

Employee Id :51636801

Mobile No. :

Email-Id :

**FORM - 19**  
**EMPLOYEES' PROVIDENT FUND ORGANIZATION**  
**COMPOSITE CLAIM FORM (NON-AADHAAR)**

- |     |   |   |  |
|-----|---|---|--|
| 1)  | Claims Applied for  | : | I) Final PF Settlement ( )                                   |
| 2)  | Name of the member (In Capital Letters)   | : | Gobi A.V S   |
|     | a) Universal Account Number (UAN)   | : | 100954653852   |
|     | b) PF Account No.   | : | GN/GGN/005572/000356298                                      |
|     | Name and address of the Factory/<br>Establishment in which the member was last employed |   |  |
| 3)  |   | : | HCL TECHNOLOGIES LIMITED                                     |
| 4)  | Aadhaar No./Aadhaar Enrollment No.  | : | 655303995544   |
| 5)  | Father's Name/Husband's Name  | : | SHANMUGAM A V  |
| 6)  | Date of Birth   | : | 04/01/1983   |
| 7)  | Date of Joining the establishment   | : | 13/10/2016   |
| 8)  | Date of leaving service   | : | 04/04/2022   |
| 9)  | Permanent Account No. (PAN)   | : | AOC PG4610G  |
| 10) | Reason for leaving service  | : | RESIGNATION  |
|     |   |   | A/C No.: 03941610018923                                      |
| 11) | Bank Account details for Payment  | : | Name of the Bank : HDFC BANK LIMIT<br>IFSC Code :HDFC0000394 |

---

**CERTIFIED THAT THE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE**

The member hereby declares that he/she has not been employed in any factory/establishment to which the Act applies for continuous period of not less than 2 months immediately preceding the date of my application for final withdrawal of my provident fund money.

Certified that the particulars are true to the best of my knowledge.

**Date : 28-Sep-2023**

**Signature or Left hand thumb  
Impression of the member**

**Signature of the employer or Authorised official**

**Form No. 15G**

[See section 197A(1C), 197A(1A) and rule 29C]

Declaration under section 197A(1) and section 197A (1A) of the Income-tax Act, 1961 to be made by an individual or Person (not being a company or firm) claiming certain receipts without deduction of tax.

**PART - I**

1] Name of Assessee (Declarant): <b>Gobi A.V S</b>		2]PAN: <b>AOCPG4610G</b>	
		3]Assessment Year: <b>2024-25</b>	
		6]Status: <b>Resident</b>	
4] Flat / Door / Block No.:	5] Name of Premises:	7] Assessed in which Ward / Circle	
8] Road / Street / Lane:	9] Area / Locality:	10] AO Code (whom assessed last time):	
		Area Code	AO Type
		Range Code	AO No.
11] Town / City / District:	12] State:		
	13] PIN:	14] Last Assessment Year in which assessed :	
15] Email : <b>GOBI.AV@HCL.COM</b>	16] Telephone / Mobile No:	17] Present Ward / Circle	
		18] Residential Status:	<b>Resident</b>
19] Name of Business / Occupation:		20] Present AO Code (if not same as above):	
21] Jurisdictional Chief Comm. of Income Tax or Comm. of Income Tax (if not assessed to income tax earlier):		Area Code	AO Type
		Range Code	AO No.
22] Estimated total income from the sources mentioned below:		(Please tick the relevant box)	
		Dividend from shares referred to in Schedule - I	
		Interest on securities referred to in Schedule - II	
		Interest on sums referred to in Schedule - III	
		Income from units referred to in Schedule - IV	
		The amt of withdrawal referred in sec-80CCA(2)(a) from National Savings Scheme referred to in Schedule - V	
23] Estimated total income of the previous year in income mentioned in Col - 22 to be included :			

24] Details of investments in respect of which the declaration is being made:

**SCHEDULE-I**

(Details of shares, which stand in the name of the declarant and beneficially owned by him)

No. of Shares	Class shares & face value of each share	Total value of shares	Distinctive numbers of the shares	Date on which the shares were acquired by the declarant (dd/mm/yyyy)

**SCHEDULE-II**

(Details of the securities held in the name of declarant and beneficially owned by him)

Description of securities	Number of securities	Amount of securities	Date(s) of securities (dd/mm/yyyy)	Date(s) on which the securities were acquired by declarant(dd/mm/yyyy)

**SCHEDULE-III**

(Details of the sums given by the declarant on interest)

Name and address of the person to whom the sums are given on interest	Amount of sums given on interest	Date on which sums given on interest (dd/mm/yyyy)	Period for which sums were given on interest	Rate of interest

**SCHEDULE-IV**

(Details of the mutual fund units held in the name of declarant and beneficially owned by him)

Name and address of the mutual fund	Number of units	Class of units and face value of each unit	Distinctive number of units	Income in respect of units

**SCHEDULE-V**

(Details of the withdrawal made from National Savings Scheme)

Particulars of the Post Office where the account under the National Savings Scheme is maintained and the account number	Date on Which the account was open (dd/mm/yyyy)	The amount of withdrawal from the account

X \_\_\_\_\_

**Signature of Declarant**

**Declaration / Verification**

\*I/ We-----do hereby declare that to the best of Knowledge and belief what is stated above is correct, complete and truly stated. \*I /We declare that incomes referred to in this form are not includible in the total income of any other person u/s 60 to 64 of Income Tax Act, 1961. \*I/We further, declare that tax \*on my / our estimated total income, including \*income / incomes referred to in column 22 above, computed in accordance with provisions of the Income Tax Act 1961. for the previous year ending on **31st March 2024** relevant to the Assessment year **2024-25** will be nil.

\*I / We also, declare that \*my / our \*income / incomes referred to in Column 22 for the previous year ending on **31st March 2024** relevant to the Assessment year **2024-25** will not exceed the maximum amount which is not chargeable to income tax.

Place : .....

Date : .....

X \_\_\_\_\_

**Signature of Declarant**

**PART – II**

[For use by the person to whom the declaration is furnished]

1] Name of the person responsible for paying the income referred to in Column 22 of Part I : <b>HINDUSTAN INSTRUMENTS LTD. EPF TRUST</b>		2] PAN of the person indicated in Column 1 of Part II <b>AAATH2918N</b>	
3] Complete Address: <b>806, SIDDHARTH, 96 NEHRU PLACE, NEW DELHI- 110019</b>		4] TAN of the person indicated in Column 1 of Part II : <b>DELH03594D</b>	
5] Email :	6] Telephone / Mobile No :	7] Status :	
8] Date on which Declaration is Furnished (dd/mm/yyyy) :	9] Period in respect of which the dividend has been declared or the income has been paid / credited :	10] Amount of income paid :	11] Date on which the income has been paid / credited (dd/mm/yyyy) :
12] Date of declaration, distribution or payment of dividend/withdrawal under the National Savings Scheme(dd/mm/yyyy) :		13] Account Number of National Saving Scheme from which withdrawal has been made : <b>GN/GGN/5572/</b>	

Forwarded to the Chief Commissioner or Commissioner of Income-tax \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the person responsible for paying the income referred to column 21 of Part I

**Form No. 15H**

[See section 197A(1C), 197A(1A) and rule 29C]

Declaration under section 197A(1) and section 197A (1A) of the Income-tax Act, 1961 to be made by an individual or Person (not being a company or firm) claiming certain receipts without deduction of tax.

**PART - I**

1] Name of Assessee (Declarant): <b>Gobi A.V S</b>		2]PAN: <b>AOC PG4610G</b>	
		3]Assessment Year: <b>2024-25</b>	
		6]Status: <b>Resident</b>	
4] Flat / Door / Block No.:	5] Name of Premises:	7] Assessed in which Ward / Circle	
8] Road / Street / Lane:	9] Area / Locality:	10] AO Code (whom assessed last time):	
		Area Code	AO Type
		Range Code	AO No.
11] Town / City / District:	12] State:		
	13] PIN:	14] Last Assessment Year in which assessed :	
15] Email : <b>GOBI.AV@HCL.COM</b>	16] Telephone / Mobile No:	17] Present Ward / Circle	
		18] Residential Status:	<b>Resident</b>
19] Name of Business / Occupation:		20] Present AO Code (if not same as above):	
21] Jurisdictional Chief Comm. of Income Tax or Comm. of Income Tax (if not assessed to income tax earlier):		Area Code	AO Type
		Range Code	AO No.
22] Estimated total income from the sources mentioned below: <span style="float: right;">(Please tick the relevant box)</span>			
		Dividend from shares referred to in Schedule - I	
		Interest on securities referred to in Schedule - II	
		Interest on sums referred to in Schedule - III	
		Income from units referred to in Schedule - IV	
		The amt of withdrawal referred in sec-80CCA(2)(a) from National Savings Scheme referred to in Schedule - V	
23] Estimated total income of the previous year in income mentioned in Col - 22 to be included :			

24] Details of investments in respect of which the declaration is being made:

**SCHEDULE-I**

(Details of shares, which stand in the name of the declarant and beneficially owned by him)

No. of Shares	Class shares & face value of each share	Total value of shares	Distinctive numbers of the shares	Date on which the shares were acquired by the declarant (dd/mm/yyyy)

**SCHEDULE-II**

(Details of the securities held in the name of declarant and beneficially owned by him)

Description of securities	Number of securities	Amount of securities	Date(s) of securities (dd/mm/yyyy)	Date(s) on which the securities were acquired by declarant(dd/mm/yyyy)

**SCHEDULE-III**

(Details of the sums given by the declarant on interest)

Name and address of the person to whom the sums are given on interest	Amount of sums given on interest	Date on which sums given on interest (dd/mm/yyyy)	Period for which sums were given on interest	Rate of interest

**SCHEDULE-IV**

(Details of the mutual fund units held in the name of declarant and beneficially owned by him)

Name and address of the mutual fund	Number of units	Class of units and face value of each unit	Distinctive number of units	Income in respect of units

**SCHEDULE-V**

(Details of the withdrawal made from National Savings Scheme)

Particulars of the Post Office where the account under the National Savings Scheme is maintained and the account number	Date on Which the account was open (dd/mm/yyyy)	The amount of withdrawal from the account

X \_\_\_\_\_

**Signature of Declarant**

**Declaration / Verification**

\*I/ We-----do hereby declare that to the best of Knowledge and belief what is stated above is correct, complete and truly stated. \*I /We declare that incomes referred to in this form are not includible in the total income of any other person u/s 60 to 64 of Income Tax Act, 1961. \*I/We further, declare that tax \*on my / our estimated total income, including \*income / incomes referred to in column 22 above, computed in accordance with provisions of the Income Tax Act 1961. for the previous year ending on **31st March 2024** relevant to the Assessment year **2024-25** will be nil.

\*I / We also, declare that \*my / our \*income / incomes referred to in Column 22 for the previous year ending on **31st March 2024** relevant to the Assessment year **2024-25** will not exceed the maximum amount which is not chargeable to income tax.

Place : .....

Date : .....

X \_\_\_\_\_

**Signature of Declarant**

**PART – II**

[For use by the person to whom the declaration is furnished]

1] Name of the person responsible for paying the income referred to in Column 22 of Part I : <b>HINDUSTAN INSTRUMENTS LTD. EPF TRUST</b>		2] PAN of the person indicated in Column 1 of Part II <b>AAATH2918N</b>	
3] Complete Address: <b>806, SIDDHARTH, 96 NEHRU PLACE, NEW DELHI- 110019</b>		4] TAN of the person indicated in Column 1 of Part II : <b>DELH03594D</b>	
5] Email :	6] Telephone / Mobile No :	7] Status :	
8] Date on which Declaration is Furnished (dd/mm/yyyy) :	9] Period in respect of which the dividend has been declared or the income has been paid / credited :	10] Amount of income paid :	11] Date on which the income has been paid / credited (dd/mm/yyyy) :
12] Date of declaration, distribution or payment of dividend/withdrawal under the National Savings Scheme(dd/mm/yyyy) :		13] Account Number of National Saving Scheme from which withdrawal has been made : <b>GN/GGN/5572/</b>	

Forwarded to the Chief Commissioner or Commissioner of Income-tax \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the person responsible for paying the income referred to column 21 of Part I