



EMPLOYEES' PROVIDENT FUND SCHEME, 1952

(PARA 57)

(This form has been printed on the basis of Online Transfer Claim Form filled up by the member under Unified Portal for submission to the employer.)

To,
The Regional P.F. Commissioner,
HYDERABAD,
Bhavishyanidhi Bhawan, No. 3-4-763, Barkatpura Chaman, Hyderabad

Sir,

I request that my Provident Fund balance along with my Pension Service Details may please be transferred to my present account under intimation to me. My details are as under :

PART A : PERSONAL

- | | |
|------------------------|----------------------------|
| 1. Name | : CHEKKERA CHAITANYA REDDY |
| 2. Mobile Number | : 9505017500 |
| 3. E-mail id | : chaitanya.brsl@gmail.com |
| 4. Bank Account Number | : 50100184790460 |
| 5. Bank IFSC | : HDFC0001995 |

PART B : DETAILS OF PREVIOUS PF ACCOUNTS (WHICH IS TO BE TRANSFERRED)

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|---|--|
| 1. PF Account No. (with EPFO | : APHYD14995760000020047 |
| 2. Name of the Establishment | : VITREOS HEALTH (INDIA) PRIVATE LIMITED |
| 3. Address of the Establishment | : 1-72/3/19TO49/VC/7D,7TH FLOOR VAISHNAVI CYNOSURE,P/19,SY.NO.18
GACHIBOWLI 617 |
| 4. PF A/C No. held by | : HYDERABAD |
| 5. Name of the Trust | : NOT APPLICABLE |
| 6. PF A/C No. in Trust | : NOT APPLICABLE |
| 7. Bank A/C No. of Trust | : NOT APPLICABLE |
| 8. IFS Code of the Bank Branch of
Trust where account is | : NOT APPLICABLE |
| 9. Member's Name | : CHEKKERA CHAITANYA REDDY |
| 10. Date of Birth | : 17/07/1993 |
| 11. Father's/Spouse Name | : VENKATA REDDY |
| 12. Relationship | : FATHER |
| 13. Date of joining | : 01/05/2017 |
| 14. Date of leaving | : 31/05/2021 |

PART C : DETAILS OF PRESENT PF

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| 1. PF Account No. (with EPFO | : APKKP00544610000013255 |
| 2. Name of the Establishment | : COVITI INDIA PRIVATE LIMITED |
| 3. Address of the Establishment | : 4TH & 5TH FLOORS, WESTERN PEARL, SURVEY NO.13, KONDAPUR
HYDERABAD 617 |
| 4. PF A/C No. held by | : SRO KUKATPALLI |
| 5. Name of the Trust | : NOT APPLICABLE |
| 6. PF A/C No. in Trust | : NOT APPLICABLE |
| 7. Bank A/C No. of Trust | : NOT APPLICABLE |
| 8. IFS Code of the Bank Branch of
Trust where account is | : NOT APPLICABLE |
| 9. Member's Name | : CHEKKERA CHAITANYA REDDY |
| 10. Date of Birth | : 17/07/1993 |
| 11. Father's/Spouse Name | : VENKATA REDDY |
| 12. Relationship | : FATHER |
| 13. Date of joining | : 01/06/2021 |

I, Certify that all the information given above are true to the best of my knowledge and I have ensured the correctness of my present and previous account numbers.

Signature of the member

Note : Member should take a printout of this form and a signed copy of the same should be submitted to the Present Establishment i.e. COVITI INDIA PRIVATE LIMITED