIM INDUSTRIES LIMITED EMPLOYEES' PROVIDENT FUND

APPLICATION FORM FOR VOLUNTARY CONTRIBUTION

[See Rule 10(b)]

- (1) Name of the employee:
- (2) Address:
- (3) Concern in which working:
- (4) Account Number:
- (5) Present Salary:
 - (a) Basic Pay:
 - (b) Dearness Allowance:
- (6) Present rate of contribution:
- (7) Proposed rate of contribution:
- (8) Difference on account of Voluntary Contribution:
- (9) Date from which such contribution is proposed to be made:

Signature / Thumb Expression of subscriber

Date:

Voluntary contribution @ ____ % permitted.

Signature of the employer or other authorized
Officer of the establishment
Designation: _____

Date:

ANNEXURE "D"

GRASIM INDUSTRIES LIMITED EMPLOYEES' PROVIDENT FUND

DECLARATION BY A PERSON TAKING UP EMPLOYMENT OF THE ESTABLISHMENT

I, _____ (name) s/w/d of _____ do hereby solemnly declare that I am / I am not:

- (a) A member of the Employees' Provident Fund.
- (b) A member of private Provident Fund of an exempted establishment / an establishment granted relaxation under para 79 of the Scheme and but for such exemption / relaxation would have become and continued as a member of the Employees' Provident Fund.
- (c) An employee exempted under para 27/27A of the Employees' Provident Fund Scheme, 1952 and but for such exemption would have become and continued as a member of the Employees' Provident Fund.

I also declare that I was not employed / I was employed in M/s.

(Name and full address of the establishment), which is / not a covered establishment / in any covered establishment under the Employees' Provident Fund & Misc. Provisions Act, 1952. My Provident Fund Account no. is / was _____.

I further declare that I have / have not withdrawn the total accumulations standing to my credit in the Fund.

Date:

Signature or right / left thumb impression of the employee

NAME OF THE PRESENT EMPLOYER

(To be filled up by the employer only when the person employed
is not a member of the Employees' Provident Fund)

Mr./Mrs./Ms. Elangumaram (Name of employee) is appointed as
DET (Designation) in Craxim Industries (name of the factory /
establishment) with effect from 10.8.24 (Date of appointment)

Particulars of employment:

From	To	No. of days worked

Date of admission as member of Employees' Provident Fund _____.

Signature of the Employer or other
officer authorized of the establishment
